

Table - Characteristics and obstetric outcomes in patients with EXIT for neck mass

Variables	Study Subjects (N=21)
Maternal Age (years)	31 [17-39]
Gravidity	2 [1-6]
Parity	1 [0-5]
GA at diagnosis of neck mass (weeks)	20 [16-31]
GA at presentation (weeks)	28 [20-36]
GA at diagnosis of polyhydramnios (weeks)	30 [18-36]
GA at delivery (weeks)	36 [30-38]
Twin pregnancy	0
Male fetus	14 (66.7)
Polyhydramnios	17 (81.0)
Amnioreduction	10 (47.6)
Emergent EXIT	9 (42.9)
Preterm contractions	12 (57.1)
PPROM	5 (23.8)
Anterior Placenta	6 (28.6)
Estimated Maternal blood loss, mL	1000 [500-2000]
Maternal blood transfusion (number of patients, %)	7 (33.3)
Duration of EXIT, minutes	63 [15-133]
Anesthesia duration, minutes	125 [95-216]
Maternal Post-op length of hospital stay (days)	4 [4-10]

EXIT=ex-utero intrapartum treatment; GA= gestational age; PPRM=preterm-
premature rupture of membranes
Duration of EXIT was calculated as the time between skin incision and delivery of the baby.
Values are presented as median [range] and n (%)

159 Obstetric outcome after IVF/ICSI in frozen embryo transfer (FET)



Erica Ginström Erstad¹, Ali Khatibi², Max Petzold³,
Ulla-Britt Wennerholm⁴, Christina Bergh²

¹Institute of Clinical Science, Gothenburg, VG-region, Sweden, ²Institute of Clinical Science, Gothenburg, VG-region, Sweden, ³Department of Public Health and Community Medicine at Institute of Medicine, Gothenburg, VG-region, Sweden, ⁴Institute of Clinical Science, Gothenburg, VG-region, Sweden

OBJECTIVE: To compare obstetric outcome for singletons born after frozen embryo transfer (FET) in stimulated vs natural cycles. Comparison was also made for FET vs fresh IVF and for FET vs spontaneous conception (SC).

STUDY DESIGN: A population-based retrospective registry study including all singletons born after FET in Sweden from 2005 to 2015. The IVF register was crosslinked with the Medical Birth Register and the Prescribed Drug Register. Singletons after stimulated FET were compared with singletons after natural FET. All FET singletons were also compared with fresh IVF and SC singletons. Main outcomes were preterm birth (PTB) (<37 w), low birth weight (LBW) (<2500 g), macrosomia (>4500 g), placenta previa, placental abruption, hypertensive disorders in pregnancy (HDP) and postpartum hemorrhage (PPH) (>1000 ml). Crude and adjusted odds ratio (AOR) with 95% confidence interval (CI) were calculated. Adjustment was made for maternal age, parity, year of birth of child, smoking, maternal education, years of infertility and child's sex and for deliveries following IVF/ICSI for number of gestational sacs, culture duration and freezing method.

RESULTS: 9726 singletons were born after FET (stimulated n=3429, natural n=6297), 24 365 after fresh IVF and 1 127 566 after SC. Stimulated FET was associated with a higher risk of macrosomia AOR 1.31 (1.08-1.60), HDP AOR 1.36 (1.15- 1.62) and PPH AOR 1.67 (1.44-1.93) compared to natural FET. Total FET was associated with a lower risk of PTB AOR 0.80 (0.72-0.89), LBW AOR 0.66 (0.57-0.75), placenta previa AOR 0.38 (0.30-0.48) and placental abruption AOR 0.59 (0.41-0.85) and a higher risk of macrosomia AOR 1.93 (1.69-2.21), HDP AOR 1.51 (1.35-1.68) and PPH AOR 1.63 (1.49- 1.79) when compared to fresh IVF. Total FET was associated with a lower risk of LBW AOR 0.76 (0.67-0.86) and a higher risk of macrosomia AOR 1.58 (1.43-1.76), HDP AOR 1.19

(1.09-1.31), placenta previa AOR 1.76 (1.40-2.20) and PPH AOR 1.74 (1.61-1.88) when compared to SC.

CONCLUSION: Pregnancies after FET in natural vs stimulated cycles have a more favourable outcome with lower rates of macrosomia, HDP and PPH. This is important considering the new policy of freeze all cycles in IVF. Further, the results give no credit to the hypothesis that the lower rates of PTB and LBW noticed for FET in comparison to fresh IVF is due to the lack of hormone stimulation in natural FET.

Table. Obstetric outcome in deliveries after frozen embryo transfer (FET) in stimulated and natural cycles, fresh IVF and spontaneous conception

Outcome	Stimulated FET n=3429 n (%)	Natural FET n=6297 n (%)	All FET n=9726 n (%)	Fresh IVF n=24 365 n (%)	Spontaneous conception n=1 127 566 n (%)
Neonatal outcome					
<28 w	14 (0.4)	28 (0.4)	42 (0.4)	134 (0.5)	3236 (0.3)
<32 w	38 (1.1)	72 (1.1)	110 (1.1)	328 (1.3)	8444 (0.7)
<37 w	215 (6.3)	377 (6.0)	592 (6.1)	1808 (7.4)	54417 (4.8)
<1500 g	26 (0.8)	51 (0.8)	77 (0.8)	285 (1.2)	7116 (0.5)
<2500 g	124 (3.6)	222 (3.5)	346 (3.6)	1341 (5.5)	36016 (3.2)
Macrosomia (>4500g)	211 (6.1)	292 (4.6)	503 (5.2)	624 (2.6)	41194 (3.7)
Pregnancy complications					
Placenta previa	34 (1.0)	73 (1.2)	107 (1.1)	509 (2.1)	3280 (0.3)
Placental abruption	15 (0.4)	29 (0.5)	44 (0.5)	172 (0.7)	3908 (0.3)
Hypertensive disorders in pregnancy	282 (8.2)	381 (6.0)	663 (6.8)	1268 (5.2)	44176 (3.9)
Postpartum hemorrhage (>1000ml)	446 (13.0)	497 (7.9)	943 (9.7)	1573 (6.5)	58101 (5.2)

160 Counseling lifestyle changes in overweight/obese pregnant women: a randomized controlled trial



Fabio Facchinetti¹, Sofia Gambigliani Zoccoli², Elisabetta Petrella²,
Valentina Bertarini², Lidia Di Cerbo², Isabella Neri²

¹Mother-Infant Department, University of Modena and Reggio Emilia, Italy., Modena, Modena (MO), Italy, ²Mother-Infant Department, University of Modena and Reggio Emilia, Modena, Modena, Italy

OBJECTIVE: To compare perinatal outcomes of two programs for changing lifestyle.

STUDY DESIGN: At 9-12th week, 540 singleton pregnancies with BMI≥25 were enrolled in a prospective, open-label, RCT. Forty-one women refused to participate and the remnants were randomly assigned to customized diet (CUSTOM, n=245; low glycemic index, 1800 Kcal/day + 30 minutes walking 4 times/week) or generic lifestyle advices (STANDARD CARE, SC, n=244). In the CUSTOM group a dietician defined a grammar, ethnic-specific diet for each woman while SC group received a booklet with counselling of a prudent diet and Physical activity, according to Italian guidelines. Follow-up till the 36th week was the same for both groups, with gynecologist and dietitian both attendant. The main outcome was the rate of large for gestational age babies (LGA). Body composition was also measured with bioimpedance analysis.