

“Extreme Maternal Morbidity and neonatal impact. San Bartolome’s hospital 2022”

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Objective: Extreme Maternal Morbidity (EMM) is defined as a woman who was close to death but survived the complications that occur during pregnancy, childbirth or the postpartum period. EMM implies that perinatal outcomes, whether neonatal morbidity and/or mortality, are directly related to maternal morbidity and mortality. This study aimed to determine the neonatal repercussions associated with EMM at the San Bartolomé Hospital June 2022-may 2023.

Factores de riesgo sociodemográficos, obstétricos y clínicos de MME asociados a los RAP. Hospital San Bartolome junio 2022-mayo 2023

Factores de MME		Resultado adverso perinatal				Total 95%	OR(IC	p	ORa(IC 95%)	p
		si (67)	%	No(113)	%					
Demográficos										
Estado civil	casada	15	53.57	13	46.43	28				
	conviviente	41	34.17	79	65.83	120	0.4(0.19 - 1)	0.06		
	soltera	11	34.38	21	65.63	32	0.5(0.16 - 1.3)	0.14		
Obstétricos										
Paridad	primigesta	28	41.79	39	58.21	67				
	multigesta	35	34.31	67	65.69	102	0.7(0.4 - 1.4)	0.3		
	>5 gestas	4	36.36	7	63.64	11	0.79(0.2 - 2.9)	0.73		
Peso	normal	19	30.65	43	69.35	62				
	bajo peso	3	33.33	6	66.67	9	1.13(0.3 - 5)	0.87		
	sobrepeso	18	32.14	38	67.86	56	1.1(0.5 - 2.3)	0.83		
tipo de parto	obesidad	27	50.94	26	49.06	53	2.3(1.1 - 5)	0.03*	1.4 (0.5 - 3.8)	0.4
	vaginal	7	10.14	62	89.86	69				
	cesárea	60	54.05	51	45.95	111	10.4(4.3 -24.8)	<0.05*	7.5(2.9 - 19.6)	<0.05 *
cesárea previa	si	45	40.91	65	59.09	110				
	no	22	31.88	47	68.12	69	1.5(0.8 -2.7)	0.2		
CPN	si	42	27.78	34	72.22	76				
inadecuado	no	25	47.19	79	75.96	104	3.9(2.1 - 7.4)	<0.05*	2.1(1 - 4.5)	p< 0.05 *
Clínicos										
preeclampsia	si	50	65.79	26	34.21	76				
	No	17	16.35	87	83.65	104	9.4 (4.8 - 19.8)	<0.05*	6.5 (2.8 - 14.5)	p<0.05 *

Material and methods. Prospective, observational cohort study. The study population was pregnant women who came to the San Bartolomé Hospital and met the criteria for extreme maternal morbidity data collection was from a secondary source and the newborn's data were obtained at birth and 7 days after birth. Frequency tables and bivariate analysis of the categorical variables were performed to know the degree of association and a multivariate analysis to determine the EMM factors associated with neonatal repercussions

Resultados adversos perinatales Asociados a MME en el Hospital San Bartolomé junio 2022-mayo 2023

Factor		Morbilidad materna Extrema				total	OR(IC95%)	p	ORa(IC 95%)	p
		si(90)	%	No(90)	%					
óbito fetal	si	2	66.67	1	33.33	3				
	no	88	49.72	89	50.28	177	2(0.18 - 22.7)	0.57		
muerte neonatal	si	5	100	0	0	5				
	no	85	48.6	90	51.4	175		0.06**		
bajo peso para edad gestacional	si	26	76.5	8	23.5	34				
	no	64	43.9	82	56.1	146	4.1(1.7 - 9.8)	0.001*	0.5(0.1 - 1.9)	0.3
Apgar < 7 a los 5min	si	7	77.78	2	22.22	9				
	no	83	48.54	88	51.46	171	0.1(0.01- 1.11)	0.06		
Ingreso a UCI	si	32	91.43	3	8.57	35				
	no	58	40	87	60	145	16(4.7 - 54.7)	<0.05*	5.6(1.4 - 2.2)	<0.01*
pretérmino	si	51	85	9	15	60				
	no	39	32.5	81	67.5	120	11.7(5.3-26.3)	<0.05*	10.2(3.2 - 33)	<0.05*

Results: A total of 6,620 pregnant women were treated, there were 4,872 births, 4,842 live births, and 90 women with extreme maternal morbidity, resulting in an incidence of extreme maternal morbidity of 1.36% and an MME ratio of 18.5 cases of extreme maternal morbidity per 1,000 live births. There were 56 cases of neonatal impact, and 62% of mothers with MME had some complication in the newborn. ICU admission (OR 16) and preterm birth (OR 11) were the neonatal impact most associated with MME..

Conclusions: The most common neonatal repercussions associated with EMM were preterm birth and ICU admission

