

EP 4529569 Placental pathology in pregnancies induced for reduced fetal movements following a standardized management protocol

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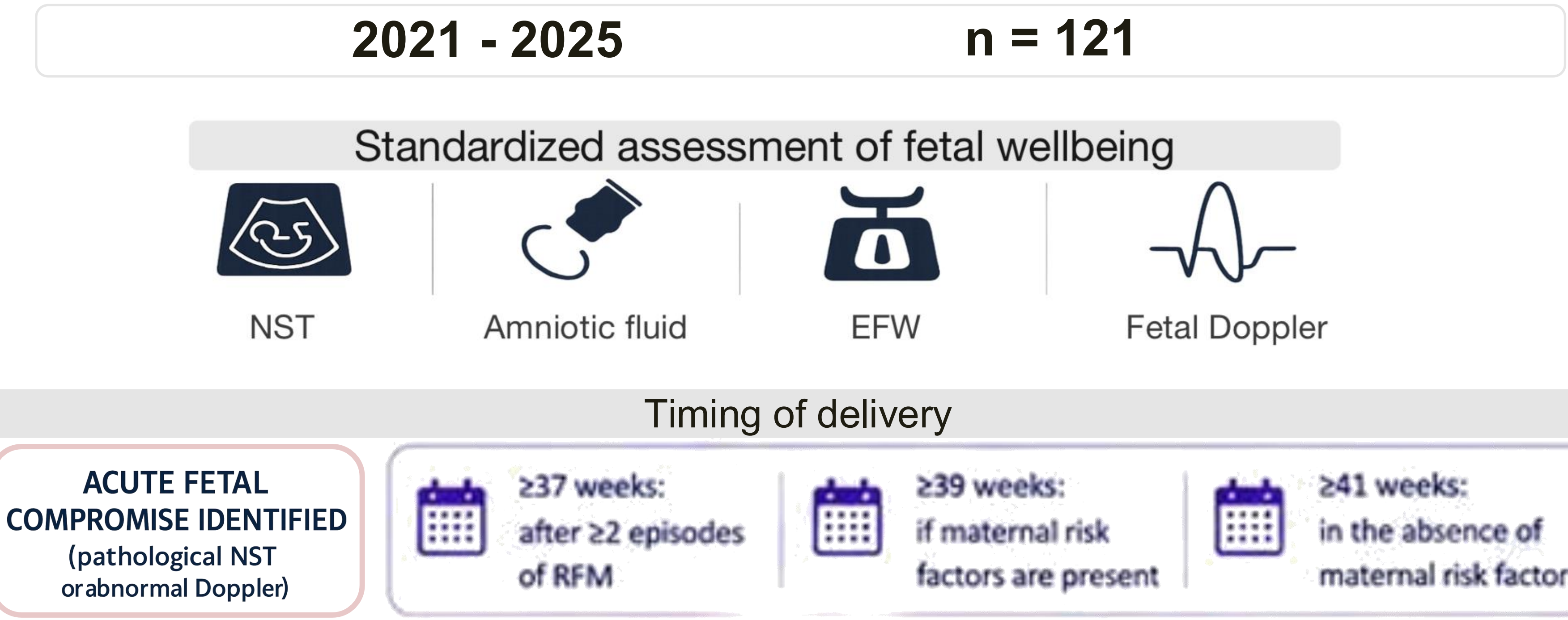
Introduction

- Reduced fetal movements (RFM) have been associated with adverse perinatal outcomes.
- The clinical relevance of RFM in the presence of reassuring standard antenatal testing remains uncertain.

RFM may be an early clinical manifestation of placental disfunction not detected by conventional surveillance.

Methods

Retrospective single-center cohort of women induced due to RFM

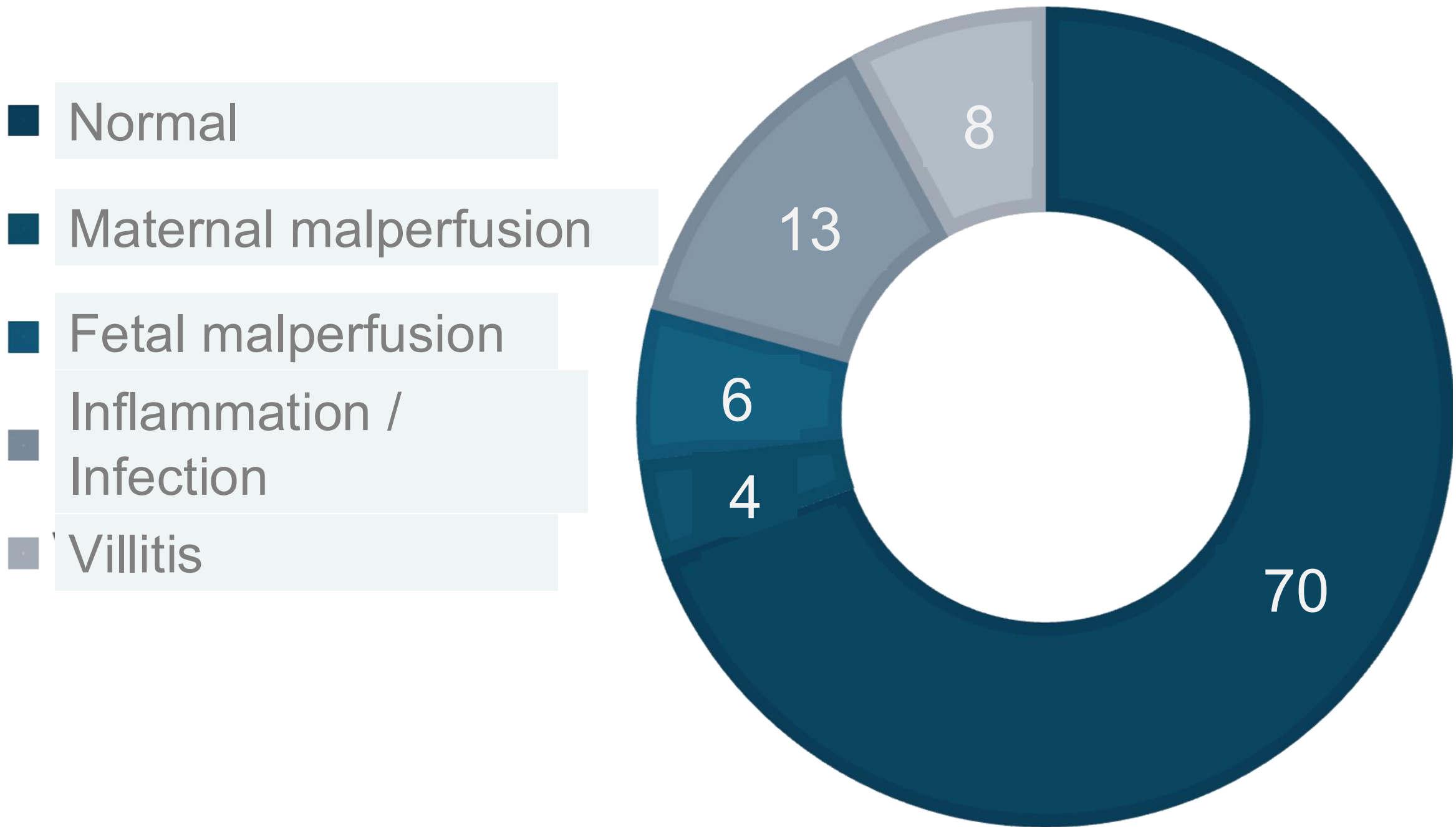
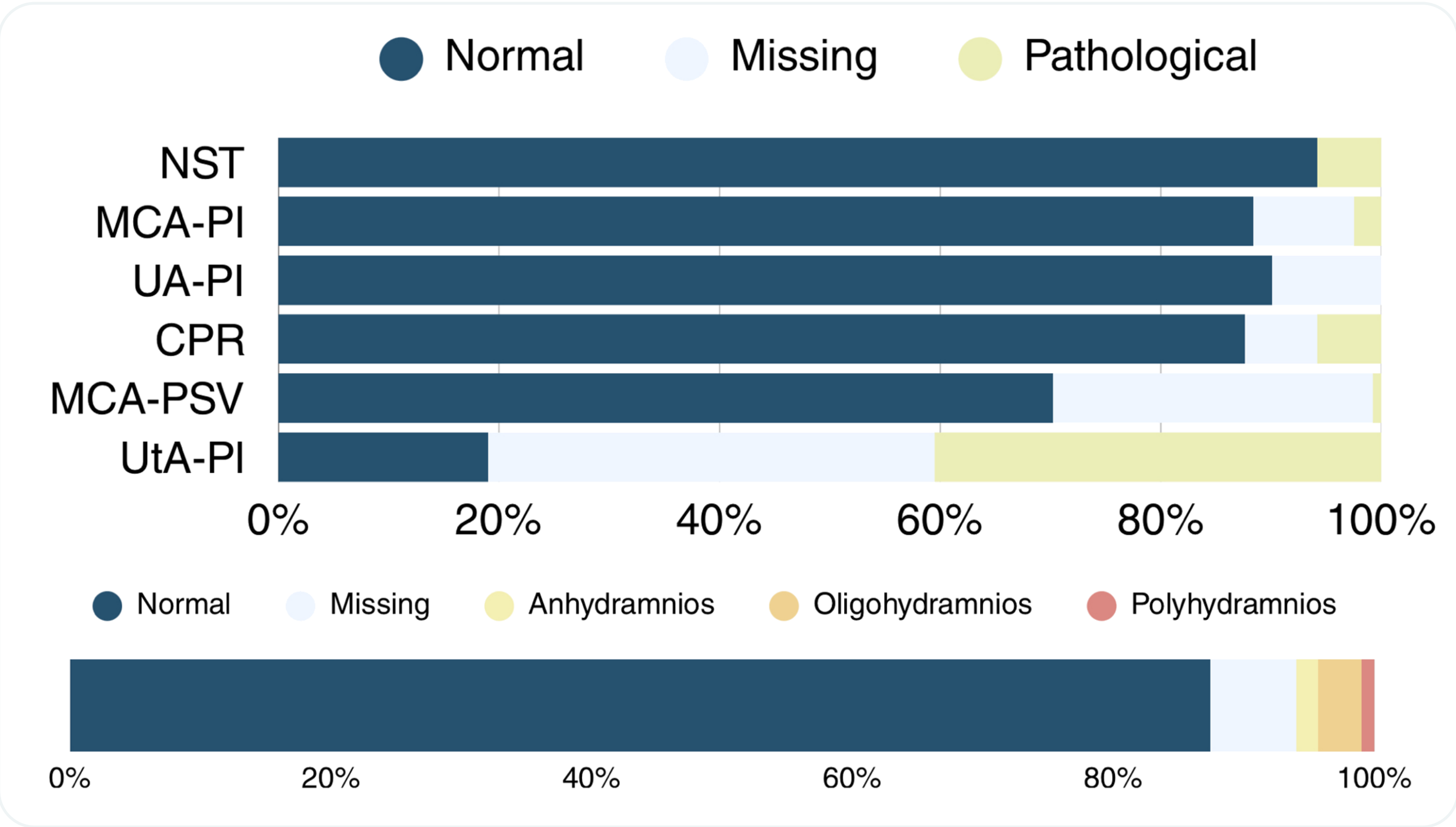


Results

Population	Delivery
Mean age: 31y	>39w: 61.2%
Obesity: 23.9%	Preterm: 3.3%
Smoking: 16%	SGA: 13.9%
Suspected SGA: 5%	NICU: 3.3%
Recurrent RFM: 34.7%	Resuscitation: 7%

83% of placental abnormalities with normal antenatal assessment

Placental histology	
Placental weight <p10	30%
Pathological findings	31.9%
Maternal malperfusion	3.9%
Fetal malperfusion	5.9%
Inflammation / Infection	12.7%
Villitis	7.8%
Other	1%



Conclusion

Placental pathology was identified in one third of pregnancies induced for reduced fetal movements, with 30% of placentas weighing below the 10th percentile. Notably, 83% of placental abnormalities occurred despite reassuring antenatal assessment. In addition, 15% of pregnancies with RFM resulted in SGA neonates not suspected antenatally. These findings suggest that current antenatal evaluation of RMF may fail to identify a substantial proportion of pregnancies with underlying placental dysfunction.