

In utero transfer to level 3 hospital in Tunis: indication and evolution

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Objective: This work was carried out in order to describe the indications and modalities of in utero transfers arriving at the Maternity and Neonatology Center in Tunis and to study the evolution of the maternal and fetal state after the transfer.

Design: This is a descriptive retrospective study included the patients who were transferred during the period of 03 months from January to March 2020 to the Maternity and Neonatology Center of Tunis.

Method: All pregnant patients in the third trimester transferred to the maternity and neonatology center of Tunis were included in this study. We studied the indications for transfer, maternal and fetal evolution after transfer.

Results: 120 patients were included in our study.The majority of transfers were from the northern region (86.64%), precisely the west (75.82%). The main indications for transfer were scarred uterus in 17%, preeclampsia in 15% of cases, premature rupture of membranes (13%), and acute fetal distress (8%). To ensure the transfer, the woman's consent was mandatory in 43%. We noted 23% of complications during transfer. The following complications occurred during the transfer: eclamptic crises (23%), postpartum hemorrhage (23%), shock (18%), maternal death (1%), and delivery in the ambulance (36%).

The majority of transfers ended with delivery (89%), of which 84% occurred within a period of less than 48 hours. Cesarean sections constituted 60% of delivery. Maternal complications were hemorrhage in 33% of cases, retroplacental hematoma (RPH) in 9% of cases, and hysterectomy (5%). We also found transfusion (11%) and perineal tears (11%). 50% of fetuses presented an Apgar score lower than 7 at birth with recourse to resuscitation and hospitalization in the neonatology department.

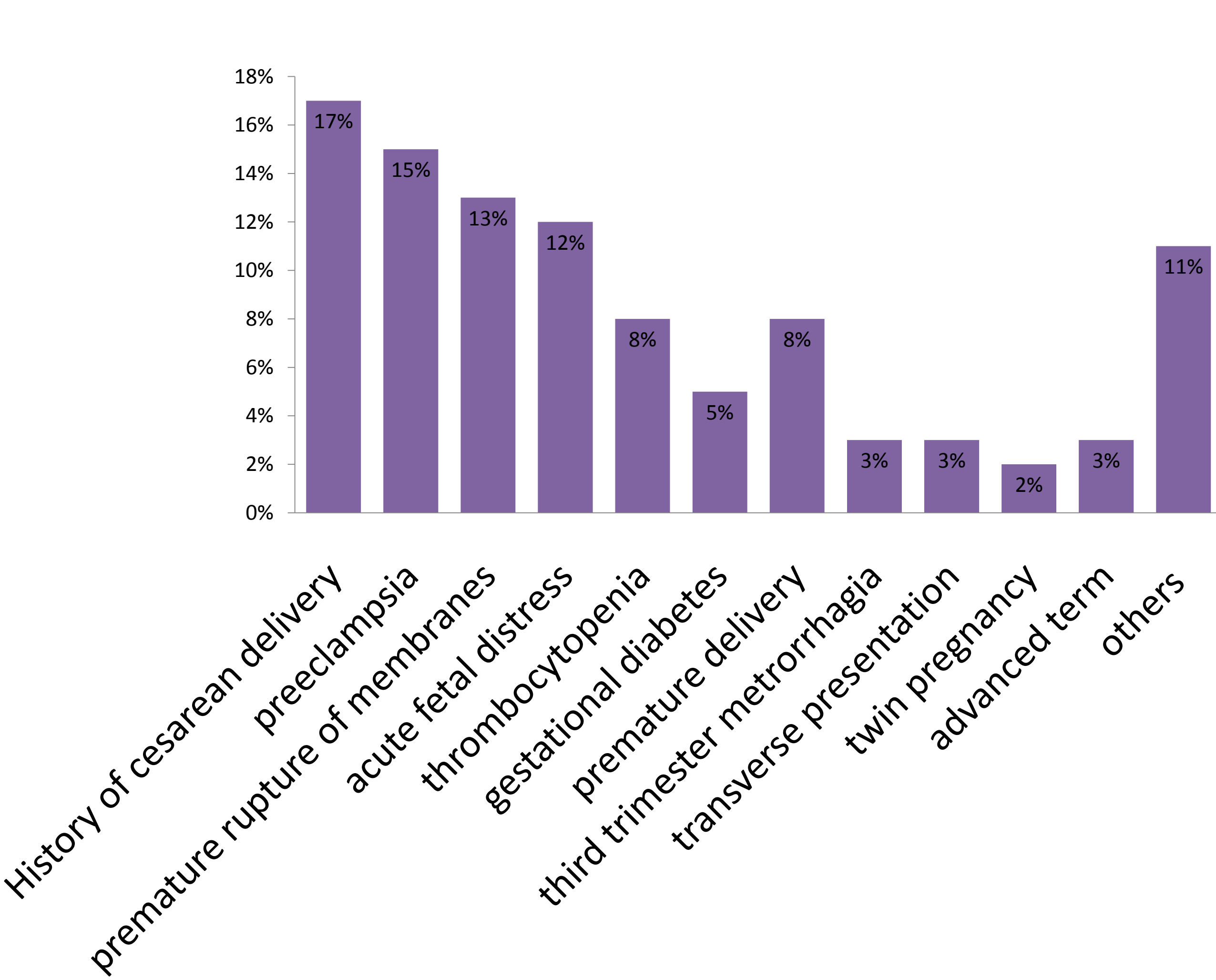


Figure: Indications of the transfer

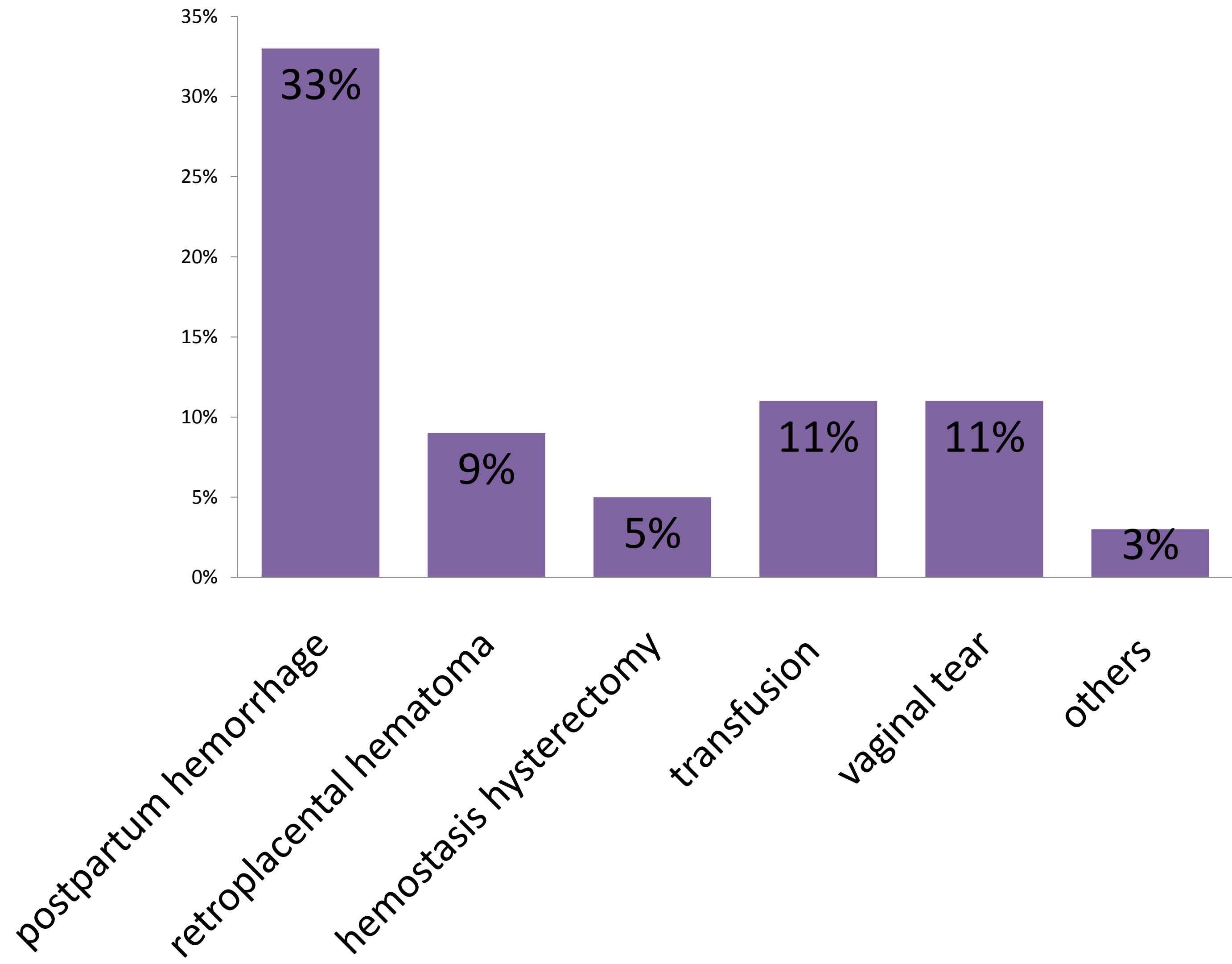


Figure 2: maternal complications after transfer

Conclusion: The main indication for in utero transfer is the lack of qualified personnel. Maternal and fetal complications remain high, hence the interest in a perinatal network to assess the indications and conditions of transfer.