

Title: Acute fetal distress: Risk Factors and Implications

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Abstract

It's a cross-sectional retrospective study. Analysis of clinical processes was used, obtaining a sample of 531 deliveries and 539 newborns in the year 2018 in a level II hospital. The variables related to: maternal, gestational, labor and neonatal characteristics were considered. We made descriptive analysis of the data and used inferential statistical methods, considering a significance of 5%.

We evaluated risk factors in pregnancy and childbirth associated with acute fetal distress, as well as the implications for the newborn.

Acute fetal distress is characterized by reduced maternal-fetal gas exchange and may lead to irreversible injuries in the newborn, like perinatal asphyxia. We detected a significant relationship between acute fetal distress and perinatal asphyxia ($p < 0.001$). Acute fetal distress presented significant relationship ($p < 0.05$) with intrauterine growth restriction, alterations in the volume of amniotic fluid, type of intrapartum anesthesia and complications in the newborn, namely neurological and respiratory. There was an increase in the probability of acute fetal distress when cesarean sections occurred (Odds = 26.596), no progression of labor (Odds = 3.895), changes in uterine dynamics (Odds = 9.778), presence of intrapartum fever (Odds = 22.290) and meconial amniotic fluid (Odds = 3.850). Perinatal asphyxia presented a significant relationship ($p < 0.05$) with the presence of acidosis in umbilical cord gasometry.

In this study, we concluded that intrapartum factors are determinant for acute fetal distress. However, chronic fetal distress may be aggravated at delivery. Prolonged fetal distress can lead to perinatal asphyxia. Acidosis in cord blood gasometry is indicative of this hypoxia.



Biography

Mariana Salomé Pereira Martins, student of the 6th year of the Integrated Master in Medicine at the University of Beira Interior. He started his studies in 2014 and finishes his studies in 2020.

She presented his work at the Beira Interior Medical Meeting.

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