17P Cuts Preterm Birth if No Cerclage

BY PATRICE WENDLING

Chic ago — The effect of 17α-hydroxyprogesterone caproate on preterm birth varies depending on the presence or absence of cerclage in high-risk women, according to a planned secondary analysis of the Vaginal Ultrasound Cerclage Trial.

In women with prior spontaneous preterm birth and a cervical length of less than 25 mm, the hormone had no effect if cerclage was present, but significantly reduced preterm births at less than 24 weeks and perinatal mortality if cerclage was absent. Dr. Vincenzo Berghella reported at the annual meeting of the Society for Maternal-Fetal Medicine.

The use of 17α-hydroxyprogesterone caproate (17P) had no effect on the primary outcome of preterm birth at less than 35 weeks in either the cerclage or no-cerclage groups. Among the 148 women randomized to cerclage, the primary outcome occurred in 30% of the 47 women receiving 17P and in 34% of the 101 women with no 17P (odds ratio, 0.84).

Among the 152 women with no cerclage, the primary outcome occurred in 39% of the 52 women who received 17P and in 44% of the 100 women with no 17P (OR, 0.80). Women given 17P in either group received an average of 11 injections, beginning at an average gestational age of 18-19 weeks (range, 16-28 weeks).

In the presence of cerclage, the use of 17P had no significant effect on the outcomes of preterm birth at less than 24 weeks (OR, 0.60); less than 28 weeks (OR, 0.46); less than 32 weeks (OR, 0.62); or less than 37 weeks (OR, 0.62). The use of 17P in the presence of cerclage also had no significant effect on perinatal death (OR, 0.62), said Dr. Berghella, professor of ob.gyn. at Jefferson Medical College in Philadelphia.

In the absence of cerclage, the use of 17P had a significant effect only on preterm birth at less than 24 weeks, occurring in 2% of women given 17P vs. 20% with no 17P (OR, 0.08), and on perinatal death, occurring in 4% of women given 17P and 23% with no 17P (OR, 0.14). Because cervical length was a significant predictor of preterm birth in both groups in a logistic regression analysis, the researchers analyzed the effect of 17P using different cervical length cutoffs. In women with a cervical length of 15-24 mm, 17P was associated with statistically significant decreases in both preterm birth at less than 24 weeks (OR, 0.11) and perinatal mortality (OR, 0.18). There was no significant effect of 17P in women with a cervical length of less than 15 mm.

Data Source: Secondary analysis of 300 patients in the Vaginal Ultrasound Cerclage Trial.

Disclosures: The study was funded by Genentech.

Maternal Asthma Tied to Risk of Preeclampsia, Prematurity

N ew Orleans — Maternal asthma has a significant effect on several adverse pregnancy outcomes including preeclampsia, preterm delivery, and low birth weight, based on a meta-analysis of 30 studies.

Pregnant asthmatic women have been reported to have an overall increased risk of adverse perinatal outcomes, but study results are conflicting. Dr. Jennifer Namazy said at the annual meeting of the American Academy of Allergy, Asthma, and Immunology.

“A previous meta-analysis was conducted to see whether the risks were real,” said Dr. Namazy of Scripps Health in San Diego. Dr. Namazy and her colleagues’ review included prospective cohort studies and retrospective studies conducted between 1979 and 2009, in which pregnancy outcomes were compared between women with asthma and nonasthmatic controls. The 30 studies included 8 studies of asthma management (preconception)

Compared with control women without asthma, asthmatic women had a significantly increased risk of preeclampsia (relative risk, 1.54). Low birth weight (defined as 2,500 g or less) was significantly more likely in babies of women with asthma (RR, 1.46). Babies born preterm were 1.34 times more likely, and stillbirths were 1.64 times more likely among women with asthma compared with controls (RR, 1.41 and 1.22).

Neonatal death was significantly more likely in babies of women with asthma (RR, 1.49). Perinatal mortality (stillbirth plus neonatal death) was significantly more likely in babies of women with asthma (RR, 1.27). No significant associations were seen between maternal asthma and an increased risk of congenital anomalies (RR, 1.08).

“The data suggest that active management may reduce some, but not other perinatal complications,” she said. But active management may not ensure adequate asthma control, and more research is needed to specifically assess the effect of asthma control on perinatal outcomes.

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Disclosures: Dr. Namazy has served as a consultant for Genentech.

Shape of Cervical Funnel Tied to Length of Gestation

BY PATRICE WENDLING

Chic ago — The presence of a U-shaped cervical funnel was significantly associated with earlier birth in high-risk women in a planned secondary analysis of the Vaginal Ultrasound Cerclage Trial.

Women with a U-shaped funnel gave birth nearly 3 weeks earlier at a gestational age of 31.8 weeks, compared with 34.6 weeks for women with a V-shaped funnel and 34.7 weeks for those with no funnel, Dr. Melissa Mancuso reported at the annual meeting of the Society for Maternal-Fetal Medicine.

“17P offered no benefit in women with a cervical length of less than 24 weeks (OR, 0.11) and perinatal mortality (OR, 0.18), while there was no significant effect of 17P in women with a cervical length of less than 15 mm.”

Major Finding: In women with a cervical length of 15-24 mm, 17P was associated with statistically significant decreases in both preterm birth at less than 24 weeks (OR, 0.11) and perinatal mortality (OR, 0.18). There was no significant effect of 17P in women with a cervical length of less than 15 mm.

Data Source: Secondary analysis of 301 women in the Vaginal Ultrasound Cerclage Trial.

Disclosures: The study was funded by the National Institute of Child Health and Human Development. Dr. Berghella disclosed no conflicts of interest.