Objective
The aim of this study is to assess the feasibility of a systematic application of the Maternal and Fetal evaluation during the 3 periods described by Professor Kypros Nicolaides in order to demonstrate that it is effective in the early detection of the high risk to develop Preeclampsia and Preterm Delivery screening, high risk of chromosomal abnormalities and presence of anatomical malformations; tried and tested in other populations around the world, resulting in a considering reduction on maternal, fetal and perinatal morbidity and mortality. This program will be applied in our population of pregnant women during the first trimester of pregnancy, based on the guidelines for the First Trimester screening test by the Fetal Medicine Foundation in London, England, when the fetus’ CRL measures between 45 to 84 mm.

Methods
This is a longitudinal, prospective study. A Fetal Medicine Doctor, trained in Harries Birthright Research Center, London UK with a Diploma of Fetal Medicine Doctor was leading this Project from March to December 2015. She executed the Protocol for first trimester Screening test when the baby was between 45 and 84 mm, the follow up of that patients at the second trimester scan (Anomaly Scan) and the 3rd trimester between 32 and 36 weeks of gestation. At the same time she was training to a Medical Doctor interested in Fetal Wellbeing. The risk of Preeclampsia will be calculated as well as any possible risk for Preterm Delivery, changes in the Fetal anatomical structures and the risk for chromosomal abnormalities were calculate too. These risks are calculated through the parameters outlined by the Fetal Medicine Foundation in relation to the clinical history, biophysical and biochemical markers and Ultrasonographic markers too. We defined a Positive Screening for Preeclampsia as a risk greater or equal to 1/100 regardless of whether the type of preeclampsia in question, namely early preeclampsia, middle and/or late; Positive Screening for Preterm Delivery is defined as a risk is greater than or equal to 1/100. Any anatomical Fetal malformation was registered and follow up depending of the individual case. And the cut off for a high risk of Chromosomal abnormalities was 1/100. In the low risk population we continue monitoring fetuses at 2nd. and 3rd. Trimester, in order to start introducing the Inverted Pyramid of Prenatal Care by Prof. Kypros Nicolaides, in our population. In patients with a positive screening for Preeclampsia, we began acetylelsalicylic acid (aspirin 100 mg daily protective, BAYER Mexico) from the same day of the high risk result and until the 32 weeks of gestation; in the case of a positive screening test for Preterm Delivery we indicated Progesterone (Any brand, similar) 200 mg vaginally daily starting from the day when we got the high risk and until 34 weeks. If a high risk for Chromosomal abnormality was detected we offered an invasive test (Chorion Villing Sample or Amniocentesis) and finally in the cases of structural abnormalities we left the patient to decide if she wanted to continue with the pregnancy or not, depending if it was or not compatible with life. We follow up the patients with a high risk of Preeclampsia at 20, 28, 32 and 36 weeks of gestation, measuring the uterine arteries Doppler and looking for IUGR. We follow up the patients with a high risk of Preterm delivery at 20 and 32 weeks of gestation, measuring the cervical length.

Results
We take 6 month (from March to July) to prepare the Pilot Project by written, and started working with patients from the first of August to the 31st of December 2015. Then we did asked for the authorization to analyse the results obtained during five months of work on The Military Zone’s Hospital, 30th Military Zone, Villahermosa Tabasco Mexico, where we did screening to a total of 157 patients. The results of this first phase are still on processes and will be available on the 1st of June 2016.

Conclusion
We believe that this pilot program allows us to confirm that the application of the ‘inverted pyramid for prenatal care’ model proposed by Professor Kypros Nicolaides, is possible in a population that never had access to a screening before in the first trimester of pregnancy. Also, we consider that this is the tool that would enable us, not only Mexico but in Latin America, to achieve the 4th. and 5th. Millennium Goals Launched by the Identified by the WHO in 2000. We confirmed too that as well as we did in the Pilot Project of Guanajuato State 2015, patients were enthusiastic with the study of the first trimester screening test and with a systematically follow up, breaking the paradigm that in our Mexican population it would be impossible to get the Patients to come to its first assessment of pregnancy in the first trimester of it. Although the numerical analysis is still on going, the results are encouraging because, despite of the Military population is a close one, in a very short time, it was possible to predict and prevent the presence of preeclampsia and preterm delivery at least in 100% of the patients in whom we were able to meet the pregnancy outcomes. We need to implement strategies that improve the monitoring system of patient’s outcomes. It is imperative to continue with further studies in a bigger population of pregnant women that allow us to adjust risks estimates for preeclampsia and preterm delivery in our specific population.