Predictors of neonatal outcome in preterm delivery in women with mild preeclampsia

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Objective
Hypertension in pregnancy, moderate and severe preeclampsia have a serious impact on the neonatal outcome. We aimed to analyse the predictors of neonatal outcome in women with mild preeclampsia who were delivered of their infants preterm.

Methods
We performed a retrospective analysis of 215 pregnancies delivered between 26 and 33 weeks' gestation because of severe or mild preeclampsia. Multiple logistic regression and univariate chi(2) analysis were performed for the dependent outcome variables of survival and respiratory distress syndrome by use of independent fetal and maternal variables. A P value of <.05 was considered significant.

Results
In the multivariate analysis, respiratory distress syndrome was inversely related to gestational age at delivery (P = .0019) and directly related to cesarean delivery (P = .02), whereas survival was directly related to birth weight (P = .00026). There was no correlation in the multivariate analysis between respiratory distress syndrome or survival and corticosteroid use, composite neonatal morbidity, mean arterial pressure, eclampsia, or placental abruption. In the univariate analysis, respiratory distress syndrome was associated with caesarean delivery (odds ratio, 7.29; 95% confidence interval, 2.91-19.21). The incidence of intrauterine growth restriction increased as gestational age increased. Furthermore, intrauterine growth restriction decreased survival in both the multivariate (P = .028; odds ratio, 12.2; 95% confidence interval, 1.11-131.6) and univariate (P = .001; odds ratio, 5.88; 95% confidence interval, 1.91-19.27) analyses.

Conclusion
Neonatal complications, intrauterine stress and intrauterine growth restriction affected adversely the neonatal outcome in women with mild/moderate preeclampsia, independently of other variables.