

NEONATAL ACIDOSIS AT BIRTH: ASSESMENT OF RISK FACTORS AND PROGNOSIS

Maria Lapresta Moros, Olga Redrado Giménez, Isabel González Ballano, Pilar Andrés Oros, Raquel Crespo Esteras, Belén Rodríguez Solanilla, Sergio Castan Mateo

Obstetrics, Miguel Servet University Hospital, Spain

INTRODUCTION: Relationship between low pH and morbidity is unquestionable. Cardiotocography and fetal scalp pH can be predictors of short and long-term fetal outcome. It would be useful to detect maternal and intrapartum events that are associated with neonatal acidosis. **MATERIAL AND METHODS:** Retrospective study from January to December 2015 in order to evaluate maternal and fetal characteristics in term singleton pregnancies whose newborns are affected by neonatal acidemia. This was defined as umbilical cord pH under 7,15. We reviewed maternal morbidity during pregnancy as well as intrapartum events (fever, meconium, induction...), analysing differences according to acidosis severity. **RESULTS:** During the study period the rate of neonatal acidosis was 7,07% with a pH7,05 in 20,8% of the cases. The prevalence of gestational diabetes and hypertension were 10,1% and 4,3%, respectively. Intrauterine growth restriction and oligoamnios were found in 4,7% and 5,1%, respectively. Comparing characteristics of fetuses with severe and non severe acidosis there were found statistically significant differences in cesarean rates. No differences in the incidence of intrapartum fever and meconium, neither low birth weight or induction rate were found. **CONCLUSION:** Identification of fetuses at risk of neonatal acidosis is important in order to improve intrapartum management of these pregnancies as well as newborn clinical care.