

Obstetric Performance among the 3 Major Ethnic Groups in Malaysia – A Cross-sectional Study from the National Obstetrics Registry

Shamala Devi Karalasingam¹, Krishna Kumar A/L Hari Krishnan², J Ravichandran R Jeganathan³, Nadia Sa'at⁴

¹National Clinical Research Centre, Kuala Lumpur Hospital, ²Tuanku Jaafar Hospital, Negeri Sembilan, ³Sultanah Aminah Hospital, Johor, ⁴National Clinical Research Centre, Kuala Lumpur Hospital

ABSTRACT

Objective: To date obstetric performance among the different ethnic groups have not been looked at in Malaysia. This study was done to see which of the 3 main ethnic groups had the worst Obstetric performance so that measures can be taken to improve maternal and fetal outcomes. **Methods:** This is a cross-sectional study over a three-year period from 1st January 2013 to 31st December 2015. Data was obtained from the National Obstetrics Registry, Malaysia which is an online database that captures Obstetric data from 14 tertiary hospitals in Peninsular Malaysia and Sabah and Sarawak. All Malay, Chinese and Indian women who delivered during this period were included in the study. Statistical analysis performed using STATA 14.0. Simple logistic regression was used to access the risk group. P value <0.05 was taken as the cut off value of significance. **Results:** There were a total of 410,679 deliveries in the study period. 80.12% of deliveries were from the 3 main ethnic groups in Malaysia namely Malay (70.39%), Chinese (5.49%) and Indian (4.24%). Indian women had an adjusted odds ratio 2.31(95% CI(2.23 to 2.40) for anemia, 1.73(95%CI 1.33 to 2.26) for preeclampsia, 1.31(95%CI 1.25 to 1.38) for Gestational Diabetes Mellitus, 2.50(95% CI 1.90 to 3.29) for Preexisting Diabetes, 1.60 (95% CI 1.39 to 1.86) for intrauterine growth restricted fetus, 1.58(95%CI 1.53 to 1.64) for small gestational age baby, 1.27(95% CI 1.22 to 1.33) for preterm deliveries, 1.90(95% CI 1.84 to 1.96) to have a caesarean section, 1.62(95% CI 1.56 to 1.68) to have a baby with low birth and 1.33(95% CI 1.24 to 1.42) for baby to be admitted to neonatal intensive care unit. **Conclusions:** In this study the Malay women had the best obstetric performance whilst the Indian women had the worst performance. These findings warrant increase attention to this group of women during antenatal, intrapartum and the postpartum period.

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Cyclical Pain after Caesarean Section

Yogendren Rakupathy, Michael FW Hoong

Department Of Obstetrics And Gynaecology, Sabah Women and Children's Hospital, Kota Kinabalu, Sabah

ABSTRACT

Introduction: Endometriosis is the presence of endometrial glands and stroma outside of pelvis. Scar endometriosis' prevalence is about 3.5% of all endometriosis cases. It could be due to previous obstetrics and gynaecology procedures with endometrial inoculation into the cutaneous layer. The increasing rate of caesarean section may increase the incidence of it. **Case Description:** The first patient, a 37-year-old lady was referred from the surgical clinic for cyclical right iliac fossa pain and swelling for 2 years after Caesarean section. She had a 3x4 cm fixed, tense swelling at the right angle of her Caesarean scar. Transabdominal scan showed a hypoechoic mass beneath cutaneous layer. Wide excision of the mass was done. Histopathological examination showed endometriotic tissue. She had no recurrence of swelling or pain. The second patient was a 36-year-old lady who presented with cyclical right iliac fossa pain and hemeroserous discharge with no swelling for 6 months post Caesarean section. She had a thickened skin area over the right angle of scar. A wound exploration and excision of the scar was done. Histopathological examination showed endometriotic tissue. Post treatment she still had cyclical pain requiring analgesia. **Discussion:** The incidence of scar endometriosis will rise with the increasing rate of Caesarean section. Attending doctors should have a high index of suspicion for this diagnosis. Patients are often misdiagnosed for up to 2 years from first occurrence of symptoms. Surgical skills and technique could be improved to prevent inoculation of endometriotic tissue out of endometrium. Post treatment follow-up is needed to ensure recurrence is treated either medically or surgically.