

# Continuation versus Discontinuation of Epidural Infusion in the Second Stage of Labour in Relation to Obstetric Outcomes: A Randomised Controlled Trial

Nurul Ilyani Jamaluddin, Rahana Abdul Rahman, Azarinah Izaham, Ixora Kamisan Atan

Department of Obstetrics and Gynaecology, Universiti Kebangsaan Malaysia Medical Centre

## ABSTRACT

**Introduction:** It is a common practice to withhold epidural analgesia during the second stage of labour as it has been associated with prolonged second stage and increased instrumental delivery. Some studies disputed this. **Objective:** To assess the obstetric outcomes in relation to continuation versus discontinuation of epidural infusion during the second stage of labour. **Methods:** A preliminary analysis of 119 primigravidae involved in a prospective randomised controlled trial assessing the association between epidural infusion in second stage and intrapartum pelvic floor trauma. Participants were randomised into intervention (continuation of epidural infusion in the second stage of labour) and non-intervention (discontinuation) group in labour. Obstetric and neonatal outcome measures were compared between groups. **Results:** Between May to October 2018, 119 (34%) primigravidae were recruited. 57/119 (47.9%) were excluded, leaving 61 women for analysis. Of these, 31 (50.8%) were randomised into intervention group. Pain score at second the stage of labour and episiotomy rate were significantly lower in the intervention group i.e. 3.5 versus 8.5 ( $p<0.01$ ) and 82.8% versus 100% ( $p=0.02$ ), respectively. Duration of the second stage, delivery mode, perineal injuries and neonatal outcomes were not significantly different between the groups ( $p=0.15-0.98$ ). **Conclusion:** Maintaining epidural infusion in the second stage of labour has the benefit of significant pain relief and lower episiotomy rate, without negative effects on labour progress, mode of delivery, perineal tears, APGAR score and cord blood pH. Discontinuation of epidural anaesthesia at second stage is unlikely to confer any benefits in improving obstetric or neonatal outcomes.

# Clinical outcome following Transfer of Blastocysts with Single Chromosome Mosaicism

Lee CSS, Low SY, Lim YX

Alpha Fertility Centre, Dataran Sunway, Kota Damansara, Petaling Jaya, Selangor, Malaysia

## ABSTRACT

**Introduction:** High incidence of blastocyst mosaicism has been reported in preimplantation embryos with Next Generation Screening (NGS) at a rate between 4-24%. At Alpha Fertility Centre, we recently adopted a policy of transferring single chromosome mosaic blastocysts when there are no euploids available or when the likelihood of obtaining an euploid in a future cycle is bleak. **Material & Methods:** Seven patients (mean age: 32.7 years) had elective frozen mosaic blastocyst transfer from January to April 2019. Each patient had one single chromosome mosaic blastocyst transferred. All patients were given detailed counselling and consented prior to transfer. The importance of stringent antenatal confirmation of the chromosome status of the foetus was emphasised to each patient. Beta-hCG was measured by blood test on day 10-14 after transfer and values  $>25\text{mIU/mL}$  was considered positive. Clinical pregnancy is defined when a gestational sac is observed by transvaginal ultrasound at 4-6 weeks after transfer. **Results:** Six out of seven patients were tested positive for beta-hCG and gestational sac was confirmed in four patients. Two patients were pending for gestational sac scanning. One patient miscarried at 5+4 weeks of pregnancy. Antenatal chromosomal testing are being carried out accordingly. **Conclusions:** Based on our preliminary experience, the transfer of mosaic blastocysts can result in good pregnancy rates and should be considered in patients in circumstances stated above. Stringent antenatal surveillance for chromosomal status needs to be emphasised.