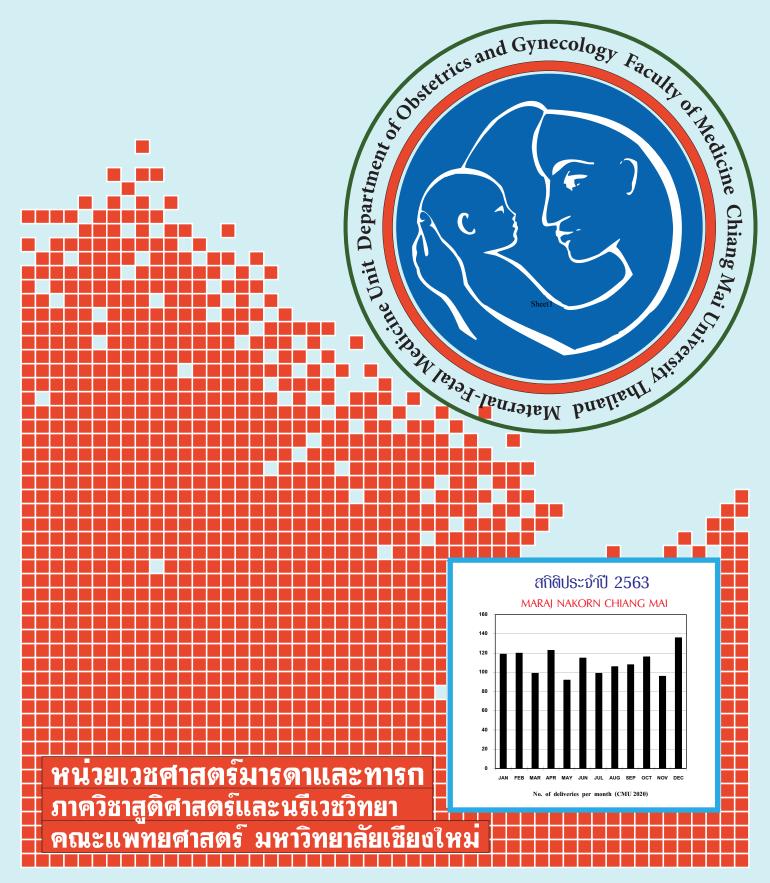
MATERNAL-FETAL MEDICINE 2020



ANNUAL REPORT 2020

MATERNAL-FETAL MEDICINE
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
FACULTY OF MEDICINE, CHIANG MAI UNIVERSITY
CHIANG MAI, THAILAND

MATERNAL-FETAL MEDICINE 2020

ASSOCIATE PROFESSOR CHANANE WANAPIRAK M.D (Head).

PROFESSOR THEERA TONGSONG M.D.

ASSOCIATE PROFESSOR Dr. WIRAWIT PIYAMONGKOL M.D.

PROFESSOR SUPATRA SIRICHOTIYAKUL M.D.

ASSOCIATE PROFESSOR FUANGLADA TONGPRASERT M.D.

ASSOCIATE PROFESSOR KASEMSRI SRISUPUNDIT M.D.

ASSOCIATE PROFESSOR SUCHAYA LUEWAN M.D.

ASSISTANT PROFESSOR KUNTHAREE TRAISRISILP M.D.

ASSISTANT PROFESSOR Dr. PHUDIT JATAVAN M.D.

RESEARCH FELLOW SIRINART SIRILERT M.D.

RATANAPORN SEKARARITHI BSc.

ACHARAWAN YAMPOCHAI BSc.

APIRADEE TAGGAPICHITTI BSc.

NITTAYA SAKUNPANSAP BSc.

SUKANYA JANTA

สถิติประจำปี 2563

อนุสาขาเวชศาสตร์มารดาและทารก ภาควิชาสูติศาสตร์และนรีเวชวิทยา คณะแพทยศาสตร์ มหาวิทยาลัยเชียงใหม่

อนุสาขาเวชศาสตร์มารดาและทารก

รองศาสตราจารย์ นายแพทย์ ชเนนทร์ วนาภิรักษ์ (หัวหน้าหน่วย)
ศาสตราจารย์ นายแพทย์ ธีระ ทองสง
รองศาสตราจารย์ นายแพทย์ ดร. วีรวิทย์ ปิยะมงคล
ศาสตราจารย์ แพทย์หญิง สุพัตรา ศิริโชติยะกุล
รองศาสตราจารย์ แพทย์หญิง เพื่องลดา ทองประเสริฐ
รองศาสตราจารย์ แพทย์หญิง เกษมศรี ศรีสุพรรณดิฐ
รองศาสตราจารย์ แพทย์หญิง สุขยา ลือวรรณ
ผู้ช่วยศาสตราจารย์ แพทย์หญิง กุณฑรี ไตรศรีศิลป์
ผู้ช่วยศาสตราจารย์ ดร. นายแพทย์ ภูดิศ เจตะวรรณ
อาจารย์แพทย์หญิง ศิรินาถ ศิริเลิศ
รัตนาภรณ์ เศขรฤทธิ์
อัจฉราวรรณ แย้มโพธิ์ใช้
อภิรดี ตรรกไพจิตร
นิตยา สกุลปั้นทรัพย์
สุกัญญา จันตา

PREFACE

I am very pleased to present the Maternal-Fetal Medicine Annual Report 2020, which represents a significant milestone for the evolving journey of the Division of Maternal-Fetal Medicine (MFM). The division has been an integral part of our Department since its conception. The division offers a comprehensive service for Northern Thai women with high-risk pregnancies including prenatal care and diagnosis, fetal assessment and therapy, ambulatory care, peripartum management, and future pregnancy planning. The advances in the care of these women are made possible by significant individuals who believe in education and research with the availability of state-of-the-art obstetric ultrasound unit, cutting-edge molecular genetics and thalassemia laboratory, expert genetic counseling, nutrition counseling, social support groups, regional network, and international collaboration. The division has been playing a major role in the development of the national guidelines for thalassemia and Down syndrome screening through innovative research outcomes.

This annual report reflects the activities of the Division of Maternal-Fetal Medicine over the past year. The year 2020 was marked by the global coronavirus pandemic, which resulted in a historic shutdown of most of our services from March to May. We were lucky enough not to be hit too hard by the pandemic. However, the situation did have certain effects on the accessibility to maternal-fetal care and the number of pregnant women the division could serve. Of note, in 2020, the division faced emerging challenges such as the growing prevalence of elderly gravida and gestational diabetes and the rising incidence of cesarean delivery. These concerning trends need close monitoring, systematic causal exploration, and timely action. Despite a challenging year, the division continued to deliver excellent clinical care, strong teaching, and robust research activities with numerous high-impact publications and massive funding.

Finally, I would like to commend Associate Professor Chanane Wanapirak and all the members of his team for their commitment to academic excellence and vital contribution to the field of MFM. I would also like to express my sincere gratitude to Professor Theera Tongsong for his tremendous work on the compilation of this report.

Associate Professor Kittipat Charoenkwan, MD.

Acting Chairman, Department of Obstetrics and Gynecology
Faculty of Medicine, Chiang Mai University

PREFACE

The annual report of maternal fetal medicine unit, Department of Obstetrics and Gynecology, Faculty of Medicine, Chiang Mai University, has been established since 1990 for serving our 3 main missions: education, research and service. During the past 30 years, there are many changes of data that affect our mission especially educational programs for medical students, OB-GYN residency program and maternal-fetal medicine (MFM) fellowship training.

This 2020 annual report has some interesting data that affect educational programs as mentioned above. Firstly, the total number of delivery is new lowest since we started our service but close to 70% of cases considered high risk cases. This may show the obstetrics service in this area has been changed from our center to other hospitals which our graduated residents take responsibility. The cesarean section rate in our institution still shows gradually increasing from 15.8% in the year 2000 to 29.6% in the year 2020, again a new high record. This increasing rate may be reflected from the combination of parental expectation, legal issue and training program. The rate of elderly pregnancy and other complicated pregnancies are on the rise. Trend of the technique using for prenatal diagnosis also shift to different one. All of these information are the signal for the academic sector of faculty to plan for medical students curriculum, OB-GYN residency program and maternal-fetal medicine (MFM) fellowship training. MFM's ultimate purpose is better maternal and fetal outcome, this goal might not be achieved if our management do not consider the fact which some of them are present in this report.

Finally, I would like to be grateful for all our active and dedicated staff members who have contributed to this report and hope that it will serve as the best evidence for education and research including service for our next generations.

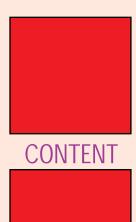
Chanane Wanapirak, M.D.

Associate Professor,

Division of Maternal-fetal Medicine

Department of Obstetrics and Gynecology,

Faculty of Medicine, CMU. Chiang Mai, Thailand



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2020

MATERNAL-FETAL MEDICINE

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DIVISION OF MATERNAL-FETAL MEDICINE

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

FACULTY OF MEDICINE, CHIANG MAI UNIVERSITY

CHIANG MAI, THAILAND

DATA SOURCE

Section I Obstetric Mortality Patient Record Charts

Section II General Obstetrics Delivery Records

Section III High-risk Pregnancies Patient Record Charts

Section IV Perinatal Investigations Statistics of the Division

Section I

OBSTETRIC MORTALITY

STILLBIRTH

Stillbirth 2020: For gestational age ≥ 22 weeks

: 20 cases of total birth = 1,305 cases)

■ Gestational age between 22-27 weeks 16 cases (80.00 %)

	CMU	Referred	Total
Low risk	4	6	10
High risk	3	3	6
Autopsy	4	3	7

Causes of death

Causes of death	CMU	Referred	Total
1. Normally formed macerated stillbirth	1	1	2
2. Congenital malformations	3	3	6
3. Condition associated with immaturity	0	1	1
4. Asphyxia developed in labor	0	0	0
5. Other specific conditions	1	0	1
6. Therapeutic termination related to PND	2	4	6

Stillbirth 2020: For gestational age ≥ 28 weeks

: 4 cases of total birth = 1,305 cases)

■ Gestational age between \geq 28 weeks 4 cases (20.00%)

	CMU	Referred	Total
Low risk	0	1	1
High risk	1	2	3
Autopsy	0	0	0

Causes of death

Causes of death	CMU	Referred	Total
1. Normally formed macerated stillbirth	0	1	1
2. Congenital malformations	1	1	2
3. Condition associated with immaturity	0	0	0
4. Asphyxia developed in labor	0	0	0
5. Other specific conditions	0	0	0
6. Therapeutic termination related to PND	0	1	1

Stillbirth rate:

Stillbirth rate = 3.07 per 1000 total births(by old WHO definition: ≥ 28 weeks or birth weight > 1000 grams)

Stillbirth rate = 15.33 per 1000 total births (by new WHO definition : ≥ 22 weeks or birth weight > 500 grams)

Stillbirth rate = 9.96 per 1000 total births

(by new WHO definition : \geq 22 weeks' gestation or birth weight > 500 grams, not included therapeutic termination due to fetal malformations)

NEONATAL DEATH

Neonatal death 2020:

2 cases (GA > 22 weeks) of total 1,248 live births

■ Gestational age between 22-27 weeks 2 cases (100.00 %) (Total livebirth 1248 cases)

	CMU	Referred	Total
Low risk	0	0	0
High risk	0	2	2
Autopsy	0	2	0

Causes of death

Causes of death	CMU	Referred	Total
1. Normally formed macerated stillbirth	0	0	0
2. Congenital malformations	0	1	1
3. Condition association with immaturity	0	0	0
4. Asphyxia developed in labor	0	1	1
5. Other specific conditions	0	0	0
6. Therapeutic termination related to PND	0	0	0

Neonatal death 2020:

0 cases (GA > 28 weeks) of total 1,424 live births

■ Gestational age between ≥ 28 weeks 3 cases (0.00 %) (Total livebirth 1424 cases)

	CMU	Referred	Total
Low risk	0	0	0
High risk	0	0	0
Autopsy	0	0	0

Causes of death

Causes of death	CMU	Referred	Total
1. Normally formed macerated stillbirth	0	0	0
2. Congenital malformations	0	0	0
3. Condition associated with immaturity	0	0	0
4. Asphyxia developed in labor	0	0	0
5. Other specific conditions	0	0	0
6. Therapeutic termination related to PND	0	0	0

Early neonatal death rate 0 per 1,000 live births

 $(\geq 28 \text{ week's gestation or } 1000 \text{ grams and died within first } 7 \text{ days of life})$

Early neonatal death rate 1.6 per 1,000 live births

 $(\geq 22 \text{ week's gestation or } 500 \text{ grams and died within first } 7 \text{ days of life})$

The most common cause of perinatal death was related to congenital anomalies referred for diagnosis from regional areas and terminated at Maharaj Nakorn Chiang Mai Hospital

PERINATAL DEATH

Perinatal Mortality (including the referal cases)

- 1. Gestational age \geq 28 weeks (stillbirths + early neonatal death) *perinatal death rate* = 3.07 *per 1000 total births*
- 2. Gestational age \geq 22 weeks (stillbirths + neonatal death) perinatal death rate = 16.86 per 1000 total births

The most common related causes were fetal anomalies and immaturity (several cases associated with self attempt termination)

MATERNAL DEATH

Total 2 cases (1,248 livebirths)

Causes of maternal death: (Referred case 1, CMU case 1)

CMU case: Preeclampsia with intracerebral hemorrhage

Referred case: Preeclampsia with pulmonary edema

Summary

DATA	2020
Total birth	1,305
Stillbirth	20
22-27 weeks	16
≥ 28 weeks	4
Stillbirth rate/1000 births	
> 28 weeks / birthweight >1,000 gm	3.07
> 22 weeks / birthweight >500 gm	15.33
Early neonatal death	
• Early neonatal death rate / 1000 live birth (≥ 28 weeks)	0
• Early neonatal death rate / 1000 live birth (≥ 22 weeks)	1.6

Section II

GENERAL OBSTETRICS

 TABLE 1
 Distribution of Singleton & Multifetal Pregnancies

Type of pregnancy	Number	Percent
Singleton	1265	96.9
Twins	39	3.0
Triplet	1	0.1
Total	1305	100.0

TABLE 2 Categories of the Pregnant Women

	20)19	2020	
	Number	Percent	Number	Percent
General Cases	1418	94.8	1255	96.2
Private Cases	77	5.2	50	3.8
Total	1495	100.0	1305	100.0

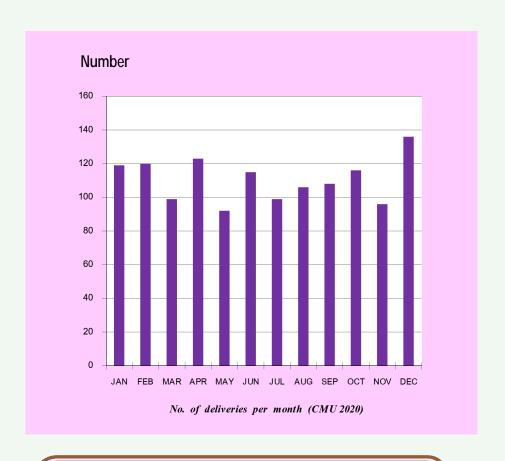
TABLE 3 Categories of the Pregnant Women

	Number	Percent
ANC at Maharaj Nakorn Chiang Mai Hospital	1070	82.0
Private Clinic	50	3.8
ANC at Other Hospitals	172	13.2
No ANC	13	1.0
Total	1305	100.0

 TABLE 4
 Number and Percentage of Deliveries per month

Month	Number (Mothers)	Percent
January	123	9.4
February	92	7.0
March	115	8.8
April	99	7.6
May	106	8.1
June	108	8.3
July	116	8.9
August	96	7.4
September	136	10.4
October	103	7.9
November	112	8.6
December	99	7.6
Total	1305	100.0

FIGURE 1 Histogram : Number of Deliveries from January to December 2020



Total deliveries in 2012 = 2059 cases

Total deliveries in 2013 = 1823 cases

Total deliveries in 2014 = 1686 cases

Total deliveries in 2015 = 1572 cases

Total deliveries in 2016 = 1431 cases

Total deliveries in 2017 = 1539 cases

Total deliveries in 2018 = 1518 cases

Total deliveries in 2019 = 1495 cases

Total deliveries in 2020 = 1305 cases

TABLE 5 Number and percentage of parturients by age

Age	Number	Percent	Age	Number	Percent
13	1	.1	30	94	7.2
15	1	.1	31	83	6.4
16	6	.5	32	63	4.8
17	2	.2	33	81	6.2
18	9	.7	34	74	5.7
19	14	1.1	35	64	4.9
20	22	1.7	36	62	4.8
21	21	1.6	37	47	3.6
22	34	2.6	38	28	2.2
23	50	3.8	39	27	2.1
24	57	4.4	40	26	2.0
25	59	4.5	41	24	1.8
26	65	5.0	42	13	1.0
27	79	6.1	43	7	0.5
28	93	7.1	44	3	0.2
29	91	7.0	45	1	0.1
			49	1	0.1
Total				1302	100.0

Average age (Mean±Standard deviation) 30.18±5.6 (13-49) years

TABLE 6 Number and percentage of parturients by age group

Age Group	Number	Percent
10-14	1	.1
15-19	32	2.5
20-24	184	14.1
25-29	387	29.7
30-34	395	30.3
35-39	228	17.5
40-44	73	5.6
≥ 45-50	2	.2
Total	1302	100.0

Summary: Age of parturients

Adolescent Pregnancies (11-19 years)
 Early Adolescent Pregnancies (≤ 16 years)
 Late Adolescent Pregnancies (17-19 years)
 25 (1.9 %)

2. Adult Pregnancies (20-34 years) 966 (74.0%)

3. Elderly Pregnancies (≥ 35 years) 303 (23.2%)

FIGURE 2 Histogram : Number of Parturients by Age

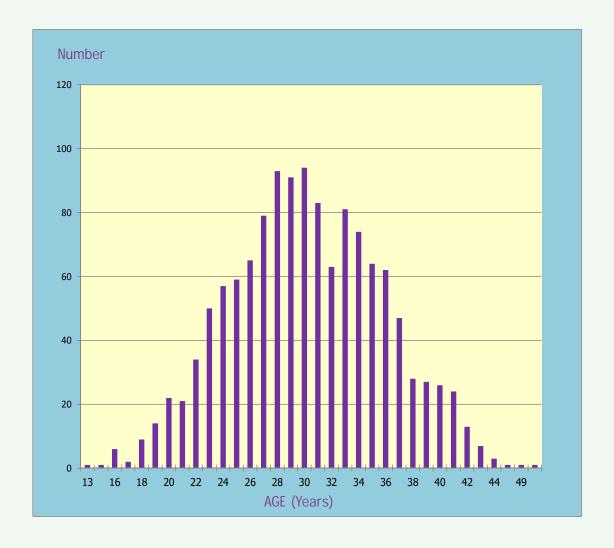


TABLE 7 Parity of parturients

Parity	Number	Percent
0	713	54.6
1	474	36.3
2	102	7.8
3	10	0.8
4	3	0.2
5	2	0.2
6	1	0.1
Total	1305	100.0

Parity = Number of pregnancies reaching the stage of fetal viability (more than 20 weeks) in this report

Nulliparous 54.6 %
Multiparous 45.4 %

FIGURE 3 Histogram : Number of parturients by parity

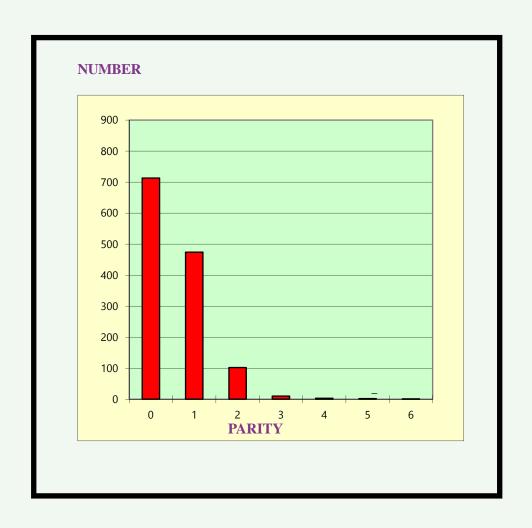
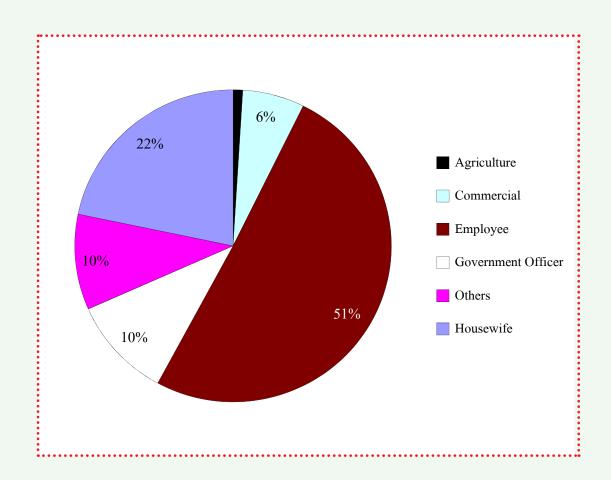


TABLE 8 Distribution of the occupations of the parturients

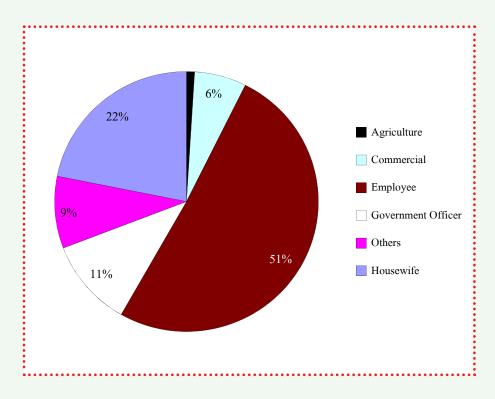
Occupations	To	otal	Ger	neral	Pri	vate
	Number	Percent	Number	Percent	Number	Percent
Agriculture	11	0.9	11	0.9	0	0.0
Commercial	82	6.4	80	6.4	2	4.1
Employee	649	50.3	635	51.1	14	28.6
Government Officer	117	9.1	113	9.1	4	8.2
Private Business	77	6.0	67	5.4	10	20.4
Housewife	284	22.0	277	22.3	7	14.3
State Enterprise	7	0.5	7	0.6	0	0.0
Staff Officer	20	1.5	18	1.4	2	4.1
Physician	5	.4	1	0.1	4	8.2
Phamacist	20	1.5	15	1.2	5	10.2
Others	19	1.5	18	1.4	1	2.0
Total	1291	100.0	1242	100.0	49	100.0

FIGURE 4 Pie: Distribution (percentage) of patient's occupations

OCCUPATIONS OF TOTAL PATIENTS



OCCUPATIONS OF THE GENERAL PATIENTS



OCCUPATIONS OF THE PRIVATE PATIENTS

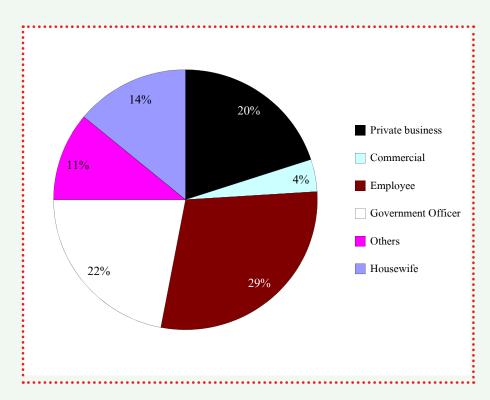
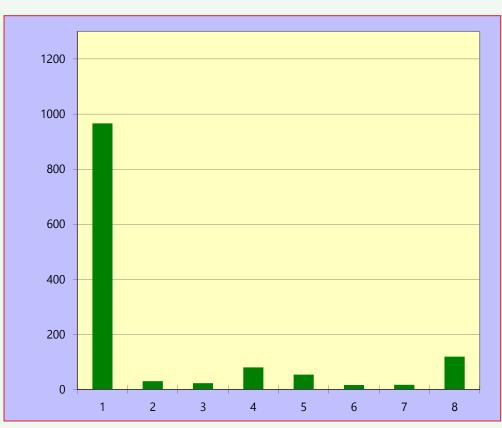


TABLE 9 Distributions of the residence (province) of the parturients

Province	Number	Percent
Chiang Mai (เชียงใหม่)	966	74.0
Chiang Rai (เชียงราย)	30	2.3
Lampang (ลำปาง)	23	1.8
Lamphun (ลำพูน)	80	6.1
Maehongsorn (แม่ฮ่องสอน)	54	4.1
Payao (พะเยา)	16	1.2
Prae (แพร่)	17	1.3
Others (อื่นๆ)	119	9.1
Total	1305	100.0

FIGURE 5 Histogram : Distribution of parturients by province of the parturients

Number



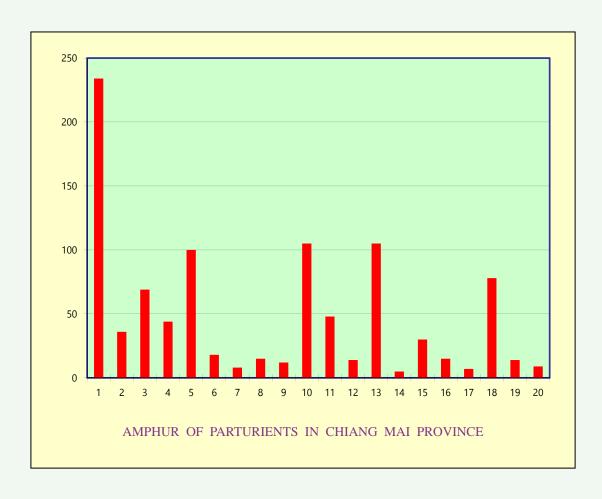
- Province
- 1. Chiang Mai (เชียงใหม่)
- 3. Lampang (ลำปาง)
- 5. Maehongsorn (แม่ฮ่องสอน)
- 7. Phrae (แพร่)

- 2. Chiang Rai (เชียงราย)
- 4. Lamphun (ลำพูน)
- 6. Payao (พะเยา)
- 8. Others (อื่นๆ)

TABLE 10 Distributions of Amphur of the parturients in Chiang Mai province

	Amphur	Number	Percent
1.	Meung (เมือง)	234	24.2
2.	Maerim (แม่ริม)	36	3.7
3.	Doisaked (ดอยสะเก็ด)	69	7.1
4.	Sanpatong (สันป่าตอง)	44	4.6
5.	Hangdong (หางดง)	100	10.4
6.	Jomtong (จอมทอง)	18	1.9
7.	Mae-ai (แม่อาย)	8	0.8
8.	Prao (נרדֿאס)	15	1.6
9.	Hod (ฮอด)	12	1.2
10.	Sarapee (สารภี)	105	10.9
11.	Maetang (แม่แตง)	48	5.0
12.	Omkoi (อมก๋อย)	14	1.4
13.	Sankampang (สันกำแพง)	105	10.9
14.	Samoeng (สะเมิง)	5	0.5
15.	Chiangdao (เชียงดาว)	30	3.1
16.	Phang (ฝาง)	15	1.6
17.	Doitao (ดอยเต่า)	7	0.7
18.	Santrai (สันทราย)	78	8.1
19.	Maejam (แม่แจ่ม)	14	1.4
20.	Chaiprakarn (ไชยปราการ)	9	0.9
	Total	966	100.0

Histogram: Number of parturients in each FIGURE 6 Amphur of Chiang Mai



- 1. Meung
- 5. Hangdong
- 9. Hod
- 13. Sankampang
- 17. Doitao
- 2. Maerim
- 6. Jomtong
- 10. Sarapee
- 14. Samoeng
- 18. Santrai
- 3. Doisaked
- 7. Mae-ai
- 11. Maetang
- 15. Chiangdao
- 19. Maejam
- 4. Sanpatong
- 8. Prao
- 12. Omkoi
- 16. Phang
- 20. Chaiprakarn

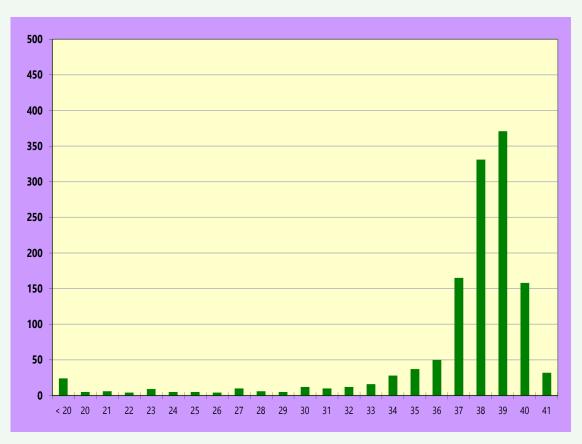
TABLE 11 Number and percentage of parturients by gestational age in singleton pregnancies

GA (Weeks)	Number	Percent	GA (Weeks)	Number	Percent
< 20	24	1.8	31	10	0.8
20	5	0.4	32	12	0.9
21	6	0.5	33	16	1.2
22	4	0.3	34	28	2.1
23	9	0.7	35	37	2.8
24	5	0.4	36	50	3.8
25	5	0.4	37	165	12.6
26	4	0.3	38	331	25.4
27	10	0.8	39	371	28.4
28	6	0.5	40	158	12.1
29	5	0.4	41	32	2.5
30	12	0.9	42	0	0.0
Total				1305	100.0

Average of Gestational Age 36.96±4.5 (11-41) Weeks

FIGURE 7 Histogram : Number of parturients at various gestational age in singleton pregnancies

NUMBER



GESTATIONAL WEEKS

TABLE 12 Number and percentage of parturients by gestational age group in singleton pregnancies.

Gestational Age Group	Number	Percent
Abortion (< 20 weeks)	23	1.8
Immature (20-27 weeks)	48	3.7
Premature (28-36 weeks)	176	13.5
Term (37-41 weeks)	1057	81.1
Postterm (42 weeks or more)	0	0.0
Total	1304	100.0

Premature delivery included the refered cases

Immature cases included termination of pregnancies due to various indications especially serious anomalies.

TABLE 13 Number and percentage of parturients by gestational age in twin pregnancies

GA (Week)	Number (Twin sets)	Percent
12	1	2.6
26	1	2.6
28	3	7.7
29	1	2.6
31	4	10.3
32	3	7.7
34	6	15.4
35	4	10.3
36	4	10.3
37	9	23.1
38	2	5.1
39	1	2.6
Total	39	100.0

Average of Gestational Age 33.51±4.8 Weeks

FIGURE 8 Histogram : Number of parturients at various gestational week (in twin pregnancies)

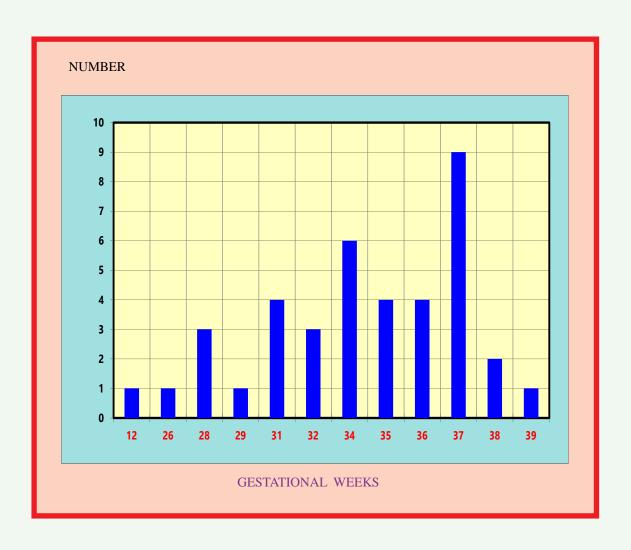


TABLE 14 Number and percentage of parturients by gestational age group in twin pregnancies.

Gestational Age Group	Number	Percent
Abortion (< 20 week)	1	2.6
Immature (20-27 weeks)	1	2.6
Preterm (28-36 weeks)	25	64.1
Term (37-41 weeks)	12	30.8
Total	39	100.0

TABLE 15 Number and percentage of antenatal care attendance :

General patients (not included the patients attending at other hospitals)

Number of ANC	Number of Parturients	Percent
0	36	2.8
1	36	2.8
2	48	3.7
3	63	4.8
4	53	4.1
5	56	4.3
6	67	5.1
7	70	5.4
8	78	6.0
9	130	10.0
10	147	11.3
11	142	10.9
12	174	13.3
13	94	7.2
14	56	4.3
15	30	2.3
16	12	0.9
17	6	0.5
18	5	0.4
21	1	0.1
28	1	0.1
Total	1305	100.0

Attending ANC at other hospitals 14.4% of total parturients

FIGURE 9 Histogram : Number of ANC attendances of general patients

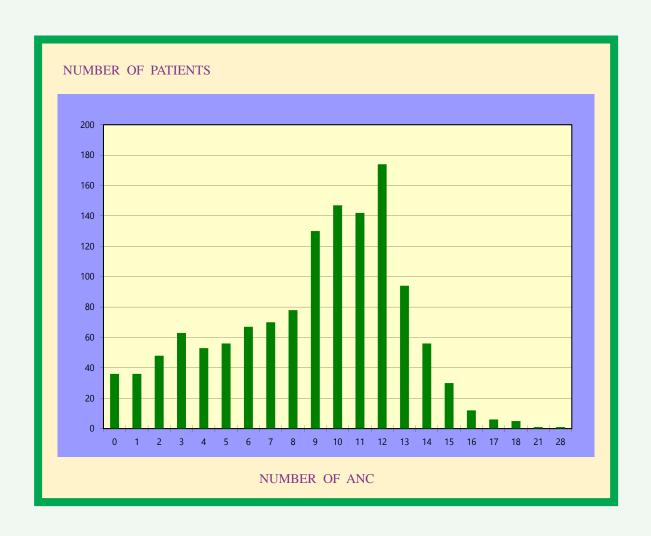


TABLE 16 Number of antenatal care attendance : General patients (not include the patients attending ANC at other hospitals)

Number of ANC	Number of Parturients	Percent
4 or more	1122	86.0
1-3	147	11.3
No ANC	36	2.8
Total	1305	100.0

Note ANC less than 4 is considered to be inadequate

Inadequate ANC 14.1%

FIGURE 10 Histogram : Number of ANC attendance of general patients (excluding private patients and ANC at other hospitals)

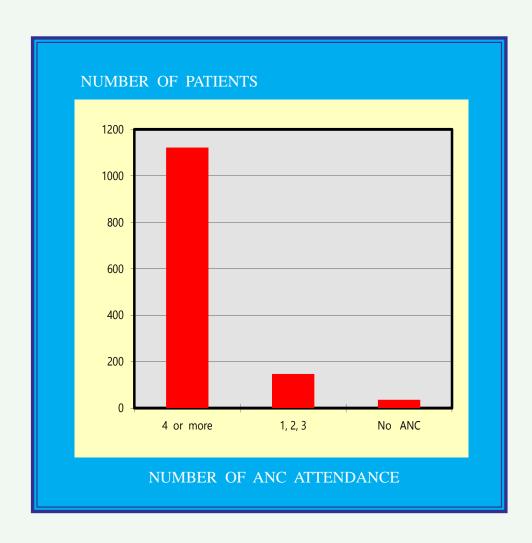
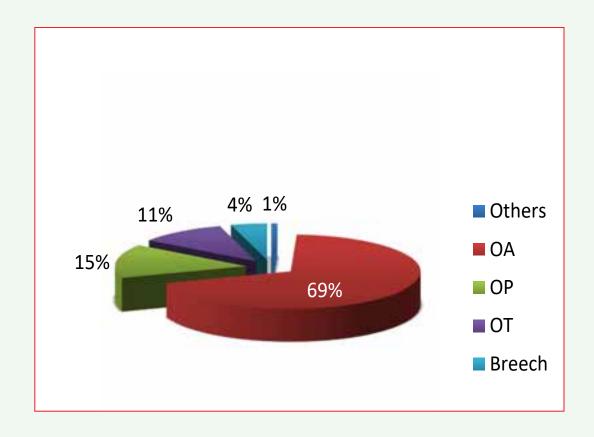


 TABLE 17
 Distribution of fetal presentations in labor (Singleton)

Fetal Presentation	Percent
Vertex	94.9
Breech	4.4
Transverse lie	0.2
Compound	0.1
Face	0.1
Others	0.3

Breech Presentation was 4.4% of Total Birth

FIGURE 11 Proportion of fetal presentations (singleton) during labor



 $OA = occiput \ anterior, \ OP = occiput \ posterior, \ OT = occiput \ transverse$

 TABLE 18
 Mode of delivery: General and private patients

Singleton

Mode of Delivery	Total		Ger	General		Private	
	Number	Percent	Number	Percent	Number	Percent	
Normal Delivery	814	64.4	783	64.4	29	61.7	
Forceps Delivery	13	1.0	13	1.1	0	0.0	
Vacuum Delivery	50	4.0	46	3.8	4	8.5	
Cesarean Section	374	29.6	362	29.8	12	25.5	
Vaginal Breech Delivery	10	0.8	8	0.7	2	4.3	
Other*	3	0.2	3	0.2	0	0.0	
Total	1264	100.0	1215	100.0	47	100.0	

^{*} other = conduplicato corpore, hysterotomy, internal version, caul etc.

Twins

Mode of Delivery	Total		General		Private	
	Number	Percent	Number	Percent	Number	Percent
Vaginal Delivery	12	33.3	12	22.9	0	0.0
Cesarean Section	27	66.7	24	77.1	3	100.0
Total	39	100.0	36	100.0	3	100.0

FIGURE 12 Histogram : Distribution of modes of deliveries : general & private patients (Singleton)

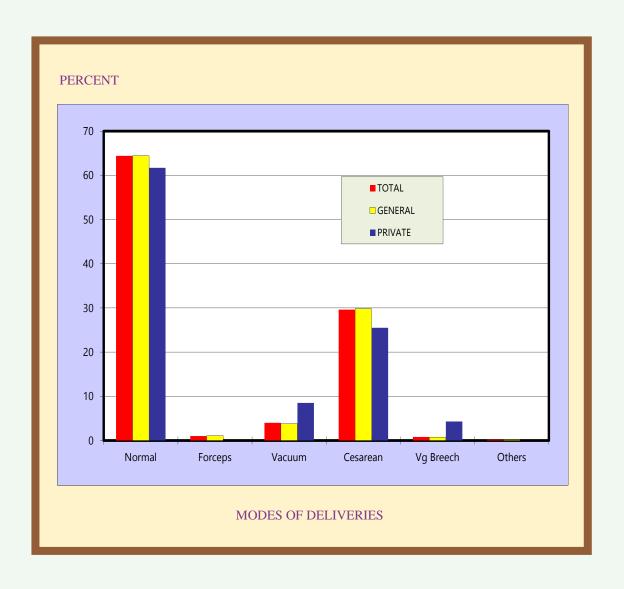


TABLE 19 Modes of delvieries in breech presentation : general and private patients (Singleton)

Mode of Deliveries	Total		Gei	General		Private	
	Number	Percent	Number	Percent	Number	Percent	
Cesarean Section	46	82.1	46	85.2	-	-	
Assisting Mauricceau- Smelliveit	7	12.5	5	9.3	2	100.0	
Total Extrac- tion Mauric- ceau-Smelliveit	3	5.4	3	5.6	-	-	
Spontaneous Breech	-	-	-	-	-	-	
Total	56	100.0	54	100.0	2	100.0	

Total Cesarean Section Rate in Breech presentation 82.1%

FIGURE 13 Histogram : Distribution of modes of deliveries in breech presentation : general & private

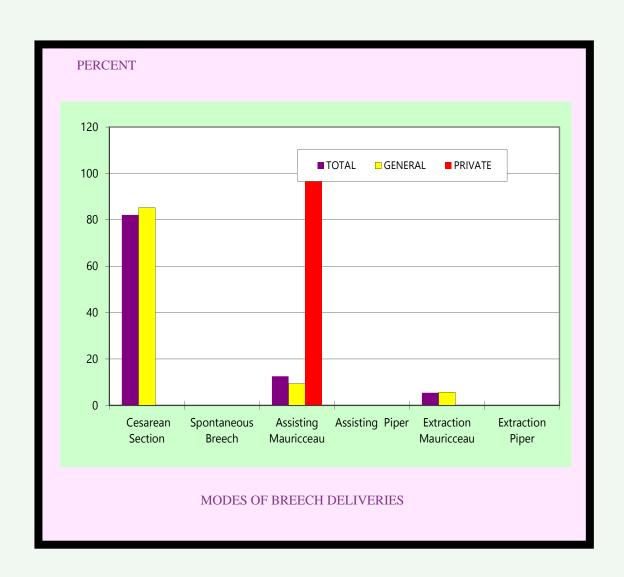


TABLE 20 Frequency of cesarean deliveries according to diagnostic indication (Singleton)

Indications	To	otal	Ger	neral	Pri	vate
	Number	Percent	Number	Percent	Number	Percent
CPD	115	30.5	114	31.2	1	8.3
Previous C/S	120	31.8	116	31.8	4	33.3
Breech presentation	46	12.2	46	12.6		
Fetal distress	33	8.8	32	8.8	1	8.3
Placenta previa	8	2.1	8	2.2		
PIH	12	3.2	10	2.7	2	16.7
HIV positive	1	0.3	1	0.3		
Abruptio placentae	3	0.8	3	0.8		
Malpresentation	8	2.1	7	1.9	1	8.3
Others	6	1.6	6	1.6		
Not recorded	25	6.6	22	6.0	3	25.0
Total	377	100.0	365	100.0	12	100.0

^{*} Others = Vasa previa, IVF, Active herpes genialis, Fetal anomalies with time schedule, HELLP syndrome etc.

TABLE 21 Indications of forceps deliveries: general & private patients (Singleton)

Indications	Total		General		Private	
	Number	Percent	Number	Percent	Number	Percent
Fetal distress	1	7.7	1	7.7	-	-
Poor expulsive force	1	7.7	1	7.7	-	-
Prophylactic, training	9	69.2	9	69.2	-	-
Shortened second stage of labour	1	7.7	1	7.7	-	-
Failed vacuum extraction	1	7.7	1	7.7	-	-
Total	13	100.0	13	100.0	-	-

TABLE 22 Indications of vacuum deliveries : general & private patients (Singleton)

Indications	To	otal	Ger	neral	Pri	vate
	Number	Percent	Number	Percent	Number	Percent
Fetal distress	5	10.0	5	10.9	-	-
Persistent occiput posterior	1	2.0	1	2.2	-	-
Poor expulsive force	25	50.0	23	50.0	2	50.0
Previous C/S	1	2.0	1	2.2	-	-
Prophylactic, training	3	6.0	3	6.5	-	50.0
Shortened 2nd stage of labour	14	28.0	12	26.1	2	
Others	1	2.0	1	2.2	-	-
Total	50	100.0	46	100.0	4	100.0

 TABLE 23
 Sex of Fetuses (Including Multiple Pregnancies)

Sex	Number	Percent
Male	670	50.1
Female	654	48.9
Unspecified	14	1.0
Total	1338	100.0

FIGURE 14 Histogram : Distribution of fetal sex (including twins)

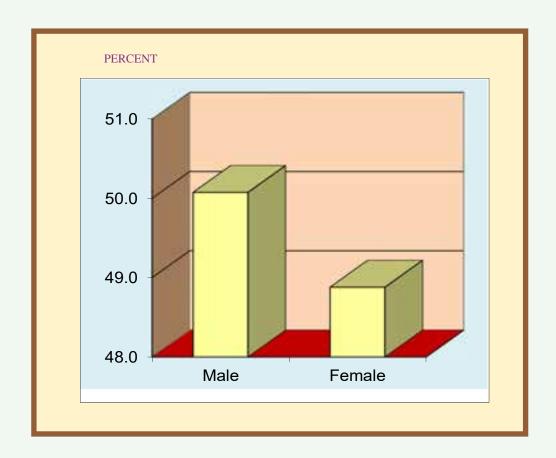


TABLE 24 Apgar score at 1 minute of total neonates

Apgar Scores	Number	Percent
0-3 (severe depression)	83	6.2
4-6 (mild depression)	81	6.0
7-10 (no depression)	1180	87.8
Total	1344	100.0

TABLE 25 Apgar score at 5 minutes of total neonates

Apgar Score	Number	Percent
0-3 (severe depression)	60	4.5
4-6 (mild depression)	23	1.7
7-10 (no depression)	1261	93.8
Total	1344	100.0

TABLE 26 Apgar score at 1 and 5 minutes of total neonates

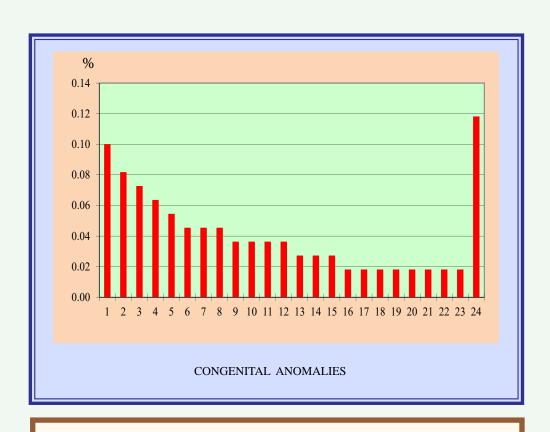
Apgar Score	1-Minute		1-Minute 5-Minute	
Score	Number	Percent	Number	Percent
0	56	4.2	55	4.1
1	11	0.8	1	0.1
2	11	0.8	2	0.1
3	9	0.7	1	0.1
4	18	1.3	3	0.2
5	16	1.2	5	0.4
6	42	3.1	17	1.3
7	79	5.9	22	1.6
8	309	23.1	108	8.1
9	738	55.1	432	32.2
10	51	3.8	694	51.8
Total	1340	100.0	1340	100.0

TABLE 27 Prenatal sonographic diagnosis of structural anomalies*

	Congenital Anomalies	Number	Percent
1	Trisomy 21	10	0.65
2	Cardiac defect	9	0.58
3	Thal.Hb Bart's	8	0.52
4	Cleft lips	5	0.32
5	Gastroschisis	4	0.26
6	Multiple anomalies	4	0.26
7	Thal.Beta major	4	0.26
8	Hydrops fetalis	4	0.26
9	Cystic hygroma	4	0.26
10	Diapragmatic hernia	3	0.19
11	Omphalocele	3	0.19
12	Trisomy 18	3	0.19
13	Skeletal dysplasia	3	0.19
14	Hydrocephalus	3	0.19
15	Cleft palates	2	0.13
16	CCAM	2	0.13
17	Anen-/exencephaly	2	0.13
18	Duodenal atresia	2	0.13
19	Holoprocencephaly	2	0.13
20	Acardiac Twins	2	0.13
21	Ambiguous genitalia	2	0.13
22	Hydranencephaly	2	0.13
23	Hydronephrosis	2	0.13
24	Others	14	0.91
	Total	99	6.42

^{*} Only diagnosed after 20 weeks and terminated at Maharaj Nakorn Chiag Mai, Most were referred cases

FIGURE 15 Histogram : Number of congenital anomalies (including chromosomal abnormalities with structural defects)



- 2 Trisomy 21
 3 Trisomy 18
 4 Thal.Hb Bart's
 5 Hydrops fetalis (not Bart's)
 6 Multiple anomalies
- 7 Ventriculomegaly8 Cleft lips / palates

Cardiac defect

1

- 9 Gastroschisis
- 10 Trisomy 13
- 11 Cystic hygroma
- 12 Omphalocele

- 13 Skeletal dysplasia
- 14 Anen-/exencephaly
- 15 Hydronephrosis
- 16 Beckwith-Wiederman syndrome
- 17 Diapragmatic hernia
- 18 CCAM
- 19 Duodenal atresia
- 20 Holoprocencephaly
- 21 Acardiac Twins
- 22 Ambiguous genitalia
- 23 Hydranencephaly
- 24 Others

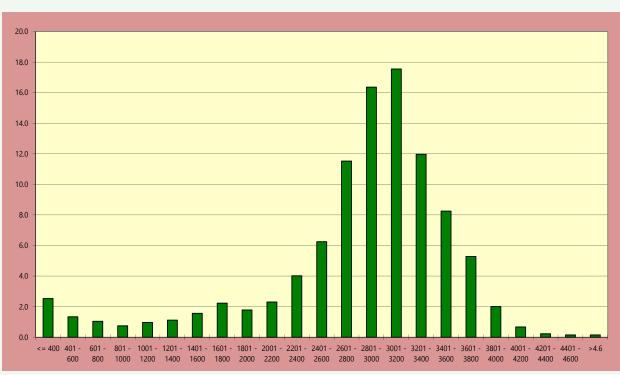
TABLE 28 Number and percentage of neonates by birth weight*

Birth Weight (grams)	Number	Percent
≤ 400	34	2.5
401-600	18	1.3
601-800	14	1.0
801-1000	10	0.7
1001-1200	13	1.0
1201-1400	15	1.1
1401-1600	21	1.6
1601-1800	30	2.2
1801-2000	24	1.8
2001-2200	31	2.3
2201-2400	54	4.0
2401-2600	84	6.2
2601-2800	155	11.5
2801-3000	220	16.4
3001-3200	236	17.5
3201-3400	161	12.0
3401-3600	111	8.3
3601-3800	71	5.3
3801-4000	27	2.0
4001-4200	9	0.7
4201-4400	3	0.2
4401-4600	2	0.1
4601-4800	2	0.1
Total	1345	100.0

^{*} Including therapeutic termination of pregnancy

FIGURE 16 Histogram : Percentage of neonates at various points of birth weight

PERCENT



BIRTH WEIGHT (g)

^{*} Including therapeutic termination of pregnancy

TABLE 29 Number and percentage of neonates by birth weight group (total)

Birth Weight (grams)	Number	Percent
Extremely low birth weight (500-999)	32	2.5
Very low birth weight (1000-1499)	37	2.8
Low birth weight (1500-2499)	181	13.9
Average birth weight (2500-3999)	1035	79.6
Macrosomia (> 4000)	16	1.2
Total	1301	100.0

^{*} Including therapeutic termination of pregnancy and weight > 200 gm

Average Birth Weight of Total Infants 2785 ± 799 grams range 200-4725 grams

FIGURE 17 Histogram : Percentage of neonates among various birth weight groups

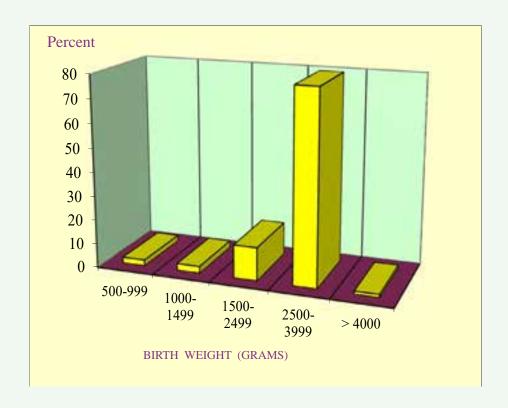


TABLE 30 Fetal weight (grams): the 10th, 50th, 90th percentile at various gestational age (singleton)

Gestational Age (weeks)	Weight (grams) 10th Percentile	Weight (grams) 50th Percentile	Weight (grams) 90th Percentile
20	250.00	320.00	
21	370.00	390.00	
22	195.00	425.00	
23	420.00	585.00	
24	460.00	590.00	
25	630.00	700.00	•
26	300.00	760.00	
27	527.50	1015.00	1193.50
28	490.00	1225.00	
29	1130.00	1162.50	
30	820.50	1337.50	1690.50
31	935.00	1631.50	
32	960.00	1685.00	
33	1564.50	1962.50	2646.50
34	1279.00	1915.00	2575.50
35	1680.00	2400.00	3002.00
36	2047.50	2682.50	3099.50
37	2303.50	2850.00	3286.50
38	2570.00	3002.50	3525.50
39	2761.00	3150.00	3679.00
40	2839.00	3230.00	3750.00
41	2732.50	3200.00	3557.00

FIGURE 18 Graph: The 10th, 50th, 90th percentiles of fetal weight at various gestational age

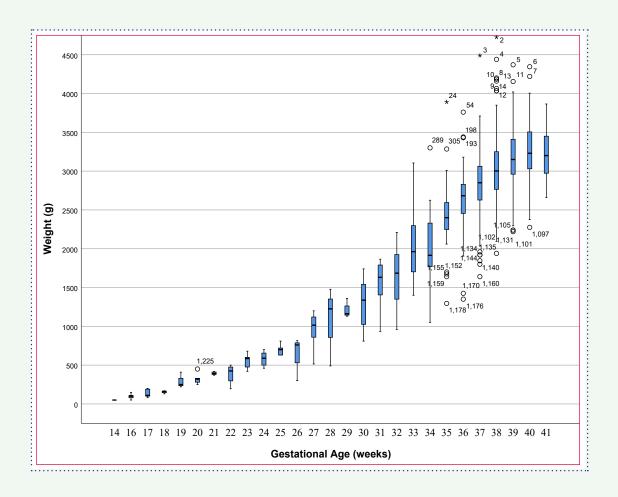


TABLE 31 Means and standard deviation of birth weight at various gestational age (singleton)

Gestational Age (weeks)	Number of Neonates	Means (grams)	Standard Deviation
20	5	326.00	76.354
21	6	393.33	19.664
22	3	450.00	50.000
23	9	556.78	87.954
24	5	581.00	101.143
25	5	698.00	74.632
26	5	684.00	244.372
27	10	947.50	227.624
28	9	1084.33	313.828
29	6	1224.17	148.641
30	12	1281.67	306.107
31	14	1473.07	271.490
32	13	1645.38	343.077
33	16	2031.87	419.491
34	34	1942.35	431.752
35	42	2333.02	490.841
36	54	2564.63	453.358
37	174	2781.75	419.100
38	332	3028.01	398.014
39	371	3177.79	351.526
40	158	3269.30	361.127
41	32	3193.44	310.038
Total	1320	2826.10	733.619

TABLE 32 Means and standard deviation of birth weight at various gestational age (twins)

Gestational Age (weeks)	Number of Twin Sets	Means (grams)	Standard Deviation
12	1	20.00	•
26	2	772.50	229.810
28	6	1094.33	227.734
29	2	1265.00	268.701
31	8	1420.63	219.308
32	4	1720.00	166.633
34	12	1887.50	294.229
35	8	2209.00	340.398
36	8	2192.50	252.374
37	18	2409.44	352.036
38	3	2648.33	203.981
39	1	2510.00	
Total	73	1925.93	601.783

TABLE 33 Comparison of birth weight (singleton & twins)

Type	Means Birth Weight	Standard Deviation	Range
Singleton	2836.65	780.559	90-4,725
Twins	1925.93	601.783	100-2,960

TABLE 34 Comparison of gestational age (singleton & twins)

Туре	Means Gestational Age	Standard Deviation	Range
Singleton	37.07	4.502	13-41
Twins	33.51	4.775	12-39

TABLE 35 Early postpartum morbidity

Cause	Number	Percent
Uterine Atony	17	1.30
Lacerations	2	0.15
Retained Pieces of Placenta	4	0.31
Placenta Adherens	2	0.15
Wound / Uterine infection	8	0.61
Total	33	2.53

Section III

HIGH RISK PREGNANCIES

TABLE 36 Major complications during pregnancy

Complications	Numbers	Prevalence (%)
Diabetes Mellitus	355	27.20
Previous cesarean section	163	12.49
Pregnancy-induced hypertension	106	8.12
Intrauterine growth restriction	94	7.20
Iron deficiency	60	4.60
Breech presentation	59	4.52
Prolonged PROM	51	3.91
HBsAg positive	48	3.68
Chronic hypertension	32	2.45
Myoma uteri	27	2.07
Thyrotoxicosis	17	1.30
Placenta previa	17	1.30
Upper urinary tract infection	17	1.30
Thalassemia	16	1.23
Polyhydramnios	15	1.15
Oligohydramnios	14	1.07
HIV infection	14	1.07
Heart disease	13	1.00
Asthma	12	0.92
Systemic Lupus Erythematosus	9	0.69
Transverse lie	7	0.54
VDRL positive	7	0.54
Incompetent cervix	5	0.38
Condyloma accuminata	4	0.31
Chorioamnionitis	3	0.23

Pregnancy with Heart Disease

```
Total
            13 cases (1.00 percent of total parturients)
   Singleton: 13; Twin: 0
Age range 18-37 years
   average 30.1±5.6 years
   age of 35 years or more 5 cases (38.5 %)
Functional Class (At delivery 13 cases)
                    Class I
                                  8
                                       cases
                    Class II
                                  4
                                       cases
                    Class III
                                       cases
                    Class IV
                                       case
Gestational Age at Birth
   range 20-39 weeks (including therapeutic abortion)
   average 36.6±5.1 weeks
   premature delivery (before completed 37 weeks)
   2 cases (15.4 %)
Birth Weight
   range 280-4725 grams
   average 2925±970 grams
   number of low birth weight fetus (less than 2,500 grams)
   2 cases (15.4 %)
Apgar Scores at 1 minute (less than 7) 1 case (7.7%)
Apgar Scores at 5 minutes (less than 7)
                                             1 case (7.7%)
Small-for-gestational-age (less than 10th percentile) 0 case (0%)
Perinatal death
                   1 (7.7%)
Congenital Anomalies -
```

Other complications (No maternal death)

Previous cesarean section	5
DM	4
Breech presentation	1
DFU	1
Chronic HT	1
Pre-eclampsia	1

Pregnancy with Diabetes Mellitus

```
Total 355 cases (27.20 percent of total parturients)
   (Singleton: 344, Twins: 14, Triplet: 0)
Note: Glucose challenge test was used as a screening test
only in women at risk for diabetes melitus and age > 25 yr.
Age range 20-45 years
   average 32.0±4.9 years
   age of 35 years or more 112 cases (31.5%)
Gestational Age at Birth
   range 13-41 weeks
   average 37.6±2.8 weeks
   premature delivery (before completed 37 weeks)
   51 cases (14.4%)
Birth Weight
   range 40-4490 grams
   average 2950±650 grams
   number of low birth weight fetus (less than 2,500 grams)
   56 cases (15.8 %)
Apgar Scores at 1 minute (less than 7)
                                              26 cases (7.3 %)
Apgar Scores at 5 minutes (less than 7) 8 cases (2.3 %)
```

Small-for-gestational-age (less than 10th percentile) 23 cases (6.5 %)

Perinatal Death 5 cases (1.4%) (anomaly 1)

Congenital Anomalies 9 cases (2.5 %) (*TOF 2; Cleft lip 2; Down 2; multiple anomaly 1; omphalocele 1; porencephaly 1*)

Other complications

Previous cesarean section	56	15.77%	
Pre-eclampsia	23	6.48	%
Iron deficiency	19	5.35	%
HBsAg positive	17	4.79	%
Breech presentation	16	4.51	%
Chronic HT	16	4.51	%
Marked Obesity	16	4.51	%
Prolonged PROM	9	2.54	%
Gestational hypertension	8	2.25	%
Oligohydramnios	8	2.25	%
Asthma	5	1.41	%
Myoma uteri	5	1.41	%
Heart disease	4	1.13	%
Polyhydramnios	4	1.13	%
Placenta previa	4	1.13	%
UTI	4	1.13	%
Short stature	4	1.13	%
Thyrotoxicosis	3	0.85	%
Transverse lie	3	0.85	%
Ovarian tumor	3	0.85	%
VDRL + ve	2	0.56	%
SLE	1	0.28	%
Epilepsy	1	0.28	%
HIV positive	1	0.28	%
Thalassemia	1	0.28	%
Condyloma	1	0.28	%
Candidiasis, fungus, leukorrhea	1	0.28	%

Classifications

Pregestational DM (diagnosed before pregnancy) 42 cases (11.8 %)

Poorly controlled before pregnancy 12 cases
Overt DM with renal involvement 5 cases

Gestational DM (diagnosed during pregnancy) 313 cases (88.2 %)

GDM (Class A1) 282 cases

Overt DM (Class A2) 31 cases

Method of Glucose Control

Insulin 49 cases
Diet Control only 306 cases

Pregnancy with Systemic Lupus Erythomatosus

Total 9 cases (0.69 percent of total parturients) (Singleton: 9)

Activity of the disease

Remission before pregnancies 6 cases
Active disease during pregnancies 3 cases
Hypertension 2 cases
Lupus nephritis 4 cases

Age range 20-36 years average 29.5±5.4 years age of 35 years or more 1 cases (11.1 %)

Gestational Age at Birth

range 22-40 weeks average 34.2±6.5 weeks premature delivery (before completed 37 weeks) 4 cases (44.4 %)

Birth Weight

range 300-3095 grams average 1749±1026 grams number of low birth weight fetus (less than 2,500 grams) 7 cases (77.8 %)

```
Apgar Scores at 1 minute (less than 7) 3 cases (33.3 %)

Apgar Scores at 5 minutes (less than 7) 3 cases (33.3 %)

Small-for-gestational-age (less than 10th percentile) 4 cases (44.4 %)

Perinatal death 2 cases (22.2 %)

Congenital Anomalies 0 case

Other complications
```

Iron deficiency3Chronic HT2Pre-eclampsia2Breech presentation1DM1Prolonged PROM1

Pregnancy with Thyrotoxicosis

```
Total 17 cases (1.30 percent of total parturients)
All were singleton
Diagnosed before pregnancy 10 cases
Diagnosed during pregnancy 7 cases

Age range 21-41 years
average 30.71±5.7 years
age of 35 years or more 4 cases (23.5 %)
```

```
Gestational Age at Birth
   range 24-40 weeks
   average 38.1+3.7 weeks
   premature delivery (before completed 37 weeks)
   1 cases (5.9 %)
Birth Weight
   range 500-3760 grams
   average 3052±733 grams
   number of low birth weight fetus (less than 2,500 grams)
   1 cases (5.9 %)
Apgar Scores at 1 minute (less than 7)
                                             1 case (5.9 %)
Apgar Scores at 5 minutes (less than 7)
                                             1 case (5.9 %)
Small-for-gestational-age (less than 10th percentile) 1 cases (5.9 %)
Perinatal death
                  1 case (5.9 %)
Congenital Anomalies - case
Other complications
     DM
                                      3
                                      2
     Previous cesarean section
     HBsAg positive
     UTI
                                      1
     Iron deficiency
                                      1
```

Pregnancy with Hepatitis B Antigen Positive

```
Total 48 cases (3.68 percent of total parturients)
Singleton: 47 (97.9 %); twins: 1 (2.1 %)
```

```
Age range 20-43 years
   average 32.6±5.2 years
   age of 35 years or more 13 cases (27.1 %)
Gestational Age at Birth
   range 17-41 weeks
   average 37.7\pm3.6 weeks
   premature delivery (before completed 37 weeks)
   6 cases (12.5 %)
Birth Weight
   range 200-4220 grams
   average 3044±697 grams
   number of low birth weight fetus (less than 2,500 grams)
   6 cases (12.5 %)
Apgar Scores at 1 minute (less than 7) 4 cases (8.3 %)
Apgar Scores at 5 minutes (less than 7) 3 cases (6.3 %)
Small-for-gestational-age (less than 10th percentile) 1 cases (2.1 %)
Perinatal Death 1 case (2.1 %) (renal agenesis 1; hydrops fetalis 1)
Congenital Anomalies 1 case (cleft lip)
Other complications
     Diabetes mellitus
                                    17 cases
     Previous cesarean section
                                    10 cases
     Iron deficiency
                                     3 cases
     Breech presentation
                                      2 cases
     Pre-eclampsia
                                      2 cases
     Thyrotoxicosis
                                      2 cases
     Asthma
                                     1 case
     Chronic hypertension
                                     1 case
```

1 case

1 case

1 case

1 case 1 case

1 case

Marked Obesity

Ovarian tumor

Thalassemia

VDRL + ve

Prolonged PROM

Urinary tract infection

Pregnancy with Asthma

```
Total 12 cases (0.92 percent of total parturients)
   (Singleton: 12)
Activity of Disease
     Well-controlled
                                    11 cases
                                    1 cases
     Poorly-controlled
Age range 18-39 years
   average 28.2±7.1 years
   age of 35 years or more 3 cases (25.0 %)
Gestational Age at Birth
   range 23-39 weeks
   average 35.7±4.7 weeks
   premature delivery (before completed 37 weeks)
   4 cases (33.3 %)
Birth Weight (not included abortion)
   range 600-3550 grams
   average 2499±861 grams
   number of low birth weight fetus (less than 2,500 grams)
   5 cases (41.7 %)
Apgar Scores at 1 minute (less than 7) 2 cases (16.7 %)
Apgar Scores at 5 minutes (less than 7) 1 case (8.3 %)
Small-for-gestational-age (less than 10th percentile) 1 case (8.3 %)
```

Perinatal death 1 (8.3 %)

Congenital Anomalies 1 case (cleft lip)

Other complications

5	cases
1	case
	5 1 1 1 1 1 1 1

Pregnancy with Chronic Hypertension

Total 32 cases (2.45 percent of total parturients)

(Singleton: 32)

Severity of Hypertension

Severe (start treatment during pregnancy)	4	cases
Severe (controlled prior to pregnancy)	4	cases
Mild (no medication BP less than 160/90)	8	cases
Mild (BP less than 160/90 but treated	16	cases
with antihypertensive drug)		

```
Age range 23-43 years
average 33.1±5.2 years
age of 35 years or more 11 cases (34.4 %)
```

Gestational Age at Birth

```
range 16-40 weeks
average 35.0±5.9 weeks
premature delivery (before completed 37 weeks)
13 cases (40.6 %)
```

Birth Weight

```
range 50-3890 grams
average 2573±1079 grams
number of low birth weight fetus (less than 2,500 grams)
10 cases (31.3%)
```

Apgar Scores at 1 minute (less than 7) 9 cases (28.1 %)

Apgar Scores at 5 minutes (less than 7) 4 cases (12.5 %)

Small-for-gestational-age (less than 10th percentile) 5 cases (15.8 %)

Perinatal death 3 cases (9.4 %)

Congenital Anomalies 1 case (trisomy 21)

Other complications

Diabetes mellitus	16	cases
Pre-eclampsia	7	cases
Marked Obesity	5	cases
Previous cesarean section	3	cases
Iron deficiency	2	cases
Urinary tract infection	2	cases
HBsAg positive	1	case
Heart disease	1	case
Oligohydramnios	1	case
SLE	1	case

Pregnancy-induced Hypertension

```
Total 106 (8.12 percent of total parturients)
      Singleton: 99; Twins: 7
Age range 19-44 years
   average 32.0\pm6.0 years
   age of 35 years or more 39 cases (36.8 %)
Gestational Age at Birth
   range 27-41 weeks
   average 36.4+3.2 weeks
   premature delivery (before completed 37 weeks)
   40 cases (37.7 %)
Classification of PIH
     Gestational hypertension
                                     16 cases (15.1 %)
      (without proteinuria)
     Mild Preeclampsia
                                     51 cases (48.1 %)
                                     31 cases (29.2 %)
     Severe Preeclampsia
     Pregnancy-aggravated hypertension 7 cases (6.6 %)
     Eclampsia
                                      1 case (0.9 %)
        First eclamptic attack before admission
                                                    0 case
        First eclamptic attack after admission
                                                    1 case
        No ANC at Maharaj Nakorn Chiang Mai
                                                    0 case
        ANC at Maharaj Nakorn Chiang Mai
                                                    0 case
Birth Weight
                  range 490-3995 grams
   average 2509<u>+</u>801 grams
   number of low birth weight fetus (less than 2,500 grams)
   40 cases (37.7 %)
```

Apgar Scores at 1 minute (less than 7) 23 cases (21.7 %)

Apgar Scores at 5 minutes (less than 7) 5 cases (4.7 %)

Small-for-gestational-age (less than 10th percentile) 19 cases (17.9 %)

Perinatal death 2 case (1.9 %; immaturity)

Congenital Anomalies - case

Other complications

Diabetes mellitus	31	cases
Previous cesarean section	13	cases
Marked Obesity	12	cases
Chronic HT	7	cases
Prolonged PROM	5	cases
UTI	5	cases
Breech presentation	4	cases
Asthma	2	cases
HBsAg positive	2	cases
HIV positive	2	cases
Iron deficiency	2	cases
Myoma uteri	2	cases
Oligohydramnios	2	cases
SLE	2	cases
Chorioamnionitis	1	case
Heart disease	1	case
Incompetent cervix	1	case
Ovarian tumor	1	case
Placenta previa	1	case
Prolonged PROM	1	case
Thalassemia	1	case
Thalassemia	1	case

Pregnancy with Thalassemia

```
Total 16 cases (1.23 percent of total parturients)
   Singleton: 16; Twins: -
Type of thalassemia
   beta-thalassemia / HbE disease
                                              3 cases
   alpha-thalassemia (Hb H/variant disease)
                                              13 cases
Age range 24-39 years
   average 30.9\pm4.8 years
   age of 35 years or more 4 cases (25.0 %)
Gestational Age at Birth
   range 17-40 weeks
   average 35.6+5.6 weeks
   premature delivery (before completed 37 weeks)
   6 cases (37.5 %)
Birth Weight
   range 110-3510 grams
   average 2326±876 grams
   number of low birth weight fetus (less than 2,500 grams)
   7 cases (43.8 %)
Apgar Scores at 1 minute (less than 7) 4 cases (25.0 %)
Apgar Scores at 5 minutes (less than 7) 4 cases (25.0 %)
Small-for-gestational-age (less than 10th percentile) 5 cases (31.3 %)
Perinatal death
                  2 cases (12.5 %)
Congenital Anomalies 3 cases (gastroschisis 2; hydrocephalus 1)
```

Other complications

Asthma	1	case
Diabetes mellitus	1	case
Gestational hypertension	1	case
HBsAg positive	1	case
Iron deficiency	1	case
IUGR	1	case
Myoma uteri	1	case
PIH	1	case
Placenta previa	1	case
Transverse lie	1	case
Urinary tract infection	1	case

Placenta Previa

```
Total 17 cases (1.30 percent of total parturients)
```

Singleton: 15; Twins: 2

```
Age range 21-40 years
average 33.3±5.3 years
age of 35 years or more 8 cases (47.1 %)
```

Gestational Age at Birth

```
range 25-39 weeks
average 34.6±3.5 weeks
premature delivery (before completed 37 weeks)
11 cases (64.7 %)
```

Birth Weight

```
range 630-3535 grams
average 2269±789 grams
number of low birth weight fetus (less than 2,500 grams)
10 cases (58.8 %)
```

Apgar Scores at 1 minute (less than 7) 7 cases (41.2 %)

Apgar Scores at 5 minutes (less than 7) 3 cases (17.6 %)

Small-for-gestational-age (less than 10th percentile) 3 cases (17.6 %)

Perinatal death 2 cases (11.8 %)

Congenital Anomalies 2 cases (hydrocephalus, meningocele)

Other complications

Diabetes mellitus4 casesPrevious cesarean section4 casesPlacenta acreta1 casePolyhydramnios1 casePreeclampsia1 caseThalassemia1 case

Pregnancy with Acute Pyelonephritis

Total 17 cases (1.30 percent of total parturients) (All were singleton; 17)

```
Age range 22-38 years
average 30.3±4.9 years
age of more than 35 years 4 cases (23.5 %)
```

Gestational Age at Birth

```
range 17-40 weeks
average 34.0±5.9 weeks
premature delivery (before completed 37 weeks)
8 cases (47.1 %)
```

Onset

First trimester	2	case
Second trimester	5	cases
Third trimester	7	cases
Postpartum	3	cases

Number of Episodes

1	13	cases
2	3	cases
3	1	case

Birth Weight

```
range 110-3300 grams
average 2296±987 grams
number of low birth weight fetus (less than 2,500 grams)
7 cases (41.2 %)
```

Apgar Scores at 1 minute (less than 7) 3 cases (17.6 %)

Apgar Scores at 5 minutes (less than 7) 2 cases (11.8 %)

Small-for-gestational-age (less than 10th percentile) 2 cases (11.8%)

Perinatal death 1 case (5.9 %)

Congenital Anomalies 1 case (hydrocephalus)

Other complications

Diabetes mellitus	3	cases
Preeclampsia	3	cases
Breech presentation	1	case
Chronic HT	1	case
DM	1	case
Gestational hypertension	1	case
HBsAg positive	1	case
Marked Obesity	1	case
Polyhydramnios	1	case
Thalassemia	1	case
Thyrotoxicosis	1	case

Small-for-Gestational-Age Fetuses

Birthweight less than 10th percentile

```
Total 94 (7.20 percent)
```

Singleton: 84 cases, Twins: 10 cases

```
Age range 13-43 years
average 29.6±6.3 years
age of 35 years or more 20 cases (21.3 %)
```

Gestational Age at Birth

```
range 22-41 weeks
average 35.4±4.5 weeks
premature delivery (before completed 37 weeks)
40 cases (42.6%)
```

Birth Weight

```
range 195-2660 grams
average 1814±676 grams
number of low birth weight fetus (less than 2,500 grams)
81 cases (86.2 %)
```

Apgar Scores at 1 minute (less than 7) 22 cases (23.4 %)

Apgar Scores at 5 minutes (less than 7) 11 cases (11.7 %)

Perinatal Death 9 cases (9.6 %)

Congenital Anomalies 11 cases (11.7 %)

Gastroschisis	4	cases
Multiple anomalies	2	case
Cleft lips	1	case
Porencephaly	1	case
Trisomy 18	1	case
Trisomy 21	1	case
Turner syndrome	1	case

Other complications

Poor maternal weight gain	24	cases
Medical diseases	10	cases
Pregnancy-induced hypertension	8	cases
Fetal anomalies	5	cases

Pregnant women with HIV infection

Pregnant women with HIV infection at Maharaj Nakorn Chiang Mai Hospital (1989-1997) 1989-1996--> No ANC screening for anti HIV antibody 1997-now--> Voluntary screening for anti-HIV antibody among pregnant women and their husbands and antiviral prescription for +ve female cases

TABLE 37 Pregnant women with positive HIV, having delivery at Maharaj Nakorn Chiang Mai (2010-2020)

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
No. of Deliveries	2089	1900	2059	1847	1686	1572	1431	1545	1518	1522	1300
No. of women with positive HIV	41	36	42	46	37	43	16	20	18	9	17
Deliveries	37	35	38	36	30	33	24*	14	12	13	13
Therapeutic abortion	4	-	-	-	-	2	1	1	-	-	1
Spontaneous abortion	-	1	2	1	2	1	-	-	1	1	1
Illegal abortion	-	-	-	-	-	-	-	-	-	-	-

^{*} Many cases giving birth at Maharaj Nakorn Chiang Mai hospital, but attending antenatal care at other hospitals

FIGURE 19 Pregnant women with positive HIV antibody at Maharaj Nakorn Chiang Mai (1989-2020) (no screening program during 1989 -1996)

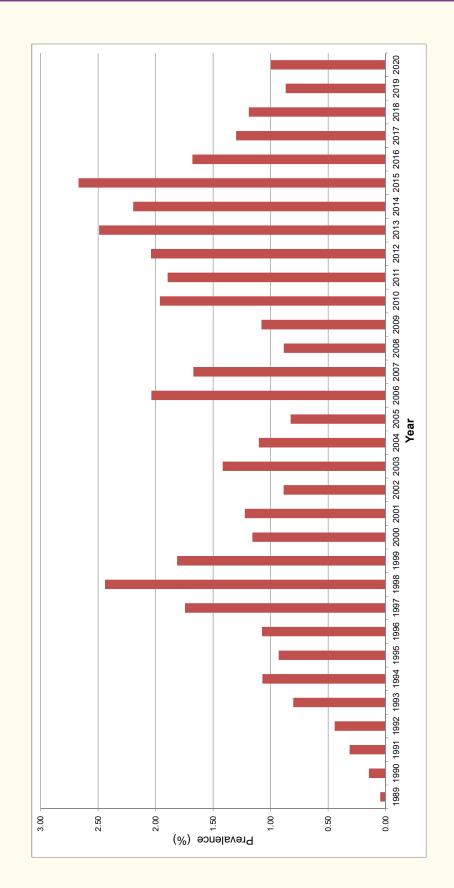


TABLE 38 Voluntary screening (2020) among pregnant women for anti-HIV antibody

Pregnant women (Counselling)	1297	cases
Voluntary screening	1297	cases
+ve anti-HIV antibody	17	cases
% positive case	1.31	%

TABLE 39 Age of pregnant women with positive HIV at Maharaj Nakorn Chiang Mai (2020)

Age (years)	No. of cases	Percent
15-19	-	-
20-24	3	23.1
25-29	3	23.4
30-34	4	30.7
35-39	2	15.4
40-44	1	7.7
45-49	-	-
Total	13	100

Mean age (years) 30.08 Standard deviation 5.722 Range 20-41 years

TABLE 40 Parity of the pregnant women with positive HIV at Maharaj Nakorn Chiang Mai (2020)

Parity	No. of cases	Percent
0	7	53.8
1	5	38.5
2	1	7.7
≥ 3	-	-
Total	13	100

TABLE 41 Age at first marriage of pregnant women with positive HIV at Maharaj Nakorn Chiang Mai (2020)

Age (years)	No. of cases	Percent
10-14	-	-
15-19	3	23.1
20-24	3	23.1
25-29	4	30.7
Unknown	3	23.1
Total	13	100

Mean age (years)21.90Standard deviation3.956Range16-27years

TABLE 42 Number of marriages of the pregnant women with positive HIV at Maharaj Nakorn Chiang Mai (2020)

Number	No. of cases	Percent
1	5	38.5
2	5	38.5
3	1	7.7
4	-	-
Unknown	2	15.3
Total	13	100

TABLE 43 Occupations of the pregnant women with positive HIV at Maharaj Nakorn Chiang Mai (2020)

Occupations	No. of cases	Percent
Employee	5	38.5
Housewife	4	30.7
Business	1	7.7
Government officer	1	7.7
Commercial	2	15.4
Total	13	100

TABLE 44 Residence (province) of the pregnant women with positive HIV at Maharaj Nakorn Chiang Mai (2020)

Province	Number	Percent
Chiang Mai (เชียงใหม่)	11	84.6
Lamphun (ลำพูน)	-	-
Chiang Rai (เชียงราย)	-	-
Lampang (ลำปาง)	1	7.7
Maehongson (แม่ฮ่องสอน่)	1	7.7
Total	13	100

TABLE 45 Complications of the pregnant women with positive HIV at Maharaj Nakorn Chiang Mai (2020)

	Cases	Percent
Without complication	5	38.4
With complication	8	61.5
Antepartum	6	
Intrapartum	1	
Postpartum	1	
Total	13	100

TABLE 46 Birth weight in the pregnant women with positive HIV at Maharaj Nakorn Chiang Mai (2020)

Birth weight (grams)	Number	Percent
< 1,000	1	7.7
1,000 - 1,499	-	-
2,000 - 2,499	-	-
2,500 - 2,999	6	46.1
3,000 - 3,499	3	23.1
3,500 - 3,999	3	23.1
Total	13	100

Mean birthweight (grams)2903.46Standard deviation (grams)769.903Range (grams)700-3,860

TABLE 47 Postpartum contraception of pregnant women with positive HIV at Maharaj Nakorn Chiang Mai (2020)

Method	No. of cases	Percent
Female sterilization	3	23.0
Male sterilization	1	7.7
Condom	1	7.7
Oral contraception	4	30.8
Unknown	4	30.8
Total	13	100

Section IV

PRENATAL INVESTIGATION

Antepartum Fetal Testing

Primary Surveillance

Fetal Movement Count: For low-risk and high-risk pregnancies **Non-stress test**

or Acoustic stimulation test 2647 tests (OPD4 = 2003; LR = 540; OB = 104)

Secondary Surveillance

Contraction stress test

or Nipple stimulation test4 testsBiophysical profile/ultrasonography120 testsDoppler velocimetry320 tests

Prenatal Diagnosis

1. Ultrasonography 8,130 examinations (~ 20 % for gynecologic and infertile examinations)

2. Amniocentesis
3. Cordocentesis
4. Chorionic villous sampling
83 cases

OBSTETRIC ULTRASOUND SERVICE

Number of Patients undergoing sonographic examinations (OB&GYN) in 2020 8,130 cases
Several examinations invovled in the researches without specific indications

Indications for sonographic examination	
Obstetric ultrasound	82.3 %
Perinatal research	28.3 %
 Down screening research 	21.9 %
Obstetric ultrasound (others)	49.8 %
 Gestational age estimation 	
 Obstetric hemorrhage 	
■ Follow-up fetal anomalies	
Fetal growth surveillance	
■ etc.	
Gynecologic ultrasound	17.7 %
General gynecology	78.4 %
Gynecologic oncology	13.5 %
Reproductive medicine	8.1 %

Cordocentesis (2020)

Total 177 cases

Indications	No.	%
1. Previous child with Hb bart's	3	1.69
2.Previous child with β thal / Hb.E	8	4.52
3. Previous child with β thal major	1	0.56
4. Pregnancy at risk for Hb Bart' hydrops fetalis	16	9.04
5. Pregnancy at risk for β thal major	22	12.43
6. Pregnancy at risk for β thal / HbE	52	29.38
7. Chromosome analysis	29	16.38
8. Combined chromosome and risk for Hb bart's	6	3.39
9.Combined chromosome and risk for β thal major	9	5.08
10. Combined chromosome and risk for β thal Hb/E	25	14.12
11. Combined chromosome and previous child β thal/ Hb E	2	1.13
12. Combined chromosome and previous child with Hb bart's	3	1.69
13. Repeat Chromosome analysis		0.56
Total	177	100

Amniocentesis (2020)

Total 595 cases

Indications for amniocentesis	
Elderly gravida (age of more than 35 years)	357
with no other obvious risk	161
■ with R/O chromosome abnormality	6
with high risk for Down syndrome screening	186
with Hight risk Trisomy 18 or Trisomy 13	3
with previous child abnormal chromosome	1
Pregnancy with high risk for Down syndrome screening	191
Pregnancy with high risk for Trisomy 18	3
Pregnancy with fetal anomaly and sonomarkers	30
Pregnancy with Down syndrome in previous child	6
■ Pregnancy with Previous child abnormal chromosome	2
■ Maternal request	4
■ Confirm CVS / NIPT results (abnormal chromosomes)	2
Amniocentesis for diagnosis of thalassemia	25
■ Pregnancy at risk for Hb Bart's	2
• Pregnancy at risk for β thal major	3
■ Combined chromosome and risk for Hb bart's	3
■ Combined chromosome and risk for β thal major	2
$lacktriangle$ Combined chromosome and previous child β thal major	1
• Pregnancy at risk for β thal / HbE	11
■ Combined chromosome and risk for β thal Hb/E	2
■ Chromosome analysis	1

Chorionic Villous Sampling (2020)

Total 83 procedures

Indications	Number
1. Fetal chromosome study	10
■ Elderly gravida	1
■ Thickening nuchal translucency	3
Cystic hygroma	4
Previous child with trisomy 13	1
Elderly gravida and thickening translucency	1
2. Risk for fetal severe thalassemia	58
Risk for Hb Bart's hydrops fetalis	16
Risk for Homozygous beta thalassemia	14
Risk for Beta thalassemia/Hb E disease	28
3. Fetal chromosome study and thalassemia diagnosis	15
■ Elderly gravida with fetal risk for Hb Bart's disease	6
■ Elderly gravida with fetal risk for homozygous beta thalassemia	2
■ Elderly gravida with fetal risk for beta thalassemia/Hb E	5
 Previous trisomy 21 with fetal risk for beta thalassemia/Hb E 	1
Thickening nuchal translucency	1

Prevention and Control Thalassemia Program

- 1) Genetic counseling
- 2) Identificaion of pregnancy at risk
 - 2.1 Retrospective screening (history review for known risk)
 - 2.2 Prospective screening

Screening test

MCV or 2 min OF (2-minute osmotic fragility test)

HbE screening test (only if MCV or 2 min OF is negative)

Diagnostic test (if both of the couple are positive screening test)

HbA₂ level & PCR for α-thal1 if MCV (2 min OF) is positive

HbA₂ level (negative MCV (2 min OF) but positive Hb E)

beta mutation analysis in indicated case

- 3) Prenatal diagnosis for pregnancy at risk
 - 3.1 Prenatal counseling
 - 3.2 Cordocentesis (16-22 weeks of gestation)
 - 3.3 Fetal blood analysis (checking maternal blood with acid elution test and hemoglobin typing with HPLC)
- 4) Counseling and termination of affected pregnancy

$$+ve\ OFT = OFT < 60\%,\ MCV + ve = \le 78 ft + ve\ \%\ HbA2 = HbA2 > 4\%$$

PROSPECTIVE SCREENING FOR THALASSEMIA PROGRAM 2020

	Number
Total number of pregnant screened	913
Positive MCV or Hb E	147
Number of couple at risk for thalassemia	22
■ Risk for Hb Bart's	8
Risk for Beta-thalassemia major	5
■ Risk for Beta thalassemia/Hb E	9
The choice which selected by couples	
■ Cordocentesis	11
■ Chorionic villus sampling	4
■ Amniocentesis	1
Ultrasonography	3
■ Not PND [risk for mild thassemia]	2
■ No data	1
Result of PND	
■ Hb bart's	0
■ Beta thalassemia major	1
■ Beta thalassemia/Hb E	0

Down Syndrome Screening (2020)

Total 12,040 cases (NHSO)

77.	Risk			
Trimester	Low	Intermediate	High	Total
Second	11,211 (93.11%)	-	829 (6.89 %)	12,040

Total 452 cases (Service cases)

	R	tisk	
Trimester	Low	High	Total
First	323 (96.13%)	13 (3.87%)	336
Second	106 (91.38%)	10 (8.62%)	116
Summary	429	23	452

High Risk Pregnancy

Number of patients approximately 400 cases

Management Guideline

Screening high risk patients at ANC

High-risk Clinic

Indicated for Antepartum surveillance

Prenatal diagnosis

Admission

Closed monitoring both fetus and mother

High-risk patients at Maharaj Nakorn Chiang Mai Hospital in 2020

1.	Elderly Gravida (age of 35 years or more)	25.3 %
2	Teenage Pregnancy (age of less than 20 years)	2.3 %
	Early adolescence (age of less than 17 years)	0.8 %
	Late adolescence (age of 17-19 years)	1.8 %
3.	Pregnancy complicated with medical or obstetrical	
	diseases	11.4 %

Note Some high-risk pregnancies were not included in the high-risk clinic and in this report e.g. maternal short stature, breech presentation, and previous cesarean section.