Fetal loss rate after mid-trimester amniocentesis

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目的: The aim of this study was to assess the fetal loss rate after mid-trimester amniocentesis

方法: This was a retrospective cohort study, including singleton pregnant women who underwent mid-trimester amniocentesis in Cheil General Hospital from January 2008 through December 2010. The procedure-related fetal loss was defined as miscarriage within 14 days after amniocentesis. We evaluated the fetal loss rate within 14 days after amniocentesis and fetal loss rate before 24 weeks' gestation.

結果: During the study period, total 4,362 singleton pregnant women underwent mid-trimester amniocentesis. Four hundreds forty six women were excluded owing to follow up loss and termination of pregnancy due to abnormal karyotype or major anomaly. In our institute, fetal loss rate within 14 days was 0.1% and before 24 weeks was 0.4% after amniocentesis.

結論: The fetal loss rate after mid-trimester amniocentesis in our study is lower than previously reported rate. We suggest that amniocentesis is safe procedure.

Associated factors for the development of postpartum depression at 1 month postpartum

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目的: Postpartum depression is a significant mental health problem that occurs more frequently in the first 4 weeks postpartum and also may occur later. This study was performed prospectively to investigate the prevalence and assess possible related clinical factors that can affect postpartum depression at 1 month following hospital discharge.

方法: A total of 1832 mothers who delivered at our hospital from September 2010 to May 2011 and revisited 1 month after discharge were enrolled. Women completed questionnaire in hospital that included Edinburgh Postnatal Depression Scale (EPDS), self-reports of health problems and medical complications after delivery as well as infant feeding types. Scores of 13 or more on EPDS are used as a measure of the primary outcome, postpartum depression.

結果: At 1 month rate of postpartum depression as determined by score more than 13 on the EPDS was 12.2%. The multivariable analysis identified 4 significant variables for depression: breastfeeding less than half (OR 2.5;95% CI 1.81-3.40); self-reported walking difficulty (OR 1.4;95% CI 1.01-2.03); presence of lumbopelvic pain (OR 2.2;95% CI 1.57-3.04); anxiety for pregnancy-related skin lesion (OR 1.6;95% CI 1.17-2.11).

結論: Puerperal complications are positively associated with postpartum depression. The data from our study can support obstetricians in addressing at-risk groups for development of postpartum depression and provide prospective mothers with appropriate anticipatory counseling.