

Perinatology

Evidence-Based Best Practices
in Perinatal Medicine

Renato Augusto Moreira de Sá
Eduardo Borges da Fonseca
Editors

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Evidence-Based Best Practices in Perinatal
Medicine

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*Rodrigo, Alice, and Isadora, our children
and our hope for a better world.*

Foreword

As one of the founders of perinatal medicine, it is my particular pleasure to write this foreword and to support the current activities in this fascinating new field of human medicine.

A particular highlight is to do it together with Ana Bianchi, the scientific daughter of my old friend and supporting pioneer in fetal medicine Roberto Caldeyro-Barcia from Uruguay. He in heaven and I still on earth are grateful to the younger, currently so active, and successful generation for continuing what we started and founded decades ago.

Perinatal medicine is very versatile because its main part, the prenatal block – this means everything that happens before birth – was to a high degree, up to the beginning of the 1960s, a medically unexplored space. In the meantime, the evolution has been explosive.

Perinatal medicine is subject to its special characteristics, namely to be interdisciplinary. This means that the cooperation with other important disciplines should be essential. The closest connection exists between obstetrics and neonatology in advanced centres even more than between obstetrics and gynecology.

I wish good success.

Erich Saling
“Professor Emeritus” of Perinatal Medicine at the Charité,
Humboldt-University Berlin - Germany
The Father of Perinatal Medicine

Ana Bianchi
President of Caldeyro-Barcia Foundation - Uruguay

Preface

Perinatal period is defined as “*the period of time between 22 weeks after fertilization and 7 days after parturition.*”¹

Usually, authors specializing in obstetrics and maternal-fetal medicine are invited to write chapters of perinatology books and to express themselves about problems related to perinatology. Consequently, the set of written productions includes strictly obstetric texts, most often intended for prenatal care, or works written by pediatricians and intended for neonatal care.

At the development stage of this book, our desire was to follow the idea of Erich Saling from the book *The Child in the Field of Obstetrics* (Das Kind im Bereich der Geburtshilfe)². In the 1950s, “The Father of Perinatal Medicine,” exhorts the antenatal care importance, reinforcing the innovative achievement of another pioneer on perinatal care, Roberto Caldeyro-Barcia.

The progressive specialization in the field of medicine has led us to bring two specialties, materno-fetal medicine and neonatology. The improvement in the assessment of fetal well-being and *in-utero* treatment and the advancements in neonatal intensive care have greatly improved the chances of babies’ long-term survival. Therefore, to avoid unnecessary confusion for the purposes of this book, the perinatal period will be extended from 20 completed weeks (140 days) of gestation to 28 completed days after birth. This extended definition is accepted by many authors and medical specialty societies.

Keeping in mind the original proposal of the pioneers of perinatology, which correspond with our convictions, we accepted the invitation of Springer to bring together in this book renowned authors of the two great specialties involved in the field of perinatology: obstetrics and neonatology.

¹1. World Health Organization. ICD-11 for mortality and morbidity statistics. Version: 2020 September. Available from: <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/914150644>. Assessed in February 2021.

²Dudenhausen JW. Erich Saling - The Father of Prenatal and Perinatal Medicine-Dedication to his 90th birthday. J Perinat Med. 2015 Jul;43(4):379.

This work was not without its difficulties. The main one comes from the fact that this type of book organization gathers varied chapters in form and content, and is at risk of becoming a "patchwork" that leaves the reader disoriented.

Such inconvenience was overcome by the editors, who were careful to put the texts in consistent thematic blocks, managing to make the book reflect the themes related to pediatrics and obstetrics in an integrated way to allow a better understanding of perinatology. So, our aim was to avoid transmitting an overly integrated and closed view of one of the specialties, leaving to our reader space for their own reflection on the themes and for the development of self-interpretations.

We are grateful to chapter authors and the support by the notable Professors Erich Saling, Asim Kurjak, and Ana Bianchi.

We dedicate this book to our children Rodrigo, Alice, and Isadora, who are the biggest motivation of our lives.

Rio de Janeiro, RJ, Brazil
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Contents

Part I Periconceptional Care

- 1 Historical Preface: Early Stages of Perinatal Medicine** 3
Erich Saling and Jürgen Lüthje
- 2 Professional Ethics in the Clinical Practice
of Perinatal Medicine** 15
Frank A. Chervenak and Laurence B. McCullough
- 3 Guidance and Assessment of Preconception Risk** 25
Amos Grunebaum, Joachim Dudenhausen,
and Frank A. Chervenak
- 4 Genetics for the Obstetrician: Bases of Genetic Counseling** 37
Regina Amélia Lopes Pessoa de Aguiar
and Marcos José Burle de Aguiar
- 5 Screening for Chromosomal Anomalies** 45
Fabrício da Silva Costa and Conrado Sávio Ragazini
- 6 Protocol of Immunization of the Adult Woman** 55
Julio Cesar Teixeira
- 7 Drugs in Pregnancy and Childbirth** 63
Fernando Barbosa Peixoto, Eduardo Carvalho de Arruda Veiga,
and Ricardo Carvalho Cavalli

Part II Prenatal Care

- 8 Nutritional Aspects of Gestation and Puerperium** 77
Cláudia Saunders and Karina dos Santos
- 9 Physical Exercise During Pregnancy** 147
Antonio Claudio Lucas da Nóbrega
and Renata Rodrigues Teixeira de Castro

10 Standards In Prenatal Care	157
Fernanda Campos da Silva and Gustavo Mourão Rodrigues	
11 Multiple Pregnancy	171
Carolina Carvalho Mocarzel and Ana Carla Zanchietta Nicolielo	
Part III Fetal Proceedings	
12 Ultrasound	193
Alberto Borges Peixoto and Edward Araujo Júnior	
13 Clinical Use of 3D Sonography	221
Asim Kurjak and Lara Spalldi Barišić	
14 First-Trimester Ultrasonography	273
Fernando Maia Peixoto-Filho and Paulo Roberto Nassar de Carvalho	
15 Ultrasound in Second and Third Trimester: What Should Be Evaluated?	285
Victor Rocha de Castro Alves, Rafaela Cardoso Gil Pimentel, Augusto César Garcia Saab Benedeti, and Francisco Mauad Filho	
16 Doppler Velocimetry	295
Cristos Pritsivelis, Jair Roberto da Silva Braga, and Jorge de Rezende-Filho	
17 Antepartum Cardiography	303
Susana Santo and Diogo Ayres-De-Campos	
18 Evaluation of Fetal Pulmonary Maturity	317
Evaldo Trajano de Souza Silva Filho, Matheus Cabral L. Beleza, and Lucas Trigo	
19 Fetal Surgery	333
Masami Yamamoto, Yves Ville, Fernando Javier Rojas Bravo, Viral Mahesh Pandya, Matthew A. Shanahan, and Michael W. Bebbington	
Part IV Clinical Complications in Pregnancy: Diagnosis and Management	
20 Anemia in Pregnancy	377
Camila Luiza Meira Pucci and Lisandra Stein Bernardes	
21 Chronic Hypertension in Pregnancy	393
Henri Augusto Korke, Renato José Bauer, and Nelson Sass	
22 Pregestational Diabetes Mellitus	405
Lenita Zajdenverg and Carlos Antonio Negrato	
23 Acquired Thrombophilia in Pregnancy	427
André Luiz Malavasi and Daniela Aires Moreira	

24	Hereditary Thrombophilia	437
	Guilherme Ramires de Jesús, Flavia Cunha dos Santos, Marcela Ignacchiti Lacerda, Roger Abramino Levy, and Nilson Ramires de Jesús	
25	Gastrointestinal Disorders	449
	Mario Julio Franco and Janaína Luz Narciso-Schiavon	
26	Heart Disease during Pregnancy	461
	D. P. Esteves and Juliana Silva Esteves	
27	Thyroid Disorders	469
	Luciana C. Cima, Mariane T. Tauile, Viviane P. Monteiro, and Isabela Bussade	
28	Rheumatological Diseases	483
	Nilson Ramires de Jesús, Marcela Ignacchiti Lacerda, Flavia Cunha dos Santos, Roger Abramino Levy, and Guilherme Ramires de Jesús	
29	Prophylaxis for Deep Venous Thrombosis During Pregnancy, Delivery, and Postpartum	513
	Egle Couto and Renato Passini Junior	
30	Metabolomics Application in Fetal Medicine	537
	G. Monni, F. Murgia, V. Corda, A. Iuculano, and L. Atzori	
Part V Pregnancy Complications: Prevention, Diagnosis and Management		
31	Prematurity: Relevant Aspects in Asymptomatic Patients	551
	Rone Peterson Cerqueira Oliveira	
32	Prematurity: Relevant Aspects in the Symptomatic Patient	573
	Renato Augusto Moreira de Sá and Eduardo Borges da Fonseca	
33	Prematurity: Evaluation of Fetal Well-Being and Delivery	593
	Ana B. Bianchi and Miguel Ruoti	
34	Antenatal Corticosteroid	627
	Viviane P. Monteiro, Luciana C. Cima, and Mariane T. Tauile	
35	Magnesium Sulfate in Prevention of Cerebral Palsy	631
	Ingrid Schwach Werneck Britto and Mario Henrique Burlacchini de Carvalho	
36	Premature Rupture of Membranes	635
	Juliana Silva Esteves	
37	Fetal Growth Restriction	647
	Eva Meler, Leticia Benítez, Judith Martínez, and Francesc Figueras	

38 Perinatal Hemolytic Disease	669
Mário Dias Corrêa Júnior, Gabriel Martins Cruz Campos, and Priscila Chaves Pita	
39 Disorders of Amniotic Fluid Volume: Oligoamnios and Polyhydramnios	687
Mario S. F. Palermo, Ana Espinosa, and Mónica Trasmonte	
40 Preeclampsia	707
Liliana Susana Voto and Moises Gabriel Zeitune	
41 Gestational Diabetes	747
Renato Augusto Moreira de Sá and Eduardo Borges da Fonseca	
42 Complications of Monochorionic Twin Pregnancy: Double Trouble?	763
Alexandra Matias and Miguel Pereira-Macedo	

Part VI Infectious Diseases

43 Urinary Tract Infections	795
Carlos Augusto Faria and José Carlos Carraro-Eduardo	
44 Congenital Infection 1 (Syphilis, AIDS, and Viral Hepatitis)	811
Mauro Romero Leal Passos, José Eleutério Junior, Regis Kreitchmann, and Angelica Espinosa Miranda	
45 Congenital Infection 2 (Toxoplasmosis, CMV, Rubella)	827
Juliana Silva Esteves, Daniela Aires Moreira, and Eduardo Borges da Fonseca	
46 Group B Streptococcus and Pregnancy	845
Renato Augusto Moreira de Sá, Antônio Rodrigues Braga Neto, and Bartolomeu Expedito da Câmara França	
47 Arboviruses and Pregnancy (Zika, Dengue, Chikungunya, and Yellow Fever)	857
Penélope Saldanha Marinho, Antonio José Cunha, Joffre Amim Junior, and Arnaldo Prata Barbosa	

Part VII Childbirth and Postpartum

48 Cervical Ripening and Labor Induction	875
Renato Augusto Moreira de Sá and Cristiane Alves de Oliveira	
49 Analgesia and Anesthesia at Birth	891
Gisele Passos da Costa Gribel	
50 Cesarean Delivery	913
Roberto Magliano de Moraes Filho and Roberto Magliano de Moraes	

51 Perinatal Asphyxia (Acute Fetal Distress) 939
 Fernanda Campos da Silva, Renato Augusto Moreira de Sá,
 and Cristiane Alves de Oliveira

52 Maternal Complications in the Immediate Postpartum Period 963
 Roxana Knobel, Carla Betina Andreucci, Leila Katz,
 and Melania M. Amorim

53 Care of the Newborn Infant during the Third Stage of Labor 987
 J. L. Diaz-Rossello and M. F. Blasina

Part VIII Neonatal Period

54 Breastfeeding 1015
 Cristiane Alves de Oliveira

55 Caring for the Normal Newborn 1041
 Milan Stanojevic

56 Palliative Care in Perinatology 1111
 Jussara de Lima e Souza

57 Hypoxic-Ischemic Encephalopathy 1123
 Maria Elisabeth Lopes Moreira

58 Neonatal Complications of Prematurity 1133
 Helenilce de Paula Fiod Costa and Elaine de Paula Fiod Costa

59 Small for Gestational Age. 1151
 Maria Elisabeth Lopes Moreira
 and Maria Dalva Barbosa Baker Méio

60 Respiratory Distress Syndrome in the Newborn 1159
 José Roberto de Moraes Ramos and Carlos A. Bhering

61 Transient Tachypnea of the Newborn 1169
 Carlos A. Bhering and José Roberto de Moraes Ramos

62 Bronchopulmonary Dysplasia 1175
 José Maria de Andrade Lopes and Danielle Negri de Souza Lopes

63 Retinopathy of Prematurity 1189
 Luiza M. Neves and Andrea Zin

64 Necrotizing Enterocolitis 1215
 Renata Bastos Lopes, Maria Elisabeth Lopes Moreira,
 and Fernanda Hermeto

65 Persistent Pulmonary Hypertension of the Newborn 1229
 Fernando de Freitas Martins

66 Intracranial Hemorrhage 1253
Danielle Negri de Souza Lopes, João Henrique Carvalho Leme de Almeida, and Márcia Cristina de Azevedo Gomes

67 Resuscitation of the Newborn Development of Algorithms, Present Status and Future Perspectives 1269
Shamik Trivedi, Siw Helen Westby Eger, and Ola Didrik Saugstad

Index 1289

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Part I
Periconceptual Care

Chapter 1

Historical Preface: Early Stages of Perinatal Medicine



Erich Saling and Jürgen Lüthje

Obstetrical medicine and obstetrical science have a long history. Far in the past, the Greek gynecologist Soranos of Ephesos (98–138) wrote a textbook which was essential for centuries: “De arte obstetrica morbisque mulierum” [1]. However, since its beginning, obstetrics had been predominantly mother-oriented for a very long time until the middle of the twentieth century.

Although first attempts have been made in earlier decades to assess some signs of existence of the fetus (e.g., with auscultation of its heart rate, see below), very little was known about clinically useful parameters of the fetal condition.

The Fetus as a New Patient in Obstetrics

The most impressive evolutionary event in obstetrics was the great change from predominantly mother-oriented obstetrics with its considerable operative character, to a combined also embryo- and fetus-oriented widespread concept. This began in the 1960s, when for the first time also the unborn became accessible to applied routine medicine. In 1966, the two British pediatricians Dobbs and Gairdner wrote: “With the advent of the techniques of amnioscopy and foetal blood sampling developed by Saling, and of amniocentesis and foetal transfusion due to Bevis and to Liley, we witness the end of the long period of foetal inaccessibility and, we hopefully believe, the start of the science of foetal medicine” [2].

The development—particularly of the prenatal part of Perinatal Medicine—was explosive. In the meantime, it has achieved an enormous extent and has become widespread. It was started by obstetricians, and in the following years,

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they came close together with open-minded pediatricians and colleagues from other interested disciplines. They created powerful interdisciplinary cooperation. In this context, in 1967, we coined the term “Perinatal Medicine” [3]. In this young medical subdiscipline, new methods for routine diagnosis and therapy were introduced, and its rapid development would not have been possible without new structures in clinical care as well as in scientific organization, research, and education.

Development of New Methods

Up to the end of the 1960s, in applied routine medicine the following main subfields had developed:

- Assessment of fetal heart activity
- Fetal blood analysis
- Examination of amniotic fluid
- Application of ultrasonography
- Neonatological assessment

Assessment of Fetal Heart Activity

Already in 1818, during a lecture, Mayor remarked on the existence of fetal heart sounds for the first time [4], and in 1821 Kergaradec reported in more detail on simple auscultation of fetal heart sounds [5]. In 1833, Kennedy from Dublin published a monumental monograph on the observations of obstetric auscultation of the fetal heart [6]. According to Goodlin, many of Kennedy’s clinical impressions concerning various fetal heart rate patterns are compatible with current concepts. Kennedy included, for example, Bodson’s statement that the most ominous fetal heart rate pattern was “slowness of its return when a contraction is passing on” [7]. The first measurement of intrauterine pressure during labor was done in Germany in 1872 by Schatz, using a transcervically inserted balloon [8].

Fetal cardiography, this means recording the fetal heartbeats, started in 1890 when Pestalozza recorded heartbeats by a sphygmograph for the first time [9]. Cremer was successful in recording the first fetal electrocardiogram in 1906 [10], in which the small fetal signals could be differentiated from the bigger ones of the mother. In 1908, Hofbauer and Weiss recorded the first phono-cardiogram [11]. Beruti from Buenos Aires developed a phonocardiograph that could be applied in clinical practice. He combined the microphone with a telephone and predicted already in 1927, that in the future, obstetricians would be able to monitor the pregnant patient from the distance [12].

The two outstanding pioneers of modern electronically based fetal heart rate surveillance are Edward Hon and Roberto Caldeyro-Barcia. In 1957, Hon succeeded in separating the fetal signals out of the abdominally recorded maternal and fetal complexes and thus laid the basis for modern cardiography [13, 14]. Roberto Caldeyro-Barcia was not only a main pioneer of cardiocography but also of uterine physiology and pathophysiology. In 1958, Caldeyro-Barcia and his coworkers were the first who recorded the fetal heart rate in combination with uterine contractions [15, 16]. This was the initial step for modern heart rate monitoring. All these registrations required the usage of complicated huge equipment and could therefore only serve experimental purposes. They were hardly suitable for widespread routine clinical use.

The breakthrough leading to later practical clinical usage came in the 1960s when Hammacher in cooperation with Hewlett Packard was successful in developing suitable transportable equipment, called cardiocograph (Fig. 1.1), which was based on the phonocardiographic principle [17]. Equipment for widespread use was not available until 1968. But from then on cardiocography developed rapidly into a surveillance method used all over the world.

Other pioneers in cardiocography, particularly in the use of Doppler CTG, were Kazuo Maeda from Japan [18] and Mosler from Germany [19].

When we met Caldeyro-Barcia in October 1964 in Montevideo, we performed the first combined examinations of three fetuses. That is, when pathological heart rate patterns were present, we examined the fetal acid–base situation with our fetal blood analysis, which had been developed 4 years earlier.



Fig. 1.1 Early model (8020A) of a transportable cardiocograph developed by Hammacher in cooperation with Hewlett Packard, suitable for clinical use. (© Erich Saling)

Later, in 1968, when cardiotocography became available for routine use, in our department the very first real study of combined assessment of the fetus by cardiotocography and fetal blood analysis was conducted in 146 cases. In 1970, we presented the results from 489 cases at the second European Congress of Perinatal Medicine in London. We were surprised that in a number of cases, even with bradycardia, there were normal pH values. In 52 cases with bradycardia with less than 120 bpm, there were acidotic pH values only in 33% [20]. Many later studies have confirmed this weakness of cardiotocography, i.e., often yielding false-positive results.

Later considerable progress has been achieved particularly by the introduction of computer assessment of cardiotocograms. Pioneers in this field have been Geoffrey Dawes and his coworkers Visser and Redman, who already in 1978 started to evaluate different patterns of cardiotocograms by the use of computers, published in 1981 [21].

Fetal Blood Analysis

Eight years before, cardiotocography became available for widespread routine application, the first direct approach to the human fetus that could be used for routine clinical practice had been achieved. This can be considered as the moment of the birth of intrauterine medicine. It was in Berlin on June 21, 1960 (first published in 1961 [22, 23]) when we started sampling and examining the fetal blood from its presenting part (Fig. 1.2). First, there were serological and hematological examinations, followed by blood gas and acid–base analysis. Consequently, the fetus for the first time became a real patient apart from the mother, and obstetrics underwent an essentially new character.

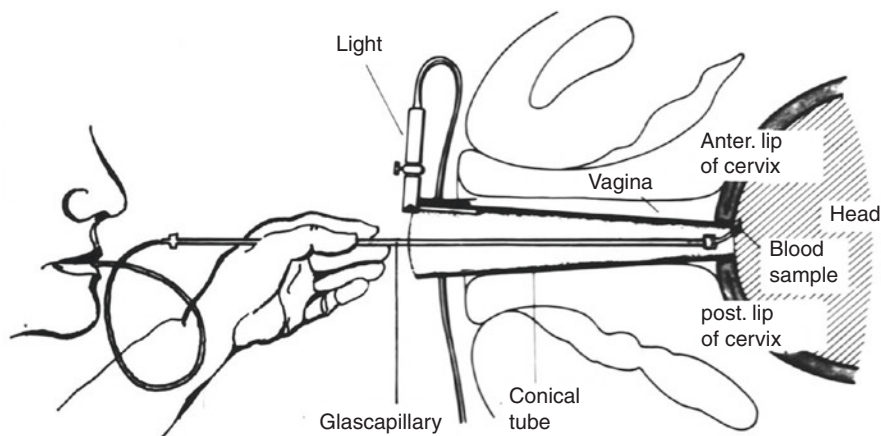


Fig. 1.2 Fetal blood analysis. (© Erich Saling)