Received date: 31. 03. 2022 | Accepted Date: 04. 04. 2022 | Published Date: 25. 07. 2022

Early and mid-trimester amniocentesis had different procedure-related risks for miscarriage: a retrospective cohort study

Philip Loquet
Antwerp University Hospital, Belgium

Due to a high likelihood of losses, early amniocentesis (EA)—before 15 gestational weeks—is not advised. The majority of studies performed amniocentesis between 11 and 13 weeks of gestation, which is quite early in pregnancy. However, because it reduces the time between the screening (non-invasive prenatal test (NIPT)) and the diagnostic test, amniocentesis carried out at 14 gestational weeks may be a significant substitute for mid-trimester amniocentesis (MA) (amniocentesis). In this study, the risk of miscarriage associated to the surgery was compared between MA (15 + 0 to 17 + 6 weeks gestational age) and EA (14 + 0 to 6 weeks gestational age). This study compares the MA cohort to the EA cohort in a multicentric, retrospective cohort setting from 1 January 2007 to 21 November 2018. Within four weeks of the operation, a spontaneous abortion is considered procedure-related fetal loss. Exclusion criteria included multiple pregnancies, amniocenteses conducted after 17 or before 14 weeks, indications other than prenatal genetic diagnostics, and procedures carried out by gynecologists with less training. 1107 out of 1515 women (73.1%) had complete outcome information, including 298 (83.2%) from the EA cohort and 809 (69.9%) from the MA cohort. There was no discernible difference (EA 0.82 percent vs MA 0.36 percent; p = 0.646). The difference was 0.46 percent (95% confidence interval: 0.123-3.699; odds ratio: 0.673). When EA was compared to MA in this study, there was no discernible difference in the procedure-related risk of miscarriage. EA might be regarded as a secure substitute, but more research is required.

Recent Publications:

Zaghi M, Janssens K, Hectors W, Loquet P, Blaumeiser B. Tetrasomy 9p, a Prenatal Challenge: Two Novel Cases. Reproductive Medicine. 2022; 3(1):42-49. https://doi.org/10.3390/reprodmed3010005.

Biography

Philip Loquet has been serving as the Department head in the field of obstetrics-fetomaternal medicine (14 years 7 months) since May 2014, and has served as the Feto-maternal medicine Director between 1990 and 2001 (11 years) Algemene geneeskunde Universitaire instelling Antwerpen, Onderscheiding Onderscheiding, Sciences et Mathematiques from 1976 to 1993. His major specialities include Lyon's Lycee du Parc Surgery, Clinical Research, Healthcare Management, Medical Education, Hospitals, Medicine, Ultrasound, Pediatrics, Healthcare, Patient Safety, Internal Medicine, EMR, Board Certified, and General Surgery.

philip.loquet@gmail.com