



Screening for preeclampsia in the first trimester: **OUR FIRST YEAR**

Lourenço, I.¹; Gomes, H.¹; Ribeiro, J.¹; Francisco, C.¹; Veríssimo, C.¹ 1 - Department of Gynecology and Obstetrics, Hospital Beatriz Ângelo, Loures

Objective

To access the performance of a combined screening for preeclampsia (PE) in the first trimester and the prophylactic use of low-dose aspirin, one year after the implementation of universal screening in our Hospital.

Study Design

- Prospective study
- March 2017 February 2018
- Women attending for their routine 1st trimester scan

Results

Screening results



Universal screening for PE in the 1st trimester





Maternal and pregnancy characteristics	n=1272
Maternal age (years) (median ± SD)	30.05 ± 5.9
Maternal BMI (Kg/m ²) (median ± SD)	25.06 ± 5.31
Racial origin - no. (%)	
Caucasian	1051 (82.6%)
Afro-Caribbean	161 (12.7%)
South Asian	31 (2.4%)
East Asian	4 (0.3%)
Mixed	25 (2.0%)
Cigarette smoking - no. (%)	181 (14.2%)
Obstetric hystory - no. (%)	
Nulliparous	614 (48.3%)
Multiparous without preeclampsia	637 (50.0%)
Multiparous with preeclampsia	21 (1.7%)
Medical history - no. (%)	
Chronic Hypertension	36 (2.8%)

1256 (98.7%)



The results show a **lower incidence** of **PE** (2.26% vs 2.64%, p=0.570) and early-PE (0.29% vs 0.72%; p=0.149), after implementation of screening.

Conclusion

- The first-trimester screening combining maternal factors, obstetric and medical history, biochemical and biophysical markers is useful to predict early-PE in a routine care setting.
- The results evidence a reduction in incidence of both early-PE and PE after introduction of screening. The difference is not statistical significant due to small numbers.
- The prophylactic use of low-dose aspirin can be responsible for the



Spontaneous





