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Early enteral tube feeding in optimizing treatment for hyperemesis gravidarum (MOTHER): A multicenter open-label randomised controlled trial

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Hyperemesis Gravidarum (HG) is associated with poor nutritional intake and significant weight loss. Trials on dietary interventions for HG have never been performed. We studied the effectiveness of early enteral tube feeding in addition to standard care (intravenous fluid rehydration and antiemetic treatment) in a multicenter open-label randomised controlled trial. Women hospitalised for HG (gestational age 5–20 weeks) were randomly allocated to enteral tube feeding for at least 7 days in addition to standard care or standard care alone. The primary outcome was neonatal birthweight. Analyses were performed according to the intention-to-treat principle. We randomly allocated 59 women to enteral tube feeding and 61 women to standard care. At the time of abstract submission, outcomes were available for 103 participants (tube feeding $n = 49$, standard care $n = 54$). 6 women were excluded from analyses (no informed consent or miscarriage). Of the women allocated to enteral tube feeding, only 17 women had been treated according to protocol, all other women received tube feeding for less than 7 days or not at all. Mean birthweight was 3.059 $\pm$ 731 g in the enteral tube feeding group compared to 3.185 $\pm$ 690 g in the standard care group (mean difference 125 g, 95% CI: -157 g to 407 g). Secondary outcomes (including prematurity, small-for-gestational-age, maternal PUQE-score, weight gain, length of hospital stay, readmission rates and side-effects) were also comparable. Many women hospitalised for HG were unable to complete enteral tube feeding for at least 7 days, suggesting it is poorly tolerated. Enteral tube feeding did not affect birthweight.

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Misoprostol success for silent miscarriage

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Introduction In the UK a combination of mifepristone and misoprostol was commonly used for the medical management of silent miscarriage (MMoSM). Recently the new NICE guidelines lessened the importance of mifepristone. This medication is not available in Saudi Arabia. This survey was designed to measure the success rate and complications associated with misoprostol as the sole agent for medical management. It was conducted in the International Medical Center, which is a leading private hospital in Jeddah, Saudi Arabia. Its labour ward averages 4200 deliveries annually.

Methods This is a prospective study of all patients admitted for medical management of silent miscarriage below 14 weeks over a 3 month period. Data was collected regards the dose required, the need for surgical management and the complications.

Results Thirty-two cases were admitted for MMoSM. The range of gestational age was 6–14 weeks. 6 cases exceeded the local approved dose of misoprostol of 1600 mg in total, representing 19%. 56% of the cases required surgical management due to failed MMoSM or due to severe bleeding. Seven cases (21%) bled heavily dropping their haemoglobin by more than 3 g/dl. Two of the 7 cases required blood transfusion and 4 went for surgery.

Conclusion Our success rate for MMoSM was low at 56%. There was also a high rate of haemorrhage. It is unclear whether the lack of mifepristone contributed to the low success rate.

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Aspirin for optimising pregnancy outcome in pregestational diabetes: The value of objective testing of study participant compliance. Pilot for the IRELAND Study (Investigating the Role of Early Low-dose Aspirin iN pre-existing Diabetes)

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Introduction Pregestational diabetes mellitus (PGDM) confers a significant risk for development of pre-eclampsia (20% versus 5% in the general population). We sought to determine the feasibility of administering aspirin in women with PGDM from the first trimester of pregnanc and to objectively judge compliance through serial platelet function testing.

Methods This is an open labelled randomised pilot study conducted in 2 large tertiary maternity units in Dublin. Inclusion criteria were all women with PGDM at least 6 months prior to conception who presented before 12 weeks of gestation. Women were recruited and randomised to aspirin or no aspirin and were compared to a control group.

Results A total of 48 women screened over 6 months period of those 30 (62%) were deemed eligible for entry. 23 (76%) agreed to consent for the trial and were randomised (12 in the aspirin group and 11 in the no-aspirin group). Study participants were deemed to be fully compliant if the diary cards and pill counts indicated that less than 5% of pills had been missed, in addition to demonstration of suppression of platelet aggregation with serial (4-weekly) platelet aggregometry. This was the case for all but one