

HIGH-RISK PREGNANCIES



At UCI Medical Center, high-risk mothers are cared for by specialists called perinatologists who manage their complicated pregnancies.

They team with neonatologists, experts in the care of very sick newborns, to create a continuity of care that helps ensure the best possible outcomes for high-risk mothers and their infants.

“From the beginning of the pregnancy, the maternal-fetal team cares for two patients—the

“State-of-the-art testing and treatments have contributed greatly to the success of many high-risk pregnancies.”

First, a set of quintuplets, then two sets of quadruplets. UCI Medical Center had a baby boom this year!

The multiple sets of multiple births are living testimony to the advances made in maternal-fetal medicine over the past few years.

Pregnancy can be a challenge for women with serious medical conditions, the expectation of multiple births, or a history of pre-term deliveries, miscarriages and hereditary diseases. “Up to one in 10 pregnant women are considered high risk,” says perinatologist **Dr. Manuel Porto**, chairman of UCI’s Department of Obstetrics and Gynecology. “But with expert care, 95 percent of these pregnancies result in the birth of healthy babies.”

mother and the unborn child,” says Porto. “State-of-the-art testing and treatments have contributed greatly to the success of many high-risk pregnancies.”

Today, doctors can monitor the status of the fetus with sophisticated tests only days after a woman becomes pregnant. Ultrasound also provides a window into the womb. From checking the fetus for structural abnormalities and blood flow patterns to monitoring the amount of amniotic fluid in the birth sac, this sound-wave test provides valuable information about the well-being of the fetus. If a problem such as a heart defect is discovered, sophisticated surgical methods can sometimes be used to operate on the fetus in the womb. Blood transfusions and medications can also be delivered to the unborn child, if needed.

Prematurity always looms on the horizon as a potential problem. “More than 470,000 preterm

babies are born each year in the United States,” says UCI neonatologist **Dr. Jack Sills**. “The earlier the birth, the greater the chance of death or disability for the baby.”

One strategy to prevent premature births involves weekly injections of a progesterone derivative called 17P. “Studies show that progesterone therapy reduces premature deliveries by 33 percent among women who have experienced previous preterm births,” says Porto, who is currently conducting research on 17P.

Testing for risk. To determine if there’s an increased risk for premature labor, the maternal-fetal team uses two tests pioneered by UCI researchers. The first screens for the presence of fetal fibronectin, a protein that’s a red flag for preterm labor. The second—high-resolution ultrasound—measures the length of the cervix. The shorter the cervix, the more likely premature labor will occur.

If labor begins too early, women are given tocolytic drugs to stop contractions. They may also receive corticosteroid medications to hasten the development of the unborn child’s lungs and other organs. “A few extra days in the womb can mean the difference between two days or two months in the hospital for a newborn,” says Sills. “UCI Medical Center’s regional Neonatal Intensive Care Unit is able to provide treatment for the frailest newborns. But there’s no place like the womb for a fetus to grow and mature.” To make an appointment, visit www.ucihealth.com or call 714-456-2911.



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