Results A total of 1,095 newborns were included. Within the first 24 h, 99.2% and 90.4% of the newborns passed their first meconium/stool and first urine, respectively. The number of meconium/stool and voidings was higher in the CS group. The number of meconium/stools within the first 24 h was higher in exclusively breastfed newborns. Combination-fed newborns and newborns with a lower birth weight had a higher number of voidings. The number of meconium/stools in the first 24 h was significantly lower in newborns weighing < 2,500 g. Furthermore, breast feeding frequency correlated with the number of meconium/stools and voidings at all time points.

Conclusions The results of this study show that the mode of delivery, birth weight and feeding method and frequency and may influence meconium/stool and urinary patterns in newborns.

Results Seventy-four babies (45, 24 and 5 triplets, quadruplets and quintuplets respectively) were delivered from 22 HOM pregnancies out of 6521 deliveries giving a prevalence of 3.37/1000 total births. All deliveries were preterm and all the babies except 2 sets of triplets, 1 set and the 1st 2 of another set of quadruplets were delivered by caesarean section. The perinatal mortality rate was 245/1000 total births. Mortality was significantly increased with no antenatal booking (21/25 versus 5/45 for unbooked and booked pregnancies respectively, p=0.000), gestational age ≤30 weeks (21/25 versus 5/45 for gestational age ≤30 weeks and >30 weeks respectively, p=0.000) and birth weight < 1000 g for live births (8/56 versus 10/10 for birth weight ≥1000 g and <1000 g respectively, p=0.000).

Conclusion Proper antenatal care and close feto-maternal monitoring of HOM pregnancies will significantly reduce early preterm births and the resultant immediate poor outcomes for these pregnancies.

Background Studies comparing perinatal outcomes in multiples conceived following the use of artificial reproductive technologies (ART) vs. spontaneous conception (SC) have reported conflicting results in terms of morbidity and mortality. The objective of our study was to compare perinatal and neonatal outcomes of multiples born after artificial reproductive technology (ART) and spontaneous conception (SC).

Methods Three hundred and sixty seven neonates born after SC and 596 after ART were studied. Maternal characteristics, neonatal characteristics, neonatal morbidities and mortality were assessed between two groups.

Results The duration of pregnancy was significantly shorter in ART group (32.6±4.0 vs 34.2±5.2, p<0.001). The mean birth weight in the ART group was significantly lower when compared with control group (1892±690 vs 2112±602, p<0.001). The number of perinatal and neonatal deaths (9.5 vs 2.7%, p<0.001 and 1.7 vs 1%, p<0.001) were significantly higher in the ART group. The incidence of intraventricular hemorrhage (63.7 vs 52.8%, p<0.05), anemia (26.6 vs 16.5%, p<0.05), sepsis (22.3 vs 14.6%, p<0.05), bronchopulmonary dysplasia (7.1 vs 1.8%, p<0.05), retinopathy of prematurity (24 vs 16.1%, p<0.05) were significantly higher in the study group.

Conclusions Multiple pregnancies achieved with ART are at greater risk for obstetric complications and adverse neonatal outcome in comparison with naturally conceived multiple pregnancies.

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