蕭勝文
SY9

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Fetal therapy in Taiwan

胎兒也有接受治療的權利，這個觀念已經發展超過二十年。隨著產前診斷的進步，越來越多缺陷可以在很早期就被發現，也有了治療這些胎兒的機會。本次演講將整體的介紹台灣胎兒治療的歷史，從各大醫學中心的發展，到最新的胎兒治療近況。內容包含了非侵入性的胎兒治療：胎兒心律不整，侵入性的胎兒治療：從雙胞胎輸血症候群，單一絨毛膜多胞胎的選擇性減胎，胎兒胸水導管放置，胎兒貧血胎內輸血，玻璃娃娃胎內幹細胞移植，到胎兒內視鏡手術等。最後也會分享未來胎兒治療的走向，以及多元化的疾病治療型態。

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Prenatal Diagnosis of Fetal Mosaic Aneuploidy: Misconceptions and Misinterpretations

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Chromosomal mosaicism is the presence of 2 or more cell lines with different karyotypes. Mosaicism is the dilemma of cytogenetic prenatal diagnosis. Most times, it turn out to have been a false alarm, and the mosaicism in villus tissue or amniocytes does not reflect a true constitutional mosaicism of the embryo. Mosaicism may involve aneuploidy for an intact chromosome or for an abnormal chromosome, along with a normal cell line. The underlying mechanism may be due to mitotic error or an initially abnormal conceptus, which will be reviewed in this session.

Some mosaic trisomies have high risks for phenotypic abnormality in the fetus or term infant but some are toward the lower risks. Actually, the majority of abnormal karyotypes in spontaneous miscarriages are autosomal trisomies. Moreover, the autosomal trisomies are the major type of chromosome abnormalities observed in comfined placental mosaicism (CPM). This makes prenatal consultation more complicated. The phenomenon of uniparental disomy (UPD) and possible genomic imprinting effects should also be taken into consideration— especially the mosaicism is formed from meiotic nondisjunction with subsequent trisomy rescue.

王亮凱
SY11

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"The golden minute" after birth: the role of Obstetricians

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The number of births in Taiwan decreased in recent years and the responsibility of obstetricians increased, therefore. Delivery room handling of the newborn covers all procedures carried out on the newborn immediately following birth and it also related to the perinatal mortality or morbility even further outcome of the newborn. This critical time period was first called "the golden minutes" by Vento et al. in 2009. The following year, the International Liaison Committee on Resuscitation (ILCOR) emphasized the importance of the first minute of life using the term the Golden Minute. Interventions in pregnancy and delivery should as far as possible be evidence based. It included selection of birth mode, antenatal steroid therapy, delayed cord clamping for preterm and term infants, thermal control and wrap infants <28 weeks of gestation in plastic, ventilatory support and surfactant instillation but routine suctioning of the mouth and airways is not required. The training of neonatal resuscitation program (NRP) was also important to the members in delivery room including obstetrcians.

何銘
SY12

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Taiwan maternal safety bundles

醫學文獻顯示，inadequate hospital protocols 或缺乏一致性的診斷、管理、諮詢和轉診 protocols 可導致患者照護中的混亂和不必要的變化。大量的資料證明 clinical settings 的不協調會損害病患預後結果和降低照護的質量。因此，制定和採用標準化的 protocols 是解決及降低醫療不良事件發生的最佳方法，更是 health care quality and safety 重中之重的倡議。 為預防及降低生產事故風險發生及協助醫療機構建立內部風險管控概念，衛福部於 108 年委託臺灣婦產科醫學會及醫策會辦理「生產事故事件通報及品質輔導案」彙集國內生產通報與救濟資料庫，由國內生產高風險項目中挑選出六大風險主題，並參考美國 Alliance for innovation on maternal health (AIM) 的孕產婦安全組合式照護（maternal safety bundles），發展出臺灣婦產科六大風險管控重點包含「事前準備」、「辦識與預防」、「緊急應變」「檢討與學習」，提供醫療機構及助產機構參考使用。

李汶芳
SY13

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Thromboembolism in pregnancy

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Pulmonary embolism is one of the leading causes of death in pregnancy, with mortality estimated to be as high as 20%. In Taiwan, thromboembolism is always the 4th leading cuase of death in pregnancy. Pregnancy is a state of hypercoagulability that increases the chance of developing venous thromboembolism, deep vein thrombosis, and pulmonary embolism, by five to ten fold when compared with the nonpregnant population. Untreated pulmonary embolism can result in 30% mortality, which is reduced to as low as 2% with anticoagulation treatment. Although minimal, anticoagulation carries a risk of haemorrhage. Early and accurate diagnosis of pulmonary embolism is thus crucial to reduce morbidity and mortality in pregnancy. The symptoms of pulmonary embolism, such as tachycardia, tachypnoea, desaturation, dyspnoea, and pleuritic chest pain, mimic the normal physiological changes of pregnancy, thus making an accurate and timely diagnosis difficult relative to the non-pregnant population. To diagnose pulmonary embolism, clinicians commonly use several clinical key components. However, many of these components, such as clinical prediction tools, risk stratification, and laboratory tests, have shown limited use in pregnancy. This time, here we share the experience and outcome of the clinical cases of the thromboembolism in pregnancy. Then, we furtherly review the latest clinical practices and guideline in order the improving the motality and mobidity of thromboembolism in pregnancy.

康巧鈺
SY14

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Preeclampsia and peripartum cardiomyopathy

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The leading cause of maternal mortality is amniotic fluid embolism, postpartum hemorrhage (PPH) and hypertensive disorders of pregnancy. There is no better way to prevent amniotic fluid embolism, while active management of the third stage of labor and carbetocin play an important role in preventing PPH. As for hypertensive disorders, low-dose aspirin has been used during pregnancy most commonly to prevent or delay the onset of preeclampsia.

Peripartum cardiomyopathy (PPCM) is an idiopathic cardiomyopathy presenting with heart failure secondary to LV systolic dysfunction towards the end of pregnancy or in the months following delivery, where no other cause of heart failure is found. PPCM is a significant cause of maternal and infanct mortality worldwide, yet its etiology remains unknown.

Preeclampsia is often cited as a risk factor for the development of PPCM, and recent research suggested that preeclampsia and PPCM may share mechanisms to their pathology. In this talk, I will introduce the methods currently suggested in prevention of preeclampsia, the basic knowledge of peripartum cardiomyopathy and an update of the relationship between these two diseases.

Keywords: preeclampsia, aspirin, peripartum cardiomyopathy

Highlights

- Low-dose aspirin has been used during pregnancy most commonly to prevent or delay the onset of preeclampsia.
- PPCM is an idiopathic cardiomyopathy presenting with heart failure secondary to LV systolic dysfunction.
- The symptoms of PPCM mimic typical symptoms of pregnancy / early post-partum period.
- Both preeclampsia and PPCM cause cardiac dysfunction, but PPCM is not simply a manifestation of severe preelampsia.
- The strong association between preeclampsia and PPCM suggests that they may share mechanisms of pathophysiology.