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ID01

Male Perspective in Fertility Treatment in a Tertiary Centre: An Interpretative Phenomenological Analysis

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ABSTRACT

Infertility is often misconstrued as a women's health issue, leaving Malaysian men's experiences poorly explored despite profound cultural impacts on masculinity and family lineage. This study aimed to explore, in depth, the lived experiences of men undergoing fertility investigation and treatment at a tertiary referral centre. A qualitative study employing Interpretative Phenomenological Analysis (IPA) was conducted; thirty-five men aged 29-52 years, currently undergoing or recently having undergone fertility investigation or treatment, were recruited via purposive sampling until data saturation was achieved. In-depth, semi-structured interviews were audio-recorded, transcribed verbatim, and analysed following established IPA procedures using NVivo software. Four superordinate themes emerged: threats to masculine identity and self-worth; emotional cycles of hope, uncertainty, and grief; silence, privacy, and limited disclosure; and relational strain and growth. Participants described infertility as a profound challenge to their masculinity and competence, often accompanied by shame, inadequacy, and emotional suppression, with treatment experienced as an emotionally cyclical process frequently conceptualised as a form of grief. Stigma and cultural norms drove silence and emotional isolation, while infertility acted as both a relational stressor and, for some couples, a catalyst for greater emotional closeness. These findings show that men experience infertility as a deeply emotional, relational, and identity-disrupting life event rather than merely a biomedical condition, underscoring the need for fertility services to adopt a more inclusive, male-sensitive, and psychosocially informed approach to care.

Keywords: Fertility treatment; Malaysia; male infertility; masculinity; qualitative research

ID03

Knowledge, Attitude and Practice Regarding Maternal Birth Trauma among Pregnant Women

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ABSTRACT

Maternal birth trauma is associated with physical and psychological morbidity, including pelvic floor dysfunction, sexual dysfunction, urinary and bowel symptoms, and PTSD. Despite its impact on maternal health, limited data are available regarding pregnant women's knowledge, attitudes and practices (KAP) toward maternal birth trauma in Malaysia. This study aimed to assess KAP regarding maternal birth trauma among pregnant women and identify factors associated with KAP levels. A cross-sectional study was conducted among 452 pregnant women attending antenatal care at a tertiary hospital in Malaysia. Participants completed a validated self-administered questionnaire evaluating KAP related to maternal birth trauma. Data were analysed using SPSS v26.0 and STATA v19.0. Factors associated with KAP scores were evaluated using linear regression analyses, with statistical significance set at $p < 0.05$. The mean knowledge, attitude, and practice scores were 77.35 ± 12.93 , 4.07 ± 0.64 , and 3.97 ± 0.58 , respectively, indicating satisfactory KAP. Higher educational attainment and household income were independently associated with better KAP scores. Women with secondary education demonstrated significantly lower KAP scores than those with tertiary education. Participants from the M40 income group showed higher attitude and practice scores than those from the B40 group. Previous severe perineal and extended vaginal wall tears were associated with higher attitude and practice scores. No significant associations were observed with age, parity, ethnicity, marital status, or level of antenatal care. These findings suggest educational attainment, socioeconomic status and previous birth trauma experiences influence KAP levels. Integrating structured maternal birth trauma education into routine antenatal care may address knowledge gaps and improve maternal health outcomes.

Keywords: Bladder symptoms; bowel symptoms; childbirth; maternal birth trauma; pelvic floor dysfunction; perineal trauma; pregnant women; pregnancy; psychological impact; sexual dysfunction

ID04

Post-Partum Urinary Retention: Prevalence and Risk Factors in Primiparous Malaysian Population

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ABSTRACT

Postpartum urinary retention (PPUR) is an important postpartum complication that may result to bladder overdistension and subsequent urinary dysfunction if unrecognised. This study aimed to determine the prevalence of PPUR and identify its associated risk factors among Malaysian primiparous women. A prospective observational study was conducted among 350 primiparous women with singleton deliveries at Hospital Tunku Azizah, Kuala Lumpur. PPUR was assessed using clinical criteria and post-void residual (PVR) volume measured by bladder ultrasound. Overt PPUR was defined as failure to void within 6 hours after delivery or catheter removal, while covert PPUR was defined as a PVR >150 mL after spontaneous voiding. Demographic, obstetric and postpartum variables were analysed using univariate and multivariable logistic regression. PPUR occurred in 18 women (5.14%), comprising 15 (83.3%) overt and 3 (16.7%) covert cases. Multivariable analysis identified obesity (adjusted OR 4.66, 95% CI 1.21–17.98; $p = 0.025$) and absence of postpartum pain relief (adjusted OR 7.38, 95% CI 2.46–22.13; $p < 0.001$) as independent factors associated with failed postpartum voiding. Catheterisation during labour was also significantly associated with postpartum voiding outcome (adjusted OR 0.38, 95% CI 0.23–0.61; $p < 0.001$). Other obstetric factors were not significantly associated with PPUR. PPUR affected approximately one in twenty primiparous women. Obesity and inadequate postpartum pain management were important factors associated with postpartum voiding dysfunction. Early identification of women at increased risk and optimisation of postpartum pain management may facilitate timely diagnosis and reduce complications associated with bladder overdistension.

Keywords: Obesity; postpartum period; risk factors; urinary retention; urinary catheterisation

ID05

Diffuse Methicillin-Resistant *Staphylococcus aureus* (MRSA) Peritonitis with Bacteraemia Following Uncomplicated Elective Caesarean Section: A Rare Case Report

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ABSTRACT

Intra-abdominal sepsis following caesarean section is a rare but potentially life-threatening complication. While postpartum infections are typically polymicrobial and arise from genital tract flora, diffuse methicillin-resistant *Staphylococcus aureus* (MRSA) peritonitis with concurrent bacteraemia, in the absence of uterine dehiscence or visceral injury, is exceptionally rare. We report a 34-year-old Para 4 woman who presented on day 7 following an uncomplicated elective lower segment caesarean section with a two-day history of severe upper abdominal pain and tachycardia. She was afebrile but had marked leukocytosis ($40.9 \times 10^9/L$) and elevated C-reactive protein (357 mg/L). Computed tomography demonstrated free intraperitoneal fluid with surrounding bowel wall thickening, raising suspicion of intra-abdominal sepsis and bowel injury. Emergency diagnostic laparoscopy revealed approximately 300 mL of turbid serous fluid with diffuse fibrinous slough throughout the peritoneal cavity. No intraabdominal visceral injury or other source of infection was identified. Blood, peritoneal fluid, and tissue cultures all grew MRSA, whereas urine and genital tract cultures were negative. Echocardiography excluded infective endocarditis. The patient underwent laparoscopic washout, received intensive care support, and was treated with intravenous vancomycin guided by therapeutic drug monitoring following initial empirical broad-spectrum antibiotic. Repeat blood cultures became sterile, inflammatory markers normalised, and she achieved complete clinical recovery. In conclusion, MRSA peritonitis with bacteraemia following an uncomplicated caesarean section is exceedingly uncommon and may present without fever or an obvious intraoperative source. Early recognition, prompt surgical source control, multidisciplinary management and culture-directed antimicrobial therapy are essential to optimised maternal outcome

Keywords: Bacteraemia; caesarean section; intra-abdominal sepsis; methicillin-resistant *Staphylococcus aureus*; peritonitis

ID06

Beyond the Fetus - The Placental Perfect Storm: Twin-to-Twin Transfusion Syndrome as the Master Trigger of Impending Thyroid Storm, Hyperreactio Luteinalis and Severe Early-Onset Preeclampsia in a Monochorionic Twin Pregnancy

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ABSTRACT

Twin-to-twin transfusion syndrome (TTTS) complicates 10–15% of monochorionic diamniotic pregnancies and is conventionally regarded as a fetal disease; the maternal systemic consequences of the diseased placenta remain poorly characterised. We describe a case in which one distressed placenta simultaneously deranged maternal thyroid, ovarian and endothelial axes. A 33-year-old G4P3 with spontaneously conceived monochorionic-diamniotic twins presented at 24 weeks with tachycardia, intractable vomiting and starvation ketoacidosis (serum ketone 3.4 mmol/L). She was severely thyrotoxic (free T4 81.5 pmol/L, TSH <0.013 mIU/L) with a Burch–Wartofsky score of 30, indicating impending thyroid storm; TSH-receptor and anti-thyroglobulin antibodies were negative and thyroid ultrasonography was normal, excluding autoimmune aetiology. Ultrasound confirmed TTTS Stage 3 (deepest vertical pocket 17 cm, anhydramniotic stuck donor, 60% growth discordance). Fetoscopic laser was precluded by thyrotoxicosis and orthopnoea; three amnioreductions totalling 3200 mL afforded only symptomatic relief. Despite seven days of maximal carbimazole 30 mg daily, free T4 remained 44.5 pmol/L. Severe early-onset preeclampsia (blood pressure 177/102 mmHg, albumin 27 → 17 g/L) necessitated emergency caesarean at 25 + 4 weeks. Bilateral 10 × 10 cm multiloculated ovarian cysts were excised; histopathology confirmed luteal cysts, fulfilling hyperreactio luteinalis criteria. Both neonates succumbed to extreme prematurity. Thyroid function normalised spontaneously by day 28 postpartum (free T4 14.8 pmol/L, TSH 1.250 mIU/L) on reduced carbimazole 10 mg. This dose–response paradox - normalisation on less drug, only after placental delivery - implicates placental β -human chorionic gonadotropin as the driver. TTTS warrants active maternal endocrine and vascular surveillance alongside fetal monitoring.

Keywords: Gestational transient thyrotoxicosis; hyperreactio luteinalis; monochorionic twin pregnancy; preeclampsia; twin-to-twin transfusion syndrome

ID07

When the Uterus is Not Really Absent: A Diagnostic Pitfall in Probable 46,XX Gonadal Dysgenesis Presenting as Primary Amenorrhea

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ABSTRACT

Primary amenorrhea requires a systematic evaluation integrating clinical examination, hormonal, imaging, and genetic assessment. Imaging findings should always be interpreted along with the patient's clinical and biochemical profile. We report a case of probable 46,XX gonadal dysgenesis in which a severely hypoplastic uterus was initially interpreted as absent on magnetic resonance imaging (MRI), leading to diagnostic uncertainty. A 22-year-old nulliparous Malay woman presented with primary amenorrhea. She had no breast or pubic hair development, otherwise had no significant medical history. Initial hormonal evaluation demonstrated hypergonadotropic hypogonadism (FSH 96 IU/L, LH 45.9 IU/L, estradiol 33.5 pmol/L). Pelvic ultrasound failed to identify the uterus, while MRI reported complete absence of the uterus and ovaries. Differential diagnoses included Müllerian agenesis, complete androgen insensitivity syndrome, Swyer syndrome and gonadal dysgenesis. Karyotyping revealed a normal 46,XX complement without cytogenetic abnormalities. The patient was commenced on cyclical estrogen-progestogen replacement (Progyluton), after which regular withdrawal bleeding was established. On follow-up transvaginal ultrasonography, a small uterus measuring approximately 2.9×1.8 cm was identified, confirming the presence of Müllerian structures and supporting diagnosis of primary ovarian insufficiency, most likely secondary to 46,XX gonadal dysgenesis. This case highlights that profound hypogonadism may result in a markedly hypoplastic uterus that can be mistaken for uterine agenesis on imaging. Correlation of clinical findings, endocrine and genetic components with response to hormone replacement therapy, along with repeat imaging is essential to avoid diagnostic error and guide appropriate management.

Keywords: 46,XX gonadal dysgenesis; hypergonadotropic hypogonadism; primary amenorrhea; primary ovarian insufficiency; uterine hypoplasia

ID08

Prediction of Intra-Abdominal Adhesions in Repeat Caesarean Section using Vancouver Scar Scale, Davey's Scoring System and Sliding Sign via Ultrasound

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ABSTRACT

Rising caesarean section rates have increased the prevalence of intra-abdominal adhesions, which complicate repeat surgeries and increase the risk of maternal and foetal morbidity. Preoperative assessment for accurate prediction of adhesion severity is crucial for surgical preparedness. This study compared the diagnostic performance of Davey's striae gravidarum score, the Vancouver Scar Scale (VSS), and the ultrasound sliding sign in predicting dense adhesions preoperatively and examined the associated demographic and obstetric factors in repeat caesarean section. A single-centre cross-sectional study was conducted over a one-year period and a total of 150 women scheduled for elective repeat lower segment caesarean section underwent preoperative assessment. Adhesion severity was graded intraoperatively using the modified Nair's classification. Diagnostic performance of each preoperative assessment tool was evaluated using sensitivity, specificity, positive and negative predictive values. Intra-abdominal adhesions were present in 53.3% of participants, with 12.7% exhibiting dense adhesions. Severity of adhesion significantly associated with longer operative duration ($p < 0.001$) and incision-to-delivery interval ($p < 0.001$). None of the demographic or obstetric variables studied were significant. The VSS demonstrated the highest sensitivity (84.2%) but low specificity (27.5%), while the sliding sign had the highest specificity (68.7%) and negative predictive value (87.4%). In conclusion, intra-abdominal adhesions present a significant clinical challenge during repeat caesarean deliveries. Among preoperative assessment modalities, the ultrasound sliding sign showed the best specificity and negative predictive value, supporting its use for operative risk stratification. Nevertheless, integrating clinical, imaging, and molecular parameters remains paramount for a precise preoperative evaluation and improved maternal surgical outcomes.

Keywords: Caesarean section; intra-abdominal adhesions; sliding sign; striae gravidarum; ultrasound prediction; Vancouver Scar Scale

ID09

The Hidden Challenge: Gynaecological Surgery in the Presence of an Ectopic Pelvic Kidney

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ABSTRACT

Gynaecological surgery relies heavily on a thorough understanding of pelvic and genitourinary anatomy. An ectopic pelvic kidney increases the complexity of gynaecological surgery because of its abnormal anatomy, variable vasculature, and altered ureteric course. A pelvic kidney is a rare congenital condition caused by failure of the kidney to ascend to its normal position during fetal development and occurs in approximately 1 in 1,000 live births. Abnormal embryological development results in considerable variation in the position of the kidney, ureter, renal pelvis and renal vasculature. Consequently, surgery in patients with a pelvic kidney is avoided whenever feasible to minimise surgical morbidity. However, when medical therapy fails or surgery becomes unavoidable, meticulous preoperative planning and a multidisciplinary approach are essential. We report the case of a 51-year-old woman who presented with abnormal uterine bleeding secondary to a large lobulated uterine fibroid, with an incidental finding of a left ectopic pelvic kidney. Following failure of medical management, she underwent an elective total abdominal hysterectomy with bilateral salpingo-oophorectomy. This case highlights the importance of comprehensive preoperative assessment, including detailed cross-sectional imaging to delineate the location of the ectopic kidney, ureter, and renal vasculature. Successful surgical management was achieved through multidisciplinary collaboration involving gynaecologists, gynaecology oncologists, radiologists, and urologists, enabling careful operative planning and safe preservation of the ectopic kidney and its associated structures. This report emphasises the value of multidisciplinary planning and meticulous retroperitoneal dissection in reducing the risk of urological and vascular injury during complex gynaecological surgery.

Keywords: Abdominal hysterectomy; ectopic kidney; gynaecological surgery; pelvic kidney; uterine fibroid

ID10

Cervical Cancer in Obstructed Hemivagina and Ipsilateral Renal Anomaly Syndrome - A Clinical Dilemma

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ABSTRACT

Obstructed hemivagina and ipsilateral renal anomaly (OHVIRA) syndrome, or Herlyn-Werner-Wunderlich Syndrome (HWWS), is a rare Müllerian duct abnormality characterised by uterine didelphys, an obstructed hemivagina, and ipsilateral renal anomalies. Accounting for approximately 6.2% to 8.3% of female genital malformations, it typically presents with pelvic pain, irregular menses, or abnormal vaginal discharge due to embryological urogenital development failure. The condition predisposes patients to endometriosis and pelvic inflammatory disease but is frequently misdiagnosed due to complex anatomical variations. The coexistence of cervical cancer with OHVIRA syndrome is exceptionally rare, further complicating diagnosis, staging, and management. Most documented cases involve non-human papilloma virus (HPV)-related adenocarcinomas developing on the non-visible, obstructed cervix, potentially triggered by long-term genetic, hormonal, or chronic menstrual blood exposure, though HPV-related malignancies on the visible cervix remain theoretically possible. This report presents a unique case of a 34-year-old female diagnosed with HPV-independent cervical cancer associated with OHVIRA syndrome. Because the unique pelvic anatomy severely limits standard diagnostic methods like colposcopy and disrupts conventional staging, achieving optimal clinical outcomes is highly challenging. This case underscores the necessity of high clinical suspicion, precise advanced imaging to delineate complex anatomy, and the implementation of a tailored, multidisciplinary approach to navigate surgical and therapeutic difficulties. Reporting such cases remains critical to understanding the specific carcinogenesis of malignancies in Müllerian anomalies and establishing individualised oncological care protocols.

Keywords: Cervical cancer; OHVIRA syndrome

ID11

Rare Occurrence of Concurrent Fetus and Placenta Papyraceus in a Dichorionic Diamniotic Twin Pregnancy Following Mid-Trimester Single Fetal Demise

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ABSTRACT

Fetus papyraceus is a rare obstetric condition characterised by the mummification of a deceased fetus following single intrauterine fetal demise (sIUFD) in a multiple gestation, occurring in approximately 1 in 12,000 live births. While typically observed in monochorionic pregnancies, its occurrence in a dichorionic diamniotic (DCDA) twin pregnancy, particularly alongside a concurrent placenta papyraceus, is exceptionally rare. A mid-trimester sIUFD poses significant risks to the surviving co-twin, including preterm labor, preeclampsia, and fetal growth restriction (FGR). We report the case of a 27-year-old Gravida 2 Para 1 woman with an uncomplicated history whose DCDA twin pregnancy was complicated by a single IUFD at 22 weeks of gestation. Serial ultrasound surveillance subsequently detected Stage 1 FGR in the surviving twin at 28 weeks. Guided by rigorous maternal and fetal monitoring, a conservative expectant management strategy was maintained, ultimately enabling a successful delivery at 37 weeks. Postpartum examination confirmed a fetus papyraceus and an adjacent placenta papyraceus, delivered alongside a healthy, hemodynamically stable neonate. In conclusion, this case demonstrates that a conservative expectant management approach can achieve favorable, full-term outcomes in DCDA twin gestations complicated by sIUFD and subsequent FGR, while underscoring the critical necessity of close serial surveillance to mitigate risks and optimise the prognosis for the surviving twin.

Keywords: Dichorionic diamniotic twin pregnancy; expectant management; fetal growth restriction; fetus papyraceus; placenta papyraceus; single intrauterine fetal demise

ID12

The Desire for Conceiving Biological Offspring via Uterine Transplantation and the Acceptability of the Procedure amongst Women with Absolute Uterine Factor Infertility in Malaysia

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ABSTRACT

Absolute uterine factor infertility (AUFI) is a condition where pregnancy is not possible due to an absent or non-functional uterus. A leading cause is Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome, in which Müllerian duct agenesis results in congenital absence or underdevelopment of the uterus and upper two-thirds of the vagina, despite a normal female karyotype. Uterine transplantation (UTx) is now established in many countries as a treatment for AUFI. This study explored the desire for conceiving biological offspring via UTx and the acceptability of UTx amongst Malaysian women with AUFI. The results will be presented to Malaysian Islamic experts to support a request for a fatwa review, as the previous fatwa in Malaysia prohibited UTx. A qualitative study used focus group discussions and individual in-depth, semi-structured interviews with MRKH women, following a structured briefing on UTx. Data from 11 participants were analysed using an inductive thematic approach. Five thematic domains emerged: (i) disclosure and marriage; (ii) adoption and surrogacy; (iii) emotional response to uterine transplant; (iv) scale of desire and disappointment; and (v) fatwa review and readiness. Desire scores for UTx ranged from 6 to 10, with most scoring 9-10, indicating strong desire. Almost all participants expressed disappointment if the UTx programme were not to be established. All Muslim participants unanimously favoured a fatwa review to permit UTx legally and religiously in Malaysia. The study demonstrated strong desire and high acceptability for uterine transplantation among Malaysian women with MRKH, supporting a fatwa review and highlighting the urgent need to establish a UTx programme.

Keywords: Female infertility; mullerian aplasia; reproductive techniques, assisted; uterus; vagina, absence of

ID13

The Impact of Increasing Maternal Age on Obstetric and Perinatal Outcomes among Multiparous Women with Singleton Pregnancies at Hospital Miri, Sarawak: A Retrospective Cohort Study

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ABSTRACT

Pregnancy at an advanced age is associated with adverse outcomes. This retrospective cohort study evaluated the impact of increasing maternal age on obstetric and perinatal outcomes among multiparous women with singleton pregnancies delivering at Hospital Miri. A total of 504 women were categorised into three age groups: 20–34 years ($n = 165$), 35–39 years ($n = 171$) and 40 years ($n = 168$). The primary outcome was mode of delivery; secondary outcomes included maternal and perinatal complications. Emergency Caesarean section increased from 17.6% in women aged 20–34 years to 29.8% and 31.5% in women aged 35–39 years and 40 years, respectively. Instrumental vaginal delivery was less frequent in women aged 35 years (7.9% vs 4.7% vs 4.8%). In contrast, women aged 20–34 years had the highest spontaneous vaginal delivery rate (71.5% vs. 50.9% vs. 55.4). Women aged 35 years also had significantly higher rates of gestational diabetes mellitus (32.1% vs 45.0% vs 45.8%; $p = 0.017$), gestational hypertension (9.1% vs 20.5% vs 20.2%; $p = 0.006$) and postpartum haemorrhage (9.1% vs 17.0% vs 25.6%; $p < 0.001$). There were no significant differences in birth weight or gestational age at delivery. In conclusion, as maternal age increases, the likelihood of Caesarean section and adverse obstetric outcomes rises. Women aged 35 years and above should therefore be considered a higher-risk group and may benefit from enhanced antenatal counselling, careful and individualised delivery planning, and vigilant intrapartum care.

Keywords: Advanced maternal age; gestational diabetes mellitus; gestational hypertension; mode of delivery; postpartum hemorrhage; pregnancy outcomes

ID14

Young Mothers, Higher Stakes: Maternal and Neonatal Outcomes among Teenage Mothers at Hospital Miri - A Two-Year Retrospective Cohort Study

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ABSTRACT

Teenage pregnancy remains an important public health concern in Malaysia, particularly in Sarawak, where the teenage fertility rate has been reported to be approximately twice the national level. While national statistics describe the broader burden, local data on pregnancy outcomes in northern Sarawak remain limited. This study compared maternal and neonatal outcomes between teenage and adult mothers delivering at Hospital Miri, and interpreted the findings alongside available national benchmarks. We conducted a retrospective comparative cohort study involving singleton deliveries at Hospital Miri from January 2023 to December 2024. The study included 430 teenage mothers aged 10–19 years and 426 adult mothers aged 20–34 years. The primary outcome was caesarean delivery. Secondary outcomes were preterm birth, low birthweight, mean birthweight and low five-minute Apgar score. Teenage mothers had a significantly higher caesarean delivery rate compared with adult mothers, 18.1% versus 10.8%. They also had higher rates of preterm birth, 20.5% versus 7.0% and low birthweight, 30.5% versus 12.0%. Mean birthweight was lower among infants born to teenage mothers, 2661 ± 450 g compared with 2962 ± 417 g among adult mothers. Low five-minute Apgar scores were uncommon and similar in both groups, at 0.2%. Hospital Miri's teenage caesarean and low-birthweight rates exceeded Malaysian benchmark figures of 13.4% and 23.3%, respectively. These findings show that teenage mothers in Miri experience a greater burden of adverse maternal and neonatal outcomes. Beyond closer antenatal surveillance, preventive strategies should include school retention, age-appropriate sex education and improved knowledge of contraception.

Keywords: Apgar score; birth weight; cesarean section; Malaysia; pregnancy in adolescence; pregnancy outcome; premature birth

ID15

Risk Factors and Pregnancy Outcomes in Patients with Comorbid Preeclampsia and Gestational Diabetes Mellitus

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ABSTRACT

Gestational diabetes mellitus (GDM) and preeclampsia (PE) are major contributors to adverse maternal and neonatal outcomes; however, evidence regarding their coexistence in Malaysian women remains limited. This retrospective cross-sectional study analysed secondary data from 860 pregnant women managed at a tertiary healthcare centre in Kedah, Malaysia, between 2020 and 2022 to identify risk factors and pregnancy outcomes associated with concomitant PE and GDM compared with either condition alone. Of the study population, 556 (64.7%) had GDM alone, 101 (11.7%) had PE alone and 203 (23.6%) had both conditions. Multivariable logistic regression identified maternal obesity (adjusted odds ratio [aOR] 2.69, 95% CI 1.79–4.04; $p < 0.001$) and a previous history of preeclampsia (aOR 9.64, 95% CI 4.73–19.64; $p < 0.001$) as independent risk factors for concomitant disease. Women with both PE and GDM experienced significantly higher rates of preterm birth (57.1% vs. 19.2%), caesarean delivery (71.4% vs. 44.1%), and low birth weight (42.9% vs. 13.4%) than women with a single pathology (all $p < 0.001$). After adjustment, concomitant disease remained independently associated with caesarean delivery (aOR 2.06, 95% CI 1.39–3.06), fetal growth restriction (aOR 1.62, 95% CI 1.02–2.58), and low birth weight (aOR 4.24, 95% CI 2.90–6.20). In conclusion, maternal obesity and previous preeclampsia substantially increase the likelihood of concomitant PE and GDM, while dual pathology is associated with significantly poorer maternal and neonatal outcomes. Enhanced antenatal surveillance and targeted management strategies should be considered for this high-risk population. Prospective multicentre studies are warranted to validate these findings.

Keywords: Comorbid pregnancy; gestational diabetes mellitus; maternal obesity; preeclampsia; pregnancy outcomes

ID17

Comparison of DEWEI Strep B (Group B Streptococci) Rapid Immunoassay versus Standard Culture Accuracy Methods for Detection of Maternal GBS Colonisation

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ABSTRACT

Early-onset neonatal Group B Streptococcus (GBS) sepsis is a major cause of life-threatening neonatal infection, making accurate detection of maternal GBS colonisation essential in obstetric care. Rapid immunoassays have been developed to provide faster results than conventional culture, facilitating timely intrapartum management. This prospective diagnostic accuracy study evaluated the DEWEI Strep B Rapid Immunoassay against standard culture for detecting maternal GBS colonisation in symptomatic and asymptomatic pregnant women attending Hospital Canselor Tuanku Muhriz. Two lower vaginal swabs were collected from each participant, one for culture and one for rapid immunoassay testing. Diagnostic performance was analysed using a 2×2 contingency table with SPSS version 26.0. A total of 153 women were recruited (mean age 32.13 ± 4.64 years), with 90.8% being Malay. The mean gestational age at screening was 32.21 ± 7.10 weeks, and the prevalence of maternal GBS colonisation was 25.4%. Compared with culture, the DEWEI Strep B Rapid Immunoassay demonstrated a sensitivity of 71.8% (95% CI, 64.7–78.9), specificity of 100% (95% CI, 100–100), positive predictive value of 100%, negative predictive value of 91.2%, and a negative likelihood ratio of 0.28. The DEWEI Strep B Rapid Immunoassay provides a rapid, accurate and highly specific method for detecting maternal GBS colonisation. Its excellent specificity and positive predictive value make it a reliable point-of-care tool for confirming GBS colonisation, particularly in women presenting in labour when culture results are unavailable, enabling timely clinical decision-making and appropriate intrapartum antibiotic prophylaxis to help prevent early-onset neonatal GBS disease.

Keywords: Diagnostic accuracy; Group B Streptococcus; intrapartum prophylaxis; maternal colonisation; rapid immunoassay

ID18

Risk Factors Associated with Obstetrics Anal Sphincter Injuries: Four Years Retrospective Study

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ABSTRACT

Obstetric Anal Sphincter Injuries (OASI) represent severe perineal trauma during childbirth. While global data on OASI risk factors are robust, localised research was necessary at Miri Hospital due to a high incidence of reported OASI, despite the center having the highest episiotomy rate among other states at 33% - exceeding the 30% standard set by Jabatan Kesihatan Negeri Sarawak. Consequently, this four-year retrospective study aimed to examine the risk factors associated with OASI at Miri Hospital between 2020 and 2023. Clinical and demographic data from 144 participants were analysed using Firth penalised logistic regression to address potential small-sample bias and isolate independent predictors. The multivariable analysis identified only two statistically significant independent risk factors for OASI: primigravida status and instrumental delivery. Primigravida mothers demonstrated 3.77 times higher odds of experiencing an OASI compared to women who had given birth previously ($p = 0.005$). Furthermore, mothers who underwent an instrumental delivery faced 3.34 times higher odds of sustaining OASI ($p = 0.029$). Notably, factors such as episiotomy and an infant head circumference of 32–34 cm, which appeared significant in initial univariable analysis, lost their statistical significance when adjusted for compounding variables. In conclusion, being a primigravida and requiring instrumental delivery are the primary independent predictors for OASI at Miri Hospital. These findings show that despite the center's high episiotomy rates, the procedure does not independently impact OASI risk. Obstetric teams can move beyond generalised care and focus on providing extra targeted vigilance for these specific high-risk deliveries.

Keywords: Episiotomy; instrumental delivery; OASI; primigravida; risk factors

ID20

Obesity and Mode of Delivery among Primigravida and Its Complications in a Tertiary Hospital: A Retrospective Cross-Sectional Study

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ABSTRACT

Maternal obesity is an increasing public health concern associated with adverse pregnancy outcomes and greater obstetric intervention. However, its impact on maternal and fetal outcomes among primigravida in a Malaysian tertiary hospital remains incompletely characterised. This study aimed to determine the prevalence of maternal obesity and evaluate its association with mode of delivery, maternal complications, and fetal outcomes among term primigravida. A retrospective cross-sectional study involving 371 term primigravida was conducted. Maternal demographic characteristics, medical comorbidities, mode of delivery, maternal complications, and fetal outcomes were compared between obese and non-obese women using the independent-samples *t*-test, Mann–Whitney *U* test, Pearson’s chi-square test, and Fisher’s exact test, with $p < 0.05$ considered statistically significant. The prevalence of maternal obesity was 30.5%, with class I obesity accounting for 72.6% of women with obesity. Caesarean section was significantly more frequent among obese women than non-obese women (42.5% vs 20.9%, $p < 0.001$). Obese women also had significantly higher rates of pre-existing diabetes mellitus ($p = 0.029$), gestational diabetes mellitus ($p = 0.017$), hypertension ($p = 0.011$), and prolonged hospital stay ($p = 0.007$). No statistically significant differences were observed in maternal or fetal complications between the two groups. Maternal obesity was associated with increased medical comorbidities, higher caesarean section rates, and longer hospitalisation but not short-term maternal or fetal complications. These findings strengthen the evidence that maternal obesity primarily increases obstetric intervention among term primigravida and support preconception weight optimisation and targeted antenatal care.

Keywords: Caesarean section; maternal complications; maternal obesity; pregnancy outcome; primigravida

ID21

Refractory Starvation Ketosis in Overt Diabetes with Esophageal Dysmotility: Diagnostic Challenges and Delivery Timing in Late Preterm Pregnancy

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ABSTRACT

Pregnancy's accelerated starvation state permits rapid ketonemia, creating a diagnostic challenge in distinguishing starvation ketosis from euglycemic diabetic ketoacidosis (eDKA) when overlapping laboratory features present, while guidance on delivery timing for refractory cases remains limited. A 33-year-old G3P1+1 at 34 weeks 2 days gestation with class I obesity (BMI 31 kg/m²), 1 prior C-section, esophageal dysmotility, and overt Diabetes Mellitus (booking HbA1c 13.7%, optimised to 6.8%) presented with her fourth episode of severe nausea, vomiting, and epigastric pain. Clinical evaluation revealed persistent maternal tachycardia (HR 130–133 bpm), clinical dehydration, high serum ketones (5.0 mmol/L), and normal anion gap metabolic acidosis (pH 7.31, HCO₃ 15.2 mmol/L, lactate 0.8 mmol/L) with euglycemia (DXT 5.2–9.6 mmol/L). Managed in the High Dependency Unit (HDU) by a multidisciplinary team, the clinical picture favored severe starvation ketosis secondary to esophageal dysmotility and gastrointestinal bicarbonate loss, over euglycemic DKA. Despite maximal medical therapy including intravenous rehydration, electrolyte correction, proton-pump inhibitors, antiemetics, and an insulin sliding scale, intractable vomiting (>8 episodes/day) with recurrent starvation acidosis persisted. Given the ongoing maternal metabolic derangement, an Emergency Lower Segment C-Section with Postpartum Intrauterine Contraceptive Device insertion was performed at 35 weeks 1 day gestation. Post-delivery, maternal vomiting and metabolic acidosis resolved completely, glycemic control normalised, and both mother and neonate were discharged well. This case highlights the importance of timely differential diagnosis between starvation ketosis and euglycemic DKA, demonstrating that individualised late preterm delivery serves as definitive maternal therapy when conservative HDU management fails.

Keywords: Esophageal motility disorders; euglycemic diabetic ketoacidosis; late preterm delivery; overt diabetes mellitus; starvation ketosis

ID22

Assessing Knowledge, Attitude and Practice of Contraception in Women Age More Than 40 Years Old Attending Obstetric & Gynaecology Clinic in Hospital Sungai Buloh

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ABSTRACT

Contraceptive prevalence in Malaysia remained unchanged at 52.2% over a decade, while unmet need for family planning remains high at 19.6%, among the highest in the region. Despite adequate contraceptive knowledge, suboptimal practices contribute to unintended pregnancies, and associated with increased maternal and fetal risks in women of advanced reproductive age, yet this population remains understudied. This study aimed to assess knowledge, attitude and practice (KAP) of contraception among women aged 40 years and above and to identify sociodemographic factors associated with KAP scores. A prospective cross-sectional study was conducted using a validated questionnaire among 370 married women aged 40–55 years attending Hospital Sungai Buloh. The mean knowledge score was 17.81 ± 2.44 out of 24, with 59.5% of respondents demonstrating moderate knowledge and 39.5% good knowledge. The mean attitude score was 50.99 ± 5.53 out of 75, with 82.2% exhibiting a moderate attitude towards contraception. In contrast, contraceptive practice was poor, with a mean score of 13.58 ± 5.07 out of 35, and 67.6% classified as having poor practice. Income, educational attainment, ethnicity, and religion were significantly associated with both knowledge and practice scores ($p < 0.05$). The most frequently reported barriers were fear of side effects (60.0%) and physical discomfort (48.9%). These findings highlight a substantial gap between knowledge and actual contraceptive practice. Contraceptive counselling for women aged 40 and above should place greater emphasis on addressing concerns about side effects and misconceptions, to improve uptake, reduce unintended pregnancies, and improve maternal and fetal outcomes in this higher-risk population.

Keywords: Attitudes; contraception; family planning services; middle aged; practice

ID23

When the Placenta Refuses to Let Go: An Unrecognised Placenta Accreta Presenting as Recurrent Secondary Postpartum Hemorrhage

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ABSTRACT

Placenta accreta spectrum (PAS) is a potentially life-threatening condition that may occasionally remain unrecognised until the postpartum period. This case highlights the diagnostic challenge of occult PAS presenting as recurrent secondary postpartum hemorrhage despite initially non-diagnostic imaging. A woman in her early 40s, gravida 7 para 6 at 35 + 3 weeks with an unscarred uterus, underwent emergency caesarean section for preterm labor with breech-presenting dichorionic diamniotic twins. Slight difficulty in placental separation was followed by uterine atony requiring multiple uterotonics, tranexamic acid, and a modified B-Lynch compression suture, with an estimated blood loss of 1.5 litres. She subsequently developed recurrent secondary postpartum hemorrhage, anemia, and persistent fever requiring repeated admissions, multiple blood transfusions, and broad-spectrum antibiotics. Initial ultrasound did not demonstrate obvious retained products, whereas subsequent imaging revealed a large heterogeneous intrauterine collection. Ultrasound-guided suction and curettage evacuated approximately 600 millilitres of foul-smelling blood clots and necrotic tissue. Tissue culture grew extended-spectrum beta-lactamase-producing *Escherichia coli*. Despite antibiotic therapy, she developed massive recurrent postpartum hemorrhage with hemodynamic instability seven days later. Exploratory laparotomy revealed extensive necrotic tissue and complete rupture along the previous hysterotomy incision, necessitating total abdominal hysterectomy. Histopathology confirmed placenta accreta with associated vascular thromboses. This case demonstrates that occult PAS may present as recurrent secondary postpartum hemorrhage and severe postpartum infection, even in an unscarred uterus and with initially non-diagnostic ultrasound findings. Difficult placental separation and unexplained primary postpartum hemorrhage should prompt consideration of PAS, with persistent or recurrent postpartum hemorrhage warranting further evaluation for abnormal placental invasion.

Keywords: Placenta accreta spectrum; postpartum hemorrhage; secondary postpartum hemorrhage; uterine necrosis; uterine rupture

ID24

Successful Conservative Medical Management of Placenta Accreta Spectrum Following Spontaneous Vaginal Delivery using Methotrexate

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ABSTRACT

Placenta accreta spectrum (PAS) is a potentially life-threatening obstetric condition characterised by abnormal placental adherence to the myometrium due to defective decidualisation. Although cesarean hysterectomy remains a standard management approach, conservative treatment may be considered in carefully selected, hemodynamically stable patients desiring fertility preservation. We report a 33-year-old multiparous woman (Para 2+1) who underwent an uncomplicated term spontaneous vaginal delivery complicated by retained placenta. Manual removal was unsuccessful because of abnormal placental adherence, raising suspicion of PAS. The patient remained hemodynamically stable without significant postpartum hemorrhage or sepsis. Transvaginal ultrasonography demonstrated retained vascular placental tissue, and magnetic resonance imaging confirmed focal placenta accreta without deep myometrial invasion. Following multidisciplinary counselling and informed consent, conservative management was undertaken by leaving the placenta in situ and administering a single intramuscular dose of methotrexate. Outpatient surveillance included serial clinical assessments, complete blood counts, liver and renal function tests, serum β -human chorionic gonadotropin measurements, and pelvic ultrasonography. The patient remained asymptomatic, with no hemorrhage, infection, blood transfusion, or surgical intervention. Serial imaging demonstrated progressive reduction in placental size and vascularity with declining serum β -human chorionic gonadotropin levels, culminating in complete clinical and radiological resolution and restoration of a normal uterine cavity. This case illustrates successful conservative management of focal PAS following spontaneous vaginal delivery with placenta left in situ and adjunctive methotrexate. Careful patient selection, multidisciplinary management, and meticulous surveillance are essential. Further studies are required to clarify the role of methotrexate in conservative management of PAS.

Keywords: Conservative treatment; fertility preservation; methotrexate; placenta accreta; placenta accreta spectrum; retained placenta