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MATERNAL AND NEONATAL SAFETY WITH THE USE OF MAGNESIUM SULFATE IN PREECLAMPSIA
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Introduction: Preeclampsia is a common complication of pregnancy. The use of magnesium sulfate (MS) to prevent preeclampsia became widespread after the Magpie Trial, in which MS was administered to women at risk of developing pre eclampsia.

Methods: This study was a prospective, observational study. Patients older than 18 years with a diagnosis of preeclampsia were included and divided into: GROUP A (infusion of SM ≤ 24 hrs.), and GROUP B (infusion > 24 hrs.). The duration of the infusion was subject to the discretion of the attending obstetrician. The authors did not participate in MS treatment decisions. AMR associated with the infusion of SM were recorded, along with data including magnesium levels, need for suspension of infusion and/or reduction of the dose due to AMR. Data related to secondary outcomes were collected, including: Apgar scores at minute 0 and minute 5, infant birth weight, presence of respiratory depression, admission to intensive care unit, hypotonia, and neonatal mortality.

Results: A total of 93 patients were included, 51 in group A and 42 in group B. There was an incidence of AMR of 39% in A and 68% in B. The most frequent AMR was headache. The need to suspend / reduce infusion was higher in group B. No statistically significant differences were observed comparing both groups in neonatal variables.

Conclusions: We observed a higher incidence of AMR associated with the administration of MS in the group with the longest exposure time.