Risk assessment of pre-eclampsia according to FMF model in local practice. Dragos Nemescu, Alina Bruma, Adina Bratie, Alexandra Mihaila. “Gr.T.Popă” University of Medicine and Pharmacy, Iasi. ROMANIA

Introduction
The assessment of preeclampsia risk at 11-13 gestational weeks has become clinically important, particularly due to the effectiveness of preeclampsia prophylaxis using Aspirin at a reduced dose.

Objective
To assess the early preeclampsia (<34 weeks) risk distribution, as well as the prediction algorithm efficiency for a threshold value of 1 in 100.

Methods
- Data derived from prospective screening of aneuploidy at 11-13+6 weeks, from December 2009 to October 2017.
- Singleton, normal fetuses at birth
- Maternal characteristics, medical history, CRL, uterine PI, mean BP
- Excluded: incomplete date, twins, major anomalies, aneuploidies
- FMF competing risk model (Wright 2015)
- Astraia, SPSS, Matlab developed code for risk assessment
- Pregnancy evolution evaluated retrospectively after birth.

Results
1037 patients with complete data – 1286 total (80.6%)
Maternal Hx + UtA + MAP + PAPPA – 76.8%
101 (9.7%) cases had a risk >1:100 to develop early pre-eclampsia.
The detection rate of pre-eclampsia was 84%.

Conclusion
The FMF model for preeclampsia prediction is a robust protocol, with 10% of patients eligible for Aspirin prophylaxis. Our detection rate is similar, but is already influenced by Aspirin prophylaxis in the high-risk group.