

Title: CALL TO ACTION ON ISOLATED UVV: Is Near Term Delivery Warranted Universally?

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Abstract:

Objective: *Data on UVV are sparse and no standard exists for management. We evaluated outcomes for UVV.*

Study Design: *Retrospective cohort study from an institution using a standard care plan for UVV from 2012-2021. Univariate and multivariate analyses were utilized as appropriate.*

Results: *132 pregnancies met criteria with 131 livebirths. Mean gestational age at delivery of 131 livebirths was 36.6 weeks (SD 1.7). 51/131 livebirths (38.9%) required NICU admission, which occurred more commonly preterm 32/55 (58.1%) vs. 19/76 (25%) term births (OR 4.17 95 CI 1.98, 8.80). NICU admission was not affected by size of UVV or presence of filling defect (NS). Perinatal mortality trended towards a variance when stratifying by isolated UVV 0% as compared to the 6.1% perinatal mortality of non-isolated UVV (0/99 vs. 2/33; OR 15.7 CI 0.7, 337.8).*

Conclusion: *Following recommendation to deliver for UVV at 37 weeks or for suspected filling defect may increase NICU admission. Stratification of UVV by isolated UVV vs. non-isolated was more predictive of outcome than size or presence of suspected filling defect. Based on these data, we recommend following isolated UVV*

with monthly biometry and delivery at 39 weeks. For non-isolated UVV, we continue to recommend serial growth, antenatal testing, and planned delivery at 37 weeks.

WAKE FOREST UNIVERSITY SURVEILLANCE GUIDELINE FOR PREGNANCIES COMPLICATED BY UMBILICAL VEIN VARIX (UVV)

TYPE	FORMAL EVALUATION^b	GROWTH U/S^c	ANTENATAL TESTING^d	DELIVERY TIMING (WKS)^e
Isolated ^a	Yes	Yes	Yes	37
Non-isolated	Yes	Yes	Yes	39

^a*no structural defect other than UVV and no abnormality on NIPS/karyotype*

^b*upon diagnosis, detailed ultrasound by Maternal-Fetal Medicine is performed along with formal genetic counseling.*

^c*performed monthly beginning at 28 weeks*

^e*biophysical profile weekly starting at 32 weeks with non-stress test as clinically indicated*

^d*if not indicated sooner for usual obstetric/medical indications*