The loop electrosurgical excision procedure and risk of preterm birth at a southern United States medical center

> Michelle J. Khan, MD, MPH, FACOG Associate Physician Kaiser Permanente Northern California Department of Obstetrics and Gynecology San Leandro, CA, USA







Disclosures

No financial relationships or conflict of interest to disclose





Acknowledgements

- ASCCP/IFCPC Conference Organizers
- Suzanne Cliver
- Cherry Neely
- Kamaria Nelson
- Joseph Biggio
- Michael Conner
- Akila Subramaniam





Background

- Cervical excisional procedures are associated with adverse pregnancy outcomes
- Data from the United States show less risk compared with studies in other regions of the world

Kyrgiou M. *BMJ* 2016;354:i3633.







To determine the association between cervical excisional procedures and preterm birth in women at a southern US institution.





Methods

- Retrospective cohort study
- Cases: women undergoing loop electrosurgical excision procedure (LEEP) with a subsequent pregnancy and delivery between 1992-2013
- Controls: women undergoing pregnancy and delivery, without a history of LEEP, matched to cases by year of delivery (1:2)





Methods (2)

• Data was abstracted on

- LEEP clinicopathologic characteristics (indication, demographics, histology)
- Pregnancy characteristics and outcomes (preterm birth risk factors, gestational age at delivery, neonatal outcomes)





Methods (3)

- Primary outcome: preterm birth <37 weeks
- Secondary outcomes: preterm birth <34 weeks and <28 weeks, PPROM, neonatal outcomes (Apgar scores, birthweight, NICU admission, stillbirth/neonatal death)
- Adjusted odds ratios and 95% confidence intervals were calculated



Results

	No history of LEEP n = 870	History of LEEP n = 440
Mean age*	25.3 <u>+</u> 6.3	28.5 <u>+</u> 5.0
Race* White Black Hispanic Other	294/870 (33.8) 445/870 (51.2) 98/870 (11.3) 33/870 (3.8)	129/440 (29.3) 281/440 (63.9) 25/440 (5.7) 5/440 (1.1)
Smoking status* Never Former Current	580/795 (73.0) 43/795 (5.4) 172/795 (21.6)	261/408 (64.0) 35/408 (8.6) 112/408 (27.4)
Parity* Nullipara 1 2+	499/855 (58.4) 177/855 (20.7) 179/855 (20.9)	75/440 (17.1) 159/440 (36.1) 206/440 (46.8)



IFCPC2017 World Congress *p<0.05



Results

	No history of LEEP n = 870	History of LEEP n = 440
RTIs during pregnancy (GC, CT, HIV, HSV, Hep C, Hep B, syphilis, trich, yeast, BV)	322/802 (40.1)	177/395 (44.8)
Gestational hypertension*	203/848 (23.9)	68/414 (16.4)
Preeclampsia*	121/837 (14.5)	37/415 (8.9)
Diabetes	74/850 (8.7)	41/417 (9.8)
Anxiety/Depression	108/845 (12.8)	55/411 (13.4)
Unmarried	581/839 (69.3)	311/431 (72.2)
Insurance status Government assistance Private insurance Unknown	621/837 (74.2) 174/837 (20.8) 42/837 (5.0)	326/425 (76.7) 88/425 (20.7) 11/425 (2.6)



*p<0.05



Results

	Controls n (%)	Cases n (%)	AOR*	95% CI
Preterm birth <37 weeks	216/870 (25)	102/440 (23)	0.75	0.53 – 1.06
Preterm birth <34 weeks	130/870 (15)	56/440 (13)	0.84	0.54 – 1.31
Preterm birth <28 weeks	43/870 (5)	19/440 (4)	0.67	0.33 – 1.37

*Adjusted for race, age, smoking status, parity, hypertension, preeclampsia, and diabetes





Results: other obstetric outcomes

	Controls n (%)	Cases n (%)	AOR*	95% CI
PPROM	107/859 (12)	62/437 (14)	0.98	0.64-1.50
Mode of delivery (Cesarean vs. vaginal birth)	272/870 (31)	101/440 (23)	0.60	0.44-0.83

*Adjusted for race, age, smoking status, parity, hypertension, preeclampsia, and diabetes





Results: neonatal outcomes

	Controls n (%)	Cases n (%)	AOR*	95% CI
Apgar scores <7	45/850 (5)	20/433 (5)	0.68	0.33-1.43
Birthweight <2500g	208/869 (24)	83/440 (19)	0.07	0.05-1.02
NICU admission	238/851 (28)	100/433 (23)	0.79	0.56-1.11
Stillbirth/neonatal death	18/870 (2)	6/439 (1)	0.48	0.15-1.61

*Adjusted for race, age, smoking status, parity, hypertension, preeclampsia, and diabetes



Conclusion

- History of LEEP was not associated with preterm birth in a subsequent pregnancy in women at a southern US institution
- History of LEEP was not associated with adverse neonatal outcomes







Discussion

- This study does not confirm the increased obstetric risk associated with cervical excisional procedures in other studies
- The lack of association of LEEP with adverse obstetric and neonatal outcomes could reflect the underlying high-risk nature of the obstetric population at our institution





Thank you!





Ancillary analysis: controls without history of dysplasia

	Controls n (%) N=583	Cases n (%) N=440	AOR*	95% CI
Preterm birth <37 weeks	108 (19)	102 (23)	1.01	0.68-1.50
Preterm birth <34 weeks	53 (9)	56 (13)	1.30	0.77-2.19
Preterm birth <28 weeks	16 (3)	19 (4)	0.99	0.43-2.29

*Adjusted for race, age, smoking status, parity, hypertension, preeclampsia, and diabetes





Ancillary analysis: controls with history of dysplasia but no treatment

	Controls n (%) N=183	Cases n (%) N=440	AOR*	95% CI
Preterm birth <37 weeks	42 (23)	102 (23)	0.78	0.45-1.47
Preterm birth <34 weeks	25 (14)	56 (13)	0.75	0.39-1.47
Preterm birth <28 weeks	8 (4)	19 (4)	0.58	0.20-1.71

*Adjusted for race, age, smoking status, parity, hypertension, preeclampsia, and diabetes



