

VELOCIDAD DE FLUJO DE LA VENA UMBILICAL ENTRE LA SEMANA 36 A 40 Y SU ASOCIACIÓN CON EL RESULTADO PERINATAL ADVERSO

**YUDIS MORENO RICO
EILEN MILENA OSPINA BARRIOS**

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Tutores:

**MIGUEL PARRA SAAVEDRA
ANA MARIA RIVERA CASAS
HENRY JOSETH GONZÁLEZ TORRES**

RESUMEN

El flujo venoso umbilical se ha convertido en un indicador potencialmente clave para la evaluación prenatal de la salud fetal. Por lo tanto, la necesidad de comprender el papel del flujo sanguíneo del cordón umbilical como predictor de complicaciones obstétricas y neonatales es fundamental.

Objetivo: Evaluar el volumen de flujo de la vena umbilical entre la semana 36 a 40 como predictor de complicaciones maternas y desenlaces perinatales adversos.

Metodología: Se llevó a cabo un estudio de cohorte con componente analítico en una clínica en Atlántico, Colombia. Se analizaron los datos utilizando estadísticas descriptivas y pruebas de comparación adecuadas para cada tipo de variable (Cuantitativas: Kruskal Wallis o ANOVA y cualitativas: Chi-cuadrado o Fisher). Se aplicó una regresión logística multivariada ajustada para identificar factores asociados a complicaciones materno-perinatales. Se utilizó la curva ROC para determinar el punto óptimo de corte y evaluar el rendimiento del modelo. Se consideró un valor $p < 0.05$ como significativo, y se empleó el software estadístico R-CRAN versión 4.3.0.

Resultados: En un estudio en una clínica de BAQ, se analizaron 585 gestantes con edad promedio de 30 años y gestación de 37.6 semanas. La hipertensión crónica fue la comorbilidad más común (8.4%). Las complicaciones maternas predominantes fueron hipertensión gestacional (12.3%), preeclampsia (11%), y diabetes gestacional (6.8%). Se observaron diferencias significativas en parámetros fetales, uterinos y vasculares. El flujo venoso umbilical (VFU) se destacó como predictor de complicaciones maternas, con 98.5 ml/min como punto de corte óptimo para preeclampsia (sensibilidad 70.6%, especificidad 78.5%). VFU y UAPI fueron identificados como factores predictores relevantes. VFU también fue útil para predecir bajo peso al nacer, con 93 ml/min como mejor punto de corte (sensibilidad 79.1%, especificidad 78.9%, AUC 85%).

Conclusión: El VFU se puede constituir como un indicador aceptable para la predicción de complicaciones materno-perinatales, teniendo los mejores puntajes en la Preeclampsia, y para los RN se encontró un buen rendimiento en la discriminación entre RN con bajo peso y sin bajo peso al nacer.

Palabras clave: Evaluación prenatal; Complicaciones obstétricas; Desenlaces perinatales adversos; Hipertensión crónica; Hipertensión gestacional

ABSTRACT

Umbilical venous flow has emerged as a potentially key indicator for prenatal assessment of fetal health. Therefore, understanding the role of umbilical cord blood flow as a predictor of obstetric and neonatal complications is crucial.

Objective: To assess umbilical vein flow volume between weeks 36 to 40 as a predictor of maternal complications and adverse perinatal outcomes.

Methodology: An analytical study was conducted in a clinic in Atlántico, Colombia. Data were analyzed using descriptive statistics and appropriate comparison tests for each type of variable (Quantitative: Kruskal Wallis or ANOVA, and qualitative: Chi-square or Fisher). Adjusted multivariate logistic regression was applied to identify factors associated with maternal-infant complications. The ROC curve was used to determine the optimal cutoff point and evaluate the model's performance. A p-value <0.05 was considered significant, and R-CRAN statistical software version 4.3.0 was used.

Results: In a study at a clinic in BAQ, 585 pregnant women were analyzed with an average age of 30 years and gestation of 37.6 weeks. Chronic hypertension was the most common comorbidity (8.4%). The predominant maternal complications were gestational hypertension (12.3%), preeclampsia (11%), and gestational diabetes (6.8%). Significant differences were observed in fetal, uterine, and vascular parameters. Umbilical venous flow (UVF) stood out as a predictor of maternal complications, with 98.5 ml/min as the optimal cutoff point for preeclampsia (sensitivity 70.6%, specificity 78.5%). UVF and UAPI were identified as relevant predictor factors. UVF was also useful in predicting low birth weight, with 93 ml/min as the best cutoff point (sensitivity 79.1%, specificity 78.9%, AUC 85%).

Conclusion: The VFU can be constituted as an acceptable indicator for the prediction of maternal-perinatal complications, having the best scores in Preeclampsia, and for NBs, good performance was found in discriminating between NBs with low birth weight and without low birth weight.

Keywords: Prenatal assessment; Obstetric complications; Adverse perinatal outcomes; Chronic hypertension; Gestational hypertension.

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