ophthalmological damage (chorioretinitis pigmentosa and cataracts) in 3 cases respectively.

Table 1. Summary table of patients with congenital CMV infection

	Clinical Symptoms	Biological Abnormalities	Radiological Abnormalities	Treatment	Long-term sequelae
Case 1	Hypotrophy, petechiae, microcephaly	Thrombocytopenia	Hydrocephalus	Ganciclovir	Hearing loss
Case 2	Jaundice	Liver cytolysis and cholestasis	-	-	-
Case 3	Hypotrophy	Liver cytolysis	-	-	Hearing loss
Case 4	Hypotrophy	-	-	-	-
Case 5	Hypotrophy, HSMG, microcephaly, jaundice	Thrombocytopenia Liver cytolysis	Peri-ventricular calcifications	Ganciclovir	Chorioretinitis pigmentosa
Case 6	Hypotrophy	thrombocytopenia	-	-	-
Case 7	ND , hypotonia, jaundice	-	Agenesis of the corpus callosum	-	-
Case 8	ND , hypotonia	-	-	-	-
Case 9	Jaundice	Thrombocytopenia Liver cytolysis and cholestasis	-	Ganciclovir	Hearing loss
Case 10	Petechiae, HSMG, ND, hypotonia, jaundice	Thrombocytopenia Liver cytolysis and cholestasis	-	-	Death
Case 11	Hypotrophy, microcephaly, HSMG	Thrombocytopenia liver cytolysis	-	-	Death
Case 12	Hypotrophy, microcephaly	-	-	-	-
Case 13	ND, HSMG	Liver cytolysis	-	-	Death
Case 14	Jaundice, microcephaly, ND	Liver cytolysis	-	Ganciclovir	-
Case 15	Hypotrophy, HSMG, Jandice	Thrombocytopenia, anemia	-	-	-
Case 16	ND	-	-	-	Death
Case 17	Petechiae, cataract	Thrombocytopenia	-	-	Cataract
Case 18	Hypotrophy, microcephaly	-	-	-	-
Case 19	ND, hypotonia, HSMG	Liver cytolysis	Agenesis of the corpus callosum	-	Death
Case 20	Hypotrophy, HSMG, microcephaly, petechiae	Thrombocytopenia	Peri-ventricular calcifications	-	Chorioretinitis pigmentosa

ND : Neurological distress, HSMG : Hepatosplenomegaly

Conclusion: Congenital CMV infections are a public health problem. They are particularly serious because of the high mortality rate in symptomatic forms and the sequelae, mainly deafness. The justification for systematic screening for CMV infection during pregnancy is still controversial, and is not recommended in most developed countries. Hygienic measures avoiding contact with infected individuals and biological secretions are the only effective preventive measures.

Keywords: Cytomegalovirus, congenital infection, fetal diseases, neurosensory sequelae

PP-017 Impact of prenatal diagnosis of congenital heart disease on neonatal morbidity and mortality

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Objective: Congenital heart disease (CHD) has already been known as an important cause of significant morbidity and mortality in neonatal period. It is the most common reason for acute cardiac failure. The development of antenatal ultrasound has progressively allowed the early detection of these malformations, estimated at 45% in Europe.

The objective of this study was to describe the different ultrasound appearances of CHD diagnosed in antenatal care, their prognosis and postnatal outcome.

Methods: It was a retrospective, descriptive study conducted at the maternity center of the Farhat Hached University Hospital in Sousse, over a 4-year period (January 2020 - December 2023), and included all pregnancies in which CHD was diagnosed by morphological ultrasound.

Results: It was a retrospective, descriptive study conducted at the maternity center of the Farhat Hached University Hospital in Sousse, over a 4-year period (January 2020 - December 2023), and included all pregnancies in which CHD was diagnosed by morphological ultrasound.

Conclusion: Antenatal diagnosis of CHD improves

management of neonatal cardiological emergencies. The morbidity and mortality associated with surgery depends essentially on the severity of the malformation. In fact, the improvement of prenatal diagnosis has not been associated with an increase in the number of medical interruptions of pregnancy, but rather with improved prognosis of certain anomalies, such as transposition of the great arteries. Early diagnosis and referral to pediatric cardiac center for proper management will improve the outcome.

Keywords: Congenital heart disease, fetal echography, prenatal diagnosis, mortality

PP-018 Body mass index change in pre-pregnancy normal weight women and fetal growth

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Objective: Optimal gestational weight gain has not yet been fully clarified and remains one of the most controversial issues in modern perinatology. The proportional but independent correlation of maternal pregestational body height and mass with gestational weight gain has long been demonstrated. The role of optimal weight gain during pregnancy is beyond dispute because it influences, directly or indirectly, the occurrence of many gestational, peripartum and postpartum complications. However, the catch is that greater gestational weight gain quite frequently decreases one peripartum/perinatal risk (e.g. likelihood of preterm delivery and hypotrophy), while at the same time increasing another one (e.g. likelihood of preeclampsia and macrosomia). Therefore, the recommended gestational weight gain cannot be the same for all women with the same BMI (body mass index). In the present study, BMI change in pregnant women was investigated as an input-output factor in the context of quantitative and qualitative assessment of fetal growth.

Methods: The study included 16,751 motheers and their neonates. Mothers with singleton term pregnancies (37th to 42nd week of gestation) with normal pregestational body weight and BMI (18,5-25 kg/m2) were enrolled. Pregnancies complicated with any type of diabetes mellitus, preeclampsia, Rh or other immunization, fetal hydrops, neonatal malformations, still births or early neonatal deaths, and those with incomplete medical documentation were excluded. Fetal growth assessment from body mass according to gestational week was performed by comparison of the measured values and the standards developed at the same institution. The x^2-test was employed on analyzing dependence of the variables that could be categorized qualitatively.

Results: Gestational weight gain was classified according to two criteria, i.e. weight gain expressed in kilograms and BMI change. Study women were divided into two-kilogram groups according to body weight change expressed in kilograms. When BMI was used as a measure of body mass change, groups were definedby 1kg/m² change. Statistical difference between the values obtained and the presumed 10% incidence of LGA (large for gestational age) and SGA (small for gestational age) newborns per group was calculated for each group. The incidence of SGA declined, while the incidence of LGA newborns increased with the maternal BMI change increase. On cumulative analysis of the incidence of SGA and LGA neonates according to maternal BMI groups, all differences between the measured and expected values were statistically significant, with the only exception of gestational BMI change of 6-7 kg/m² (SGA 8.9% vs. LGA 9.3%;x^2=2.65;p=0.26). Decrease in gestational weight gain was associated with an increased incidence of SGA newborns.

Conclusion: Utilizing BMI change as an output factor will reduce the error caused by disregarding the body height variation in women with the same BMI. We are fully aware that our study cannot offer definitive recommendations for optimal gestational weight gain, but we are positive that it offers a new perspective for additional efforts towards the main goal of developing a formula for optimal gestational weight gain calculation for each individual women, thus providing due conditions to achieve the most favorable perinatal outcome.

Keywords: Body mass index change, pregnancy, small for gestational age, large for gestational age

PP-019 Comparing neonatal outcomes of pregnant women treated for opioid use disorder (OUD) with mono-buprenorphine to neonatal outcomes of pregnant women treated for oud with combination Buprenorphine + Naloxone

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Objective: Over 20,000 U.S babies each year are diagnosed with Neonatal Abstinence Syndrome (NAS). These neonates require Neonatal Intensive Care Unit attention and are at risk for long term developmental