

one case of transposition of great arteries and 2 cases of coarctation of the aorta. Intra-thoracic malformations were found in 3 patients (diaphragmatic hernia (2 cases) and digestive duplicity (1 case)). Anemia was the etiology of hydrops in 5 cases, of infectious (2 cases) or immunological (3 cases) origin, two of which received an in utero transfusion. Overload disease was found in 2 cases: mucopolysaccharidosis in 1 case, sialidosis type 2 in 1 case. One patient had congenital hypothyroidism and another a cystic lymphangioma. The etiology remained undetermined in 3 cases. Therapeutically, mechanical ventilation was used in all NB with surfactant instillation in 6 cases. Effusion puncture was performed in 8 cases. Exchange transfusion was used in cases of fetomaternal alloimmunization. Only 3 cases (atrial flutter after electrical and drug-induced cardioversion, rhesus alloimmunization and cystic lymphangioma) had a favorable outcome.



Fig 1. Chest Xray : Diaphragmatic hernia



Fig 2. Subcutaneous oedema with large ascites and tachycardia

Conclusion: HF is a severe life-threatening neonatal disorder. The incidence of immunological etiologies has declined considerably since the prevention of Rhesus alloimmunization by anti-D immunoglobulin prophylaxis.

Keywords: Hydrops fetalis, prenatal diagnosis, non-immune fetal edema, congenital heart disease

PP-036 The impact of the covid-19 pandemic on the prevalence of intrauterine fetal death in philippine general hospital

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Objective: This study aims to determine the profile of cases of intrauterine fetal death among pregnant patients who were admitted in the Philippine General Hospital during the COVID-19 pandemic from March 2020 to December 2021.

Methods: This retrospective cross-sectional study involved all COVID-19-positive and COVID-19-negative pregnant women who delivered stillbirths during the pandemic period (March 2020 – December 2021) at the UP-PGH. Maternal and fetal factors of each pregnancy were analyzed.

Results: From the 3199 deliveries, there were a total of 68 stillbirth cases during the COVID-19 pandemic in 2020-2021. The prevalence rate during the pandemic was higher, at 2.1% as compared to the pre-pandemic rate which was 1.1%. Sixty-four percent belong to the 19 to 34-year-old age group, 13.2% were obese, 66.2% were multiparous, 33.8% high school as the highest educational attainment, 75% were single and 41.5% had at least 1-3 prenatal visits.

There was not enough evidence to show a significant difference in the demographic and clinical characteristics between those with positive and negative COVID-19 disease. Fifty-one cases (75%) were COVID-19 negative and 17 (25%) were COVID-19 positive. There was not enough evidence to show that any additional cause of IUFD was associated with COVID-19 disease, based on the demographic and clinical characteristics.

Conclusion: There was no statistically significant difference in the prevalence of stillbirths pre-pandemic and the year during the COVID-19 pandemic in our institution. Moreover, the COVID-19 disease did not have a direct impact on the cases of stillbirths as evidence did not show that any additional cause of the IUFD was linked to the COVID-19 disease. This can be interpreted as COVID-19 disease was not significantly associated with the negative effect on pregnant women and their fetuses but rather that the pandemic's effect on government policies and restrictions as well as admission protocols at our institution were to be considered as contributing factors affecting the stillbirth cases during the pandemic.

Table 1. Demographic profile and clinical characteristics of all patients diagnosed with IUFD during the COVID-19 pandemic

Characteristics	Negative COVID-19 disease n (%)	Positive COVID-19 disease n (%)	All patients n (%)	p-value
Age (years)				0.349
< 18	5 (9.8%)	0 (0%)	5 (7.4%)	
19-34 years old	33 (64.7%)	11 (64.7%)	44 (64.7%)	
> 35 years old and above	13 (25.5%)	6 (35.3%)	19 (27.9%)	
Body mass index (BMI)				0.449
Underweight (<18.5)	5 (9.8%)	2 (11.8%)	7 (10.3%)	
Normal (18.5-22.9)	34 (66.7%)	10 (58.8%)	44 (64.7%)	
Overweight (23-24.9)	7 (13.7%)	1 (5.9%)	8 (11.8%)	
Obese I (25-29.9)	5 (9.8%)	4 (23.5%)	9 (13.2%)	
Gravidity				0.879
Gravida 1	18 (35.3%)	6 (35.3%)	24 (35.3%)	
Gravida 2 to 4	29 (56.9%)	9 (52.9%)	38 (55.9%)	
Gravida 5 and above	4 (7.8%)	2 (11.8%)	6 (8.8%)	
Parity				0.459
Nulliparous	16 (31.4%)	7 (41.2%)	23 (33.8%)	
Multiparous	35 (68.6%)	10 (58.8%)	45 (66.2%)	
Educational background				0.248
No formal education	4 (7.8%)	1 (5.9%)	5 (7.4%)	
Elementary	4 (7.8%)	0 (0%)	4 (5.9%)	
High School	17 (33.3%)	6 (35.3%)	23 (33.8%)	
College	17 (33.3%)	3 (17.6%)	20 (29.4%)	
Civil status				0.002*
No data	0 (0%)	4 (23.5%)	4 (5.9%)	
Single	41 (80.4%)	10 (58.8%)	51 (75.0%)	
Married	10 (19.6%)	3 (17.6%)	13 (19.1%)	
Number of prenatal visits				0.644
None	9 (18.4%)	1 (6.3%)	10 (15.4%)	
1-3	20 (40.8%)	7 (43.8%)	27 (41.5%)	
4-6	12 (24.5%)	4 (25.0%)	16 (24.6%)	
>6	8 (16.3%)	4 (25.0%)	12 (18.5%)	

*p-value <0.05 is significant

Table 2. Prevalence rate of IUFD among patients who tested positive for COVID-19 disease and compared to those who tested negative for COVID-19 disease (n=68)

Prevalence Rate	n	%
Positive COVID-19	17	0.53%
Negative COVID-19	51	1.59

Keywords: Intrauterine fetal death, stillbirth, COVID-19

PP-037 Yogic healing: a complementary biofield therapy for children with behavioral challenges and support for parents - a case series

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Objective: Behavioural problems are prevalent among children, particularly those with neurodevelopmental disorders like Autism/ASD and ADHD.

The prevalence rates for behavioural disorders (45.6%), Autism spectrum (1 in 100), and Attention Deficit Hyperactivity Disorder (ADHD) (5 %) are significant, necessitating prolonged treatment and specialized care. Symptoms range from hyperactivity and impulsivity to developmental delays, speech abnormalities, repetitive movements, sensory changes, and emotional difficulties, including aggression and socialization issues.

Managing such children requires extensive training for parents. In this case series, we explore the efficacy of Yogic healing, a panchakosha-based energy Biofield therapy (a non-touch, drug-free approach), as a complementary treatment for children with behavioural issues. Additionally, we examine its role in providing support to the parents of these children.

Methods: Children with behavioural issues received thrice-weekly Yogic healing sessions, focusing on different layers of their being. This included specific exercises and dietary changes for the physical body (Annamayakosha), energy modulation for the aura and chakras (Pranamayakosha), and specific mental techniques with maternal emotional support (Manomayakosha). Supervised activities were conducted by healers and mothers were guided in practicing karma healing to address other higher koshas. Personalized counselling was provided to parents to alleviate anxiety and stress. Standard medical care and behavioural therapies were continued alongside Yogic healing.

Results: The study involved 7 male children (aged 4-14), 3 with Attention Deficit Hyperactivity Disorder and 4 with Autism, most showing overlapping symptoms. Five cases were post-COVID, 2 pre-COVID. Among cases, 3 were only children, 4 had siblings (first child affected in 3 cases and 2nd child in one case). 5 vaginal deliveries, 2 C-sections. 1 experienced birth asphyxia, 1 neonatal seizure. Except for one case with paternal aggression, no family history was noted. Therapy lasted