L25

THE MISGAV LADACH METHOD – METHOD OF CHOICE OF CESAREAN SECTION FOR DEVELOPING COUNTRIES

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Introduction

Among obstetric techniques, cesarean section seemed to represent a well-defined procedures and significant advances in this intervention were considered to be unlikely. But during the last time obstetric surgery has undergone many improvements. In the 1970s Joel-Cohen presented a new method for opening the abdomen [1] This method is the result of critical assessment of each surgical step.

It is performed by a superfitial transverse cut in the cutis, two to three cm below the line between the anterior and superior spinae illiacae; deepening the cut in midline with a scalpel to expose the fascia; dissecting fascia laterally below the fat tissue with scissors; then manual bilateral traction of the recti muscles and the subcutis at the same time. The parietal peritoneum is opened manual transversaly to avoid demage of the bladder. After the delivery, the abdomen is closed by a continuous suture of the fascia, and few, widely spaced stitches in the scin.

One of the most important step is the leaving non-sutured visceral and parietal peritoneum. Namely, peritoneal repair of surgical defects occurs simultaneously in multiple sites by migration of mesothelial cells into supportive matrix. Reestablishment of the peritoneal layer is observed within 72 h of surgery and complete repair occurs within 1 week where the peritoneum is leaving unsutured because of avoid ischaemia, necrosis, foreign body reaction [6]. In the case of sutured peritoneum normal fibrinolytic activity is suppressed under ischaemic conditions. Fibrin that is not resorbed becomes stabilised, infiltrated by fibroblasts, and ultimately organised into permanent adhesions [7

Advantages of this metod are: less ferquency of fever and urinary tract infection as well as the administration of therapeutic antibiotics and narcotics, mean time to positive auscultation of bowel sounds, shorter maternal hospital stay and avoiding postoperative adhesion formation [5].

L26

DELIVERY CONSIDERATIONS OF MULTIPLE PREGNANCY

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The overall incidence of spontaneous multiple gestations is approximately 1-2 %. About 95 % of multiple pregnancies are twin pregnancies. Multiple pregnancies are coming increasingly common after ART. This is true for especially for triplets and higher order pregnancies where antepartum and intrapartum complications are much more higher.

Approximately half of twins and 90 % of triplets have low birthweight and they are more likely to have complications immediately or later on.

Labour and delivery management is very important in multifetal pregnancies, because complication of labour and delivery such as preterm labour, uterine disfunction, abnormal presentations, and uterine laceration and atonia is much more common than sigleton pregnancies.

Special precautions and arrengements and close monitering must be considered when delivery of two or more fetusus is expected.

L27 & L32

WHO PROGRAMME TO MAP BEST REPPRODUCTIVE HEALTH PRACTICES

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The WHO Programme To Map Best Reproductive Health Practices was initiated by the Department of Reproductive Health and Research, W.H.O. in 1997. This Programme includes activities to generate evidence by conducting primary research, synthesizing relevant evidence through systematic reviews and disseminating evidence on best practices through the WHO Reproductive Health Library (RHL). RHL is an annually updated specialist database in reproductive health targeting health workers in developing countries and is available on a free-subscription basis in these countries. RHL includes Cochrane systemátic reviews from The Cochrane Library, commentaries specially written for RHL and other useful information.

Published in English and Spanish, RHL currently has around 10,000 subscribers worldwide. A Chinese version is being prepared and the sixth issue will be published in early 2003.

Questions important in developing countries are regularly identified and systematic reviews conducted to answer these questions. These activities are undertaken with a capacity building component where training in systematic review methodology is provided.

Altogether, the Programme conducts research in implementation of reproductive health practices, systematic reviews in reproductive health and disseminates globally, reliable and up-to-date information on best practices in developing countries.

L28 & L29

IMPLEMENTING EVIDENCE-BASED PRACTICES IN CHILDBIRTH: THE "BETTER BIRTHS" INITIATIVE (BBI)

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In the past two decades, considerable evidence has been produced regarding the effectiveness or otherwise of childbirth procedures. Evidence from randomized trials has been synthesized in systematic reviews published in the Cochrane Library and the WHO Reproductive Health Library (RHL). The RHL is distributed by free subscription to health workers in low-income countries.

Despite the availability of evidence, surveys in resource-poor countries show that women using state maternity services are often subjected to uncomfortable and degrading procedures for which there is no evidence of benefit. They will then avoid services where there is a community perception of poor quality obstetric care.

Procedures for which there is no evidence of effectiveness include confinement to bed, routine starvation, routine early amniotomy, birth in the supine position and routine episiotomy. Procedures with evidence of effectiveness include childbirth companionship, magnesium sulphate for eclampsia, and active management of the third stage of labour.

The Births Initiative (BBI) is a new strategy developed by health professionals in South Africa and internationally, to help provide a better quality of childbirth care for women and improve maternal outcomes in low-income countries.

The purpose of the initiative is to improve the quality of care by encouraging health care workers to abandon practices that are painful, uncomfortable, and potentially harmful and have no evidence of benefit, and to implement effective procedures. This means women will have a better experience of childbirth.

Principles of the BBI:

Humanity : women to be treated with respect