

wed by a continuous infusion of 2 g/h. Biophysical profile examinations were performed at admission and at 1 and 6 hours of tocolytic therapy. The fetal heart rate tracing for 30 minutes was used to determine fetal heart rate reactivity before each biophysical profile. Statistical analyses were performed and statistical significance was set at $p < 0.05$.

Results: Although, no statistical significant difference was found between the two regimens when compared for tocolytic effectiveness ($p = 0.463$), time needed to achieve tocolysis was significantly shorter in high dose regimen ($p = 0.006$). Significantly altered biophysical profile was observed in high dose regimen ($p < 0.05$) at first hour of tocolysis, different from low dose regimen. There was a significant reduction in total biophysical profile score ($p < 0.05$) and basal fetal heart rate ($p < 0.001$) at 6.h in fetuses exposed to both low and high dose magnesium sulphate. No statistically significant difference was found in short-term variability 6 hours after initiation of therapy when two regimens are compared ($p = 0.24$).

Conclusion: Low dose intravenous magnesium sulphate for tocolysis is recommended due to late-onset of adverse effects and equivalent tocolytic effect when compared to high dose protocol. However, obstetricians should bear in mind that magnesium sulphate alters biophysical profile and is associated with decreased basal fetal heart rate.

FCP23

ASSESSMENT OF FETAL ACIDOSIS IN INFANTS WITH MECONIUM-STAINED AMNIOTIC FLUID

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Objective: To determine the fetal acid-base status in patients with meconium-stained amniotic fluid in labor and to evaluate the differences in umbilical artery pH values with regard to the consistency of meconium.

Materials-Methods: One hundred and six pregnant women in spontaneous labor at term with meconium-stained amniotic fluid were included in the study. The attending physician determined the grade of meconium by visual examination at the bedside. Immediate umbilical artery blood was obtained at each delivery. PH value < 7.20 was defined as neonatal acidosis.

Results: The rate of neonates having pH values < 7.20 was %23.6. Analysis of cord arterial pH for grades of meconium yielded a significant acidotic shift for the thick-meconium group ($p = 0.001$) and also neonatal care unit admissions were significantly higher in the thick-meconium group ($p < 0.001$).

Conclusion: Thick meconium is a more ominous sign than is thin meconium and should alert the physician to a high risk fetal condition.

FCP24

CORRELATION OF NEONATAL ACID-BASE STATUS AND ABNORMAL FETAL HEART RATE PATTERNS WITH REGARD TO PHASE OF LABOR

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Objective: To determine the neonatal acid-base status in patients with abnormal fetal heart rate (FHR) tracing patterns in labor.

Materials - Methods: A prospective observational study was conducted with seventy pregnant women in labor at term with pathologic FHR patterns. Neonatal outcomes were compared in parturient whose FHR patterns were abnormal during the first stage of active labor with parturient who demonstrated abnormal FHR pattern in latent phase. Tracings were interpreted with the use of the National Institute of Child Health and Human Development FHR monitor guidelines. Fetal acidosis was defined as pH values < 7.20 .

Results: The rate of fetal acidosis was 41%. Abnormal FHR patterns in latent phase of labor was statistically significantly associated with fetal acidosis when compared with abnormal FHR tracings present in first stage of labor ($p = 0.004$). The rate of fetal acidosis in patients with late and variable decelerations

were similar regarding to the phases of labor. However, early decelerations detected in latent phase of labor was associated with 63% fetal acidosis while only 5% of the newborns with early decelerations in the first stage of labor had fetal acidosis.

Conclusion: Prediction and diagnosis with intervention and delivery could prevent the progression of asphyxia so, obstetricians should bear in mind that, abnormal FHR patterns in the latent phase of labor is alerting for fetal asphyxia.

FCP25

TWIN BIRTH WEIGHT DISCORDANCE

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Objective: To determine the relationship between twin birth weight discordance and mode of delivery, preterm delivery, fetal presentations.

Materials - Methods: Records of one hundred and six twin pregnancies were evaluated for maternal age, parity, gestational age at birth, mode of delivery and fetal presentations retrospectively. The degree of discordance was computed using the larger twin as 100%. A twin was designated discordant if it was smaller by more than %15. The patients were analyzed in two groups according to discordancy. Statistical analyses were performed for the given parameters and statistical significance was set at $p < 0.05$.

Results: Mean maternal age was 26 years. 42% of the patients were nullipar. The highest rate of birth was recorded at 36. weeks of gestational age. No statistical difference was found when the two groups were compared for maternal ages, gestational age at birth ≤ 34 , presentations other than vertex-vertex and mode of delivery ($p > 0.05$)

Conclusion: Discordancy of %15 between twin pairs is not associated with mode of delivery, presentations other than vertex-vertex and premature deliveries before 34. gestational week.

FCP26

TRISOMY 13 AND FALLOT TETRALOGY . A CASE REPORT

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Background : We aim to present a case of Trisomy 13 syndrome with Tetralogy of Fallot which we could not meet in the English literature between 1966 and 2001 and to review the prenatal diagnosis of Trisomy 13 syndrome.

Case : A 23-year old primigravid woman who has 25 weeks pregnant women with morphometrics of Biparietal Diameter and Head Circumference below the fifth percentile. The sonographic abnormalities were 'strawberry-shaped head', cerebellar hypoplasia, hypotelorism, micrognathia, small thoracic diameter, tetralogy of Fallot abnormality in the heart, bilateral enlargement of kidneys, bilateral polydactyly in foot and clinodactyly in the fingers. Karyotypic examination was reported to be Trisomy 13. The findings on the autopsy were similar to sonographical findings.

Conclusion : We emphasized the role of fetal echocardiography in prenatal diagnosis of syndromes and in the routine antenatal screening program, since we observed tetralogy of Fallot abnormality in a patient with Trisomy 13, known as syndrome of multiple abnormalities.