6 months period, when the biggest increase was seen. But nowadays cesarean section ratios increase, as cesarean sections are preferred in private hospitals. When the complications and the obligation of the following deliveries to be cesarean section are concerned, it is seen that their pregnancy and labor chances decrease. When our country's socioeconomic status is concerned, it is obviously seen that cesarean section ratios should be decreased because of their economic cost.

**FCP59**

**EVALUATION OF THYROID FUNCTION CHANGES IN SPONTANEOUS ABORTION**

**Kesim M., Şişli T., Karlık I., Gündüz M., Akkaya A., Işık S., Özpak D.,** *Sişli Etfal Training And Research Hospital 3. Obstetrics And Gyneocology Department Istanbul - Turkey*

Objectives: In this study we aimed to research thyroid functions in healthy gravidas up to 20th Gestational age in cases which resulted by spontaneous abortion and to compare the relation of thyroid hormone concentration whith spontaneous abortion.
Material - Methods: This research was performed in Sisli Etfal Training and Research Hospital 3rd Obstetrics and Gyneocology Department between March 2000 and August 2001. Thyroid functions of 40 gravidas whose gestations were normal until 6.-20th gestational weeks and 60 cases whose gestation resulted in spontaneous abortion were compared. Detailed history of patient of all gravidas was taken; systemic physical examinations and thyroid gland examinations were completed. Hemoglobine, hematocrite, blood group types, Total T3 (Triiodothyronine), Total T4 (Thyroxine), Free T3, Free T4, TSH (Thyroid Stimulating Hormone) levels were determinated.
Results: 100 cases were included in the study. Thyroid function tests of spontaneous abortion group (60/100) and the control group whose gestations were normal (40/100), were compared. Total T3, Total T4, Free T3, Free T4 levels were lower in the spontaneous abortion group and this was statistically significant ($p< 0.001$). TSH levels were found to be high and it was statistically significant ($p\leq 0.01$).
Conclusions: Disorders in thyroid functions have on important place in spontaneous abortion reasons. Examinations carried out carefully and detailed laboratory tests (TSH, Free and total thyroid hormones) of gravidas who have symptoms and signs of thyroid function defects, should be performed cases whose thyroid function defects are proved should be treated and followed as euthyroid for better maternal and fetal results

**FCP60**

**SECOND-TRIMESTER GENETIC AMNIOCENTESIS : DOES IT WORTH ? FIVE YEAR EXPERIENCE**

**Turhan N.Ö., Eren Ü., Seçkin N.C.,** *Department of Obstetrics and Gynecology, Fatih Medical School, Ankara - Turkey*

Objective: The purpose of this study is to evaluate the data related to the genetic amniocentesis performed in a single university hospital.
Methods: Medical records were used to analyze indications of amniocentesis, the results of chromosome analysis, complications and pregnancy outcomes from 1998 through 2002. Anomaly screening and triple screen were performed to all of these patients attending to our Obstetrics and Gynecology Department between 16 and 20 weeks of pregnancy. Patients were referred to second-trimester genetic amniocentesis in cases of advanced maternal age, suspicion of a genetic abnormality on ultrasound or abnormal triple screen result. All of the second-trimester genetic amniocentesis were performed by a group of general obstetricians-gynecologists.
Results: Totally 2686 patients attended to our department between 16-20 weeks of pregnancy during the index period. 159 patients were suggested genetic amniocentesis due to advanced maternal age, suspicion of genetic abnormality on ultrasound or abnormal triple screen. A total of 131 genetic amniocentesis were performed. The indications were advanced maternal age in 24, suspicion of genetic abnormality on ultrasound in 15, history of siblings with Down syndrome in 2 and abnormal triple screen in 90

patients respectively. Two pregnancies were terminated after the diagnosis of Down syndrome by genetic analysis. Four pregnancies were terminated because of Corpus callosum agenesis, gastroschisis, omphalocele and choroid plexus cyst detected on ultrasound. Two pregnancy losses due to the procedure were detected; revealed a 1.5% complication rate of the overall second-trimester genetic amniocentesis performed. One of the fetal loss happened 10 days after the procedure during which sudden fetal bradycardia was observed. No membrane rupture was recorded. Down syndrome or other chromosomal abnormalities were not recorded after birth among patients that triple screen were already normal.
Comment: Although the size of this study is limited, our complication rates are similar that estimated in the literature (1.5%). Being one of the most performed invasive techniques for prenatal diagnose; the complication rates of genetic amniocentesis are in acceptable ranges.

**FCP61**

**FETAL AND NEONATAL MORTALITY DURING ONE YEAR PERIOD AT DICLE UNIVERSITY**

***Yayla M., *Değertekin B., *Mutlu S., **Ecer S., *Yalınkaya A.**, *Dicle University School of Medicine Departments of *Gynecology and Obstetrics, **Pediatrics, Diyarbakır - Turkey*

Objective: To determine the mortality ratios of fetal, early and late neonatal periods during one year period, and to investigate their relationship with the birth weight.
Methods: Between April 2001 and March 2002, all newborns delivered in the Obstetrics clinic after 20th week of pregnancy were followed prospectively. Clinical findings of the newborns including birth weight and timing of the mortality were recorded. Each family of the newborns was interviewed by telephone call at the end of the 4th postpartum week, to learn late neonatal prognosis.
Results: The ratio of fetal mortality was 44.9‰, and early neonatal mortality was 73.1‰ (perinatal mortality: 114.7‰). Of the 1103 deliveries, 955 mothers (86%) that took home alive baby responded phone call at the end of the 4th postpartum week. Late neonatal mortality was 9.2‰ (N: 11), and total neonatal mortality was 82.3‰. Seventy-four percent of the early neonatal mortality was occurred in the first postpartum day. Neonatal life expectancy was 10% for babies weighing less than 1000g and 41% for those ranging between 1001-1300g. Between 1301-2000g, this expectancy rose only to 75%, reaching 98% at the term.
Conclusion: Perinatal and neonatal mortality was unacceptably high in our institution. It may originate from social and economical reasons as well as from inadequate neonatal intensive care unit. All trials for the reorganization of the neonatal intensive care unit were started. We are able now to offer a life expectancy to the parents and also the chance of "intrauterine transport" to the fetuses that the "estimated birth weight" lesser than 1300g.

**FCP62**

**PERINATAL MORTALITY IN A REFERRAL CENTER AT SOUTH EASTERN TURKEY**

**Yalınkaya A.*, Önen A.**, Özçelik S.M.*, Ecer S.***, Değertekin B.*, Yayla M*.**, *Dicle University Medical Faculty *Departments of Gynecology and Obstetrics, ** Pediatric Surgery, ***Pediatrics, Diyarbakır - Turkey*

Objective: To evaluate the perinatal mortality of the Obstetrics clinic during one year period.
Methods: All newborns delivered after 24th gestational week during the period April 1, 2001 - March 31, 2002 at Dicle University Medical Faculty Obstetrics clinic were evaluated prospectively for clinical aspects and the causes of mortality according to Wigglesworth classification.
Results: Total number of deliveries was 1246 and the perinatal mortality was 109 ‰. Distribution of the causes of perinatal mortality was stillbirths 36%, prematurity 33%, malformations 11%, special causes 8%, perinatal hypoxia 5%, infections 1%, other causes 4%.
Conclusion: Prematurity and stillbirth were the main causes concerning 70% of the perinatal mortality in our Obstetrics clinic.