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Intrapartum fetal distress: cardiotocographic evaluation at term pregnancy in low risk group

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Objective: To evaluate the predictive value of fetal cardiotocographic monitoring in the diagnosis of fetal distress and its correlation with fetal acid base status.

Study design: A comparative cohort study was designed, which included single fetuses with no previous risk factor, gestational age ≥ 37 week and vertex presentation and fetal distress in labor. Fetal distress criteria were recurrent or prolonged decelerations, fetal heart rate under 70 beats/minute lasting 60 seconds or more and continuing at least 30 minutes and/or baseline tachycardia. Control group was selected from the patients with no decelerations in fetal cardiotocography.

Results: 13091 infants were born at Zekai Tahir Burak Women's Health Education and Research Hospital from 1 January to 30 December in 2010. There were 4132 fetuses in our cohort. 114 (2.2%) fetuses developed fetal distress during continuous monitoring. Mean maternal age was 26.2 ± 5.3 years, mean maternal height was 160.8 ± 4.9 cm, mean maternal weight 74.2 ± 10.1 kg, mean maternal body mass index 28.6 ± 3.9 kg/m², mean gestational age 39.9 ± 1.2 weeks, mean fetal birth weight 3280.1 ± 371.2 g, median gravidity was 1, and median parity was 0. There were 45 (39.5%) pregnancies with meconium stained amnion, 19 (16.7%) premature rupture of membranes and 51 (44.7%) women were induced and/or augmented for labor. Mean pH was 7.22 ± 0.14 , mean PO₂ 31.4 ± 15.6 mmHg, mean PCO₂ 56.8 ± 19.2 mmHg, mean base deficit -6.1 ± 7.9 . Upon the definition of fetal metabolic acidosis, pH < 7.0 and BE ≤ -12 ; 3 (2.4%) fetuses were acidemic. Thirteen (11.4%) fetuses were admitted to neonatal intensive care unit (NICU), 8 (7%) were intubated, 10 (8.7%) had continuous positive airway pressure (CPAP), and 38 (33.3%) required oxygen support. One fetal death occurred secondary to meconium aspiration and bilateral pneumothorax.

Conclusion: Our study suggests that cardiotocographic monitoring at term pregnancy with no defined previous risk factors seems not to be an efficient tool to detect fetal metabolic acidosis.

Key words: Fetal distress, cardiotocograph, hypoxia, fetal acidosis, neonatal intensive care unit

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Fetal anomali veya intrauterin ölü fetüs nedeniyle tıbbi tahliye yapılan hastalarda posttravmatik durumun değerlendirilmesi

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Amaç: Gebelikteki tanı ve görüntüleme teknolojisinin ilerlemesiyle daha fazla sayıda gebe ve eşi, 2. veya 3. trimesterden sonra gebelik sonlandırılması kararıyla karşı karşıya kalmaktadır. Gebelik sonlandırılması sonrası hastaların deneyimlerini ve posttravmatik stres bulgularını araştıran çok az sayıda çalışma bulunmaktadır. Bu çalışmada fetal anomali veya intrauterin ölü fetüs nedeniyle gebelik sonlandırılması yapılan hastalarda posttravmatik stres bulgularının karşılaştırılması amaçlanmıştır.

Gereç ve Yöntem: Ocak 2008 ve Temmuz 2010 tarihleri arasında, Adnan Menderes Üniversitesi Tıp Fakültesi Hastanesi Kadın Hastalıkları ve Doğum Anabilim Dalı'nda fetal anomali veya intrauterin ölü fetüs nedeniyle 20. gestasyonel haftadan daha büyük gebeliği sonlandırılmış kadınların verilerine ulaşıldı. Bu hastalarla Mart 2010 ve Ağustos 2010 tarihleri arasında görüşülerek, hastalara Beck Depresyon Envanteri (BDE), Klinisyen Tarafından Uygulanan Travma Sonrası Stres Bozukluğu Ölçeği (CAPS) ve Sürekli Kaygı Ölçeği (STAI-II) uygulandı. Yirmi sekizi fetal anomali, 40'ı intrauterin ölü fetüs nedeniyle gebeliği sonlandırılmış toplam 68 hasta çalışmaya dâhil edildi.

Bulgular: Fetal anomali nedeniyle gebeliği sonlandırılmış kadınlar ile intrauterin ölü fetüs nedeniyle gebeliği sonlandırılmış hastaların posttravmatik stres bulguları benzerdi. Her iki gruptan da, benzer ölçek puanları elde edildi. Fetal anomali ve intrauterin ölü fetüs gruplarında posttravmatik stres bozukluk ölçek puanları sırasıyla; Beck Depresyon Envanteri (BDE): 15.07 ± 11.16 ve 13.80 ± 6.48 , Klinisyen Tarafından Uygulanan Travma Sonrası Stres Bozukluğu Ölçeği (CAPS): 6.43 ± 3.08 ve 6.85 ± 5.46 , Sürekli Kaygı Ölçeği (STAI-II): 46.07 ± 4.02 ve 49.03 ± 3.56 şeklindeydi. Sadece STAI-II grubunda istatistiksel olarak anlamlı bir fark saptandı ($p < 0.05$).

Sonuç: Gebelik sonlandırılması için karar verme zorunluluğu olan gebelerin çoğu ciddi posttravmatik stres belirtileri yaşayabilir. Fetal anomali ve intrauterin ölü fetüs nedeniyle gebeliği sonlandırılan kadınlar da benzer deneyimler yaşayabilmektedir. Hekimler de gebelerin bu sıkıntılı anlarında onları, tanı ve yaşa-

yacakları süreç konusunda bilgilendirirken zor anlar yaşamaktadır. Obstetrisyenler, fetal anomali ve intrauterin ölü fetüs tanısı alan hastalara ve ailelerine bu süreçte yardımcı olmalı ve gereken desteği sağlamalıdır. Hastalardaki gebelik sonlandırılmasının uzun dönem psikolojik etkilerini araştıran ayrıntılı çalışmalarla ihtiyaç vardır.

Anahtar kelimeler: Posttravmatik stres bulguları, gebelik sonlandırılması, fetal anomali, intrauterin ölü fetüs

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The women's expectation and perception of ultrasound examination during pregnancy: a prospective observational study

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Aim: The aim of the study was to explore the women's expectation and perception of the ultrasound (US) examination in pregnancy.

Methods: A questionnaire containing defined or open-ended questions was distributed to women, who were pregnant or had ever delivered a baby (n=54). The questionnaire contained demographics and 25 questions related to the US examinations during pregnancy. Some questions looked for continuous and others for categorical variables. The data were analyzed by using descriptive and chi-square tests. A p value <0.05 was considered significant.

Results: The demographic data, living standards and the family planning characteristics of the participating women are summarized in Table 1. Most of the women (88%) considered the US examination as mandatory during pregnancy, and proposed that an obstetrician (89%) should perform the US. Most of the women (80%) suggested their partner's attendance in the examination room. US examinations performed at tertiary level were mainly more trusted (50%). Operators that shared and demonstrated the findings were generally preferred (58%). The mean number of required US examinations and the mean examination duration were stated as 7.5 ± 3.2 per pregnancy and 15.7 ± 11.5 minutes, respectively. Majority of the women believed that US was risk-free (43%), however might be detrimental in certain conditions. Only 23% of the women considered that vaginal US was safe during pregnancy. The US was stated to be the paramount scanning method by 41%, the most risk-free scanning method by 25%, and the most practical

and simple method by 21% of the women. Some women (38%) stated that Doppler US examination should be performed in every pregnancy or in case of a physician's order (40%). Seventy-seven percent described the main purpose of the US examination as the reflection of the baby's healthy and 80% defined US as "a method of better assessment of the health of the baby". An examination with a duration longer than expected was perceived as a problem in the baby (36%) or as the examiner's caring attitude (43%). In referrals to another center, most of the women (59%) were anxious about the possibility of a problem in the baby. During their last pregnancy, the participating women had 5.3 ± 3.4 standard US examinations and 1.6 ± 1.2 3D-US examinations. Moreover, 52% believed that 3D-US had better diagnostic accuracy. The majority (69%) think that particularly a good examiner using a good machine could identify all abnormalities of the baby.

Conclusion: The perception and the expectation of the women have differences from the current scientific data and applications. Most women require further detailed information on US examinations.

Key Words: Ultrasound, antenatal diagnosis, perception, attitude, diagnostic services

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Pregnancy and attention deficit hyperactivity disorder

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Introduction: Pregnancy outcomes of patients with a previous diagnosis and treatment of attention-deficit hyperactivity disorder (ADHD) to date have not been evaluated as a separate group. In general, the long-term effects of the diagnosis of ADHD or its treatment are unknown. In pregnancy, neither the impact of maternal ADHD diagnosis nor treatment has been evaluated. Recent studies have suggested increased rates of ADHD-like symptoms among offspring of gestations treated with antenatal glucocorticoids (aGC) and those complicated by gestational diabetes (GDM) compounded by low socioeconomic status.

Aim: To determine the occurrence of adverse pregnancy outcomes such as prematurity, low birth weight, neonatal intensive care unit (NICU) admis-