

in abruptio placenta hypotonic uterine bleeding but intra uterine packing with hypogastric artery ligation in uterine rupture hysterectomy bleeding

Results: Rapid decision and efficient bleeding control 11 cases hysterectomy done. No bladder or urethra injury No maternal death

Conclusion: Simple and efficient method for postpartum bleeding control making obstetrician specialist to take optimal decision and respect the rule pregnancy is distinguished happening, while delivery is delighted achievement, let it be secure.

FCO25

THE YEARS EXPERIENCE OF INTRAVASCULAR FETAL TRANSFUSIONS

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Objectives : Due to Rh D prophylactics in pregnant woman incidence of Hemolytic Disease of Fetus has significantly decreased but some of most severe forms can still be noted. Since the first intrauterine intraperitoneal transfusion that was performed by Liley in 1963, up to today transfusion remains the only therapy in severe forms of disease. It is at the same time high risk procedure, regardless to advanced technical possibilities (ultrasound devices, high quality needles, professional education, and rigid criteria). At the Univ. Ob-Gin. Clinic "Narodni Front" in Belgrade, intrauterine intravascular transfusion was introduced in 1992 yr. And is a routine therapy today.

Aim of our presentation is to review ten years experience in intrauterine intravascular transfusion technique in treatment of Hemolytic disease of fetus.

Methods : In 156 cases of pregnancies with alloantibody to red blood cells present in circulation, Hemolytic disease of fetus was diagnosed according to present indications to prenatal diagnostics and criteria for evaluation of degree of fetal anemia. Data were statistically processed.

Results : According to obtained data, in 27 pregnant women 76 intravascular intrauterine transfusions were performed. Total fetal loss was 11,11% (3), all in most severe forms of disease with present fetal hydrops, and all in smallest gestational age of fetuses (19,20 and 21 week of gestation).

Conclusion : Regardless to the high risk of procedure and increased risk of sensibilisation, intrauterine intravascular transfusions remain the only method of treatment of Hemolytic disease of fetus. Indications for such treatment should be in accordance of present criteria and adequate selection of patients. Highly educated personal and adequate technical equipment give chance to most endangered fetuses and therefore high risk is acceptable.

FCO26

MATERNAL AGE AT FIRST PREGNANCY AS A RISK FACTORS FOR PREGNANCY COMPLICATIONS

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Objective : To assess maternal age at first pregnancy as a risk factor for pregnancy complications.

Methods : In a retrospective study records of all nulliparous women who delivered at Shariati University Hospital from March 1999 to Feb 2001 were reviewed. There were 95 nullipara with the age ≥ 35 year which were compared 632 nullipara with the age of 20-34 for pregnancy complications. Exclusion criteria were diabetes, chronic hypertension, multiple pregnancy and smoking. Both groups were compared with regard to preterm delivery, PIH, IUFD, mean birth weight, IUGR, abruptio placenta, placenta previa, cesarean section rate and Apgar score < 7 . For statistical analysis student t test and X² were used.

Results : There was significant difference between two age groups in preterm delivery, PIH, IUFD, mean birth weight, IUGR, C/S and Apgar score < 7 ($p < 0/05$) but there was not significant difference in abruptio placenta and placenta previa.

Conclusions : Advanced maternal age at first pregnancy was a risk factor for maternal and perinatal

complications in this study. This risk factor should be value to practitioners counselling women older than 35.

FCO27

ST WAVEFORM OF THE FETAL INTRAPARTUM ELECTROCARDIOGRAM FOR THE DIAGNOSIS AND PREVENTION OF PERINATAL ASPHYXIA

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Intrapartum hypoxia is a recognized cause of fetal morbidity and mortality. However we recognize that the consequences of a severe lack of oxygen will vary from one fetus to another and the capacity of fetuses to handle hypoxia may differ greatly depending also on the situation prior to the actual hypoxic event. It is recognized that cardiotocography does not provide all the information we require to specifically interpret fetal reactions to labour stress. Fetal blood sampling can be used along with CTG monitoring to assess fetal acid-base status during labour and can reduce operative intervention but it requires additional expertise, is time consuming, gives only intermittent information and is therefore not widely used. Fetal pulse oximetry is focused on recording the actual level of fetal hypoxemia. However at present the ability of CTG plus pulse oximetry to provide diagnostic capacity on fetal metabolic acidosis have not yet been demonstrated. Extensive experimental work indicate that analysis of changes in ST waveform provide continuous information on metabolic events occurring within myocardial cells which allow cardiac function to be maintained during hypoxia. Clinical studies have shown that ST analysis of the fetal ECG provide useful information on fetal reaction to labour. Randomized controlled trials have provided conclusive evidence that ST waveform analysis can safely reduce the number of obstetric operative intervention with a parallel improvement in fetal outcome. In a European Commission supported project, involving ten European perinatal centres, the clinical introduction of ST waveform analysis has been accompanied by a specifically developed model of teaching, training and staff accreditation. The results of the project show a significant improvement in fetal outcome with the combined use of CTG and ST waveform analysis. These results show that, through the appropriate use of proven technology and specific models of training and management, a safe reduction in the risk of babies being affected by oxygen deficiency during labour can be achieved with a significant reduction in the need for operative interventions.

FCO28

MATERNAL MORTALITY DUE TO AMNIOTIC EMBOLISM

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The cause of sudden and unexpected death of mother in normal pregnancy, delivery and postnatal period is difficult to estimate. Among the possible causes the leading role belongs to death due to amniotic embolism.

To study pathogenesis and pathomorphological changes of amniotic embolism, had been investigated 9 cases of death due to amniotic embolism and 26 cases of death due to bleeding from uterus. Experimental study was performed on 55 adult healthy female rabbits. The animals had been divided into four groups: I – control group; II – with injection of filtrated amniotic fluid into the auricular marginal vein; III – with injection of not-filtrated but clear amniotic fluid; IV - with injection of not-filtrated and not-clear amniotic fluid.

The study of dissection and experimental material revealed that obstetrical coagulopathic bleedings in majority of cases are the complications of amniotic embolism. The experimental study showed different clinical variants of amniotic embolism: 1. Infusion of filtrated amniotic fluid with mild picture, causes the anaphylactic reaction, discirculatory and coagulopathic changes, and only rarely causes the death. 2. Infusion of not-filtrated but clear amniotic fluid causes embolic discirculatory processes in lungs together with allergic damages and intensive coagulopathic changes - equal to clinical obstetrical chock with col-