

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.