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OBSTETRICS & GYNECOLOGY

We analyzed the study Pylypenko Natalia. It was conducted on women aged from 18 to 45 years with genetic polymorphism of the MTHFR C677T gene, including 40% pregnant women. Thrombocytopenia was detected in 54% of women. In this case, hereditary and autoimmune causes of thrombocytopenia were excluded. Thrombocytopenia was moderate in all cases. There is a high frequency of pathological uterine bleeding in the women studied. In half of investigated women was revealed pathological uterine bleeding in the form of heavy, prolonged menstruation and bleeding in the first trimester of pregnancy from scarce smear to 500 ml per day. In 22% - bleeding after childbirth or abortion. In 37% of women, laboratory signs of anemia were revealed: a moderate decrease in hemoglobin level, with a normal red blood cell count.

Conclusion. In the presence of genetic polymorphism of the MTHFR C677T enzyme, an additional intake of folates of 0.4-1.0 grams per day is recommended at the pregravid stage, during pregnancy and within six months of the postpartum period to prevent the development of defects and pregnancy complications.

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CORRELATION BETWEEN APPLICATION OF CARDIOTOCOGRAPHY AND INTERMITTENT AUSCULTATION IN DELIVERY OUTCOMES

Introduction. Defining heart rhythm variabilities in fetus nowadays thought to be relevant prognostic marker for early detection of negative outcomes during labour in woman at low obstetrics risk. For such purpose several methods are used, the most common ones are cardiotocography (CTG) and intermittent auscultation (IA). CTG is concerned to be more reliable method, providing more information about fetus heart rate in response to uterine contractions and giving objective information of fetus adaptational resources and wellbeing during labour. In such scenario IA with use of Pinard stethoscope plays second role in comparison to continuous CTG for defining group of women at greater risk of intrapartum fetal hypoxia. Defined risk later influences on delivery procedures applied to mentioned group of pregnant women. At

the same time, it is not clear, if there are any statistical differences in delivery procedures, which are used under control of either CTG or IA.

Aim. Aim of the work is to define frequency and relative risk (RR) of caesarean section (C-section) and instrumental delivery (ID) during administration of CTG and IA for labour assessment in woman at low obstetrics risk.

Materials and methods. The research was held on 50 women in pregnancy between 37 and 42 gestational weeks at low obstetrics risk, according to anamnesis history. They were randomized to two groups, 25 women in each group. During labour we administered for each group either continuous CTG for 20 minutes directly after uterus contractions (1st group) or IA with use of Pinard stethoscope in defined intervals (2nd group). ID and C-section were acknowledged as maternal outcomes for both groups. Obtained data later were analyzed and proceeded for defining RR, depending from ID and C-section methods. As an indication for C-section and ID antenatal fetal distress was used. Apgar score at 5 minutes of childbirth was also assessed.

Results. Obtained data for the 1st group with administered CTG include 7 cases of C-section in 28% of women and 1 case of ID in 4% of women. Obtained data for the 2nd group with administered IA include 4 cases of C-section in 16% of women and 0 cases of ID. The RR of having a C-section in group with administered CTG is 1,83. The RR of having an ID in group with administered CTG is not defined. No infants from the 1st group had Apgar score less than 7 at 5 minutes. 3 infants from the 2nd group had Apgar score 6 at 5 minutes (12%) and 1 infant had Apgar score 5 at 5 minutes (4%).

Conclusion. The research defined, that administration of CTG tend to lead to more cases of C-section and ID in comparison to IA administration. At the same time success rate in timely and accurate administration of CTG leads to better outcomes according to Apgar score at 5 minutes. However, larger studies are needed to define statistically significant co-incidence of mentioned fact.