



quarters the MMR between 1990 and 2015 and achieve universal access to reproductive health care by 2015. Ghana's MMR continues to be unacceptably high despite efforts made in an attempt to meet MDG 5. The Ministry of Health has been called on to treat maternal mortality as a national emergency. Critics question policy recommending involvement of TBAs in emergency obstetric care (EmoC) services in developing countries.

Material and methods: Fifty women (TBA's) in the various communities who attend to pregnant women in the district. Fifty TBAs were identified from several villages in 2010, interviewed and observed on their knowledge and practice in relation to EmoC. Quantitative and qualitative techniques were used for data collection and analysis depending on the nature of the information required

Results: Among all 50 TBAs approached, 74.3% were aged 50+ years while 85% had no formal education. Assisting mothers to deliver without taking their full pregnancy history was confessed by 67% of all respondents. Having been attending pregnant women with complications was experienced by 71.2% of all respondents. Only 38% expressed adequate knowledge on symptoms and signs of pregnancy complications. Lack of knowledge on possible risk of HIV infections while assisting childbirth without taking protective gears was claimed by 22.8% of the respondents. Sharing the same pair of gloves between successful deliveries was reported to be a common practice by 21.1% of the respondents. Use of unsafe delivery materials including local herbs and pieces of cloth for protecting themselves against HIV infections was reported as being commonly practiced among 27.6% of the respondents. Vaginal examination before and during delivery was done by only a 10.8% respondents.

Conclusion: TBAs in Afran Plains Ghana are still consulted by people living in rural areas. Unfortunately, TBAs' inadequate knowledge on EmoC issues seems to have contributed to the rising concerns about their competence to deliver the recommended maternal services. Thus, the authorities seeming to recognize and promote TBAs should provide support to TBAs in relation to necessary training and giving them essential working facilities, routine supportive supervision and rewarding those seeming to comply with the standard guidelines for delivering EmoC services.

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ROLE OF THROMBOPHILIA IN THE GENESIS OF UNSUCCESSFUL ATTEMPTS IN VITRO FERTILIZATION

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Introduction. Genetic and acquired forms of thrombophilia (TF) lead to unexplained infertility and may be the cause of early preembryonic losses due to defects in the implantation of a fertilized ovule.

The aim of the study was to identify the etiologic factors and the role of thrombophilia in the genesis of unsuccessful attempts In Vitro Fertilization (IVF) among women of reproductive age.

Material and methods. We examined 55 women with diagnosed genetic or acquired thrombophilia with infertility. IVF program was applied among all women. Patients were divided into two clinical groups: group № 1 consisted of 35 women with a failed IVF attempt, group № 2 included 20 pregnant after IVF. Laboratory diagnosis of



antiphospholipid syndrome (APS) includes a definition of lupus anticoagulant and antiphospholipid antibody by ELISA - method. To exclude a possible deficit of natural anticoagulants - AT III and protein C - used functional coagulologic methods. Objective evaluation of the TF was carried out by determining the level of direct markers - TAT complexes and D- dimer. Examination of the causes of infertility and IVF failure included hormonal studies, genetic studies, ultrasound, hysterosalpingography, which were held depending on the clinical situation , as well as infectious profile. The obtained results were processed by the method of variation statistics using software Biostat .

Results: Investigations in the hemostatic system revealed hypercoagulation syndrome by increasing the activity of internal path of coagulation factors and increase platelet function (PAF) in the 1st observation group - 17 (48.6%) women, 8 (22.9%) - significant violations in the protein C system. The second group: The number of patients with elevated PAF was only 3 (15%) and none of them had any disorders in the system of protein C. There was a direct correlation between the frequency of detection of hypercoagulation syndrome and body mass index in both groups of women. Hyperhomocysteinemia was detected among 11 (31.4 %) patients –group№ 1, and 4 patients (20 %) – group № 2. Group №1: circulation of lupus anticoagulant is defined at 14 (40.0 %) cases, increase of titer of anticardiolipin antibodies by Ig G - 12 (34.3%) , 1 case (2.9%) Ig G titers to total phospholipid (TF) was 98 U / ml (normal < 10 U / ml). Group №2: circulation of lupus anticoagulant is defined at 3 cases (15 %), Ig G titer was absent among all patients. The reduction of hypercoagulation factors at the 2nd group contributed to pregnancy after IVF .

Conclusions. The antiphospholipid antibodies are Ig G - globulins, which penetrates through the chorionic or placental tissue, contribute to the occurrence of thrombosis, heart attacks, activation of cytotoxic cells, causing a systemic inflammatory response syndrome. Pathogenetic effect of antiphospholipid antibodies is also associated with vascular thrombosis and microcirculation disturbance. Microvascular thrombosis at thrombophilia conditions directly or indirectly affects the processes of implantation and reduces the possibility of pregnancy after IVF.

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**ASSESSMENT OF THE STATUS OF FETAL HEMODYNAMICS IN
PREGNANT WOMEN WITH PREECLAMPSIA**

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Introduction. Preeclampsia is a complication of pregnancy, characterized by a profound disorder in the functioning of major organs and systems. Normal fetal development depends on the stability of uterine-placental and fetal-placental blood flow. At present time secure, quick and economically available Doppler examination which has great diagnostic value is considered to be the main method for assessing the state of placental circulation and fetal hemodynamics. Intrauterine growth and development of the fetus are determined by three main factors, namely health status of the mother, functional ability of the placenta and health of the fetus. Close interaction of these elements comprises a single functional system, mother-placenta-fetus. A disorder of one of the factors results in the impairment of the fetal health, manifested by chronic intrauterine hypoxia and delayed



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