

FCP7**EFFECTIVENESS OF KANGAROO CARE METHOD FOR LOW BIRTH WEIGHT NEWBORNS**

Kherkheulidze M., Nemsadze K., Manjavidze N.*, Adamia N.*, Guramishvili Pediatric Clinic, *State Medical University, Tbilisi - Georgia

The mortality of low birth weight infants has one of the leading role in neonatal mortality structure. The reason of our study was comparing the alternative method of kangaroo care to traditional care. We studied 100 patients with low birth weight more than 2000 gr, who did not need intensive care and could breastfeed. The 50 patients with kangaroo care composed I group, II control group included 50 patients with traditional care. Infants spent 24 hours per day in an upright position, in skin-to-skin contact, and attached to the mother's chest. Both groups were followed during 6 months. The comparing indicators were infectious episodes, hospital stay after eligibility, and growth and feeding patterns. The results showed, that weight gain in the I group was greater but the differences in growth indices was not significant. The frequency of infections were significantly higher in the II group as well as hospital stay was shorter in kangaroo care group than in control. So we can conclude that kangaroo care method is quite effective and safe for the care of low birth weight, clinically stable babies.

FCP8**IMMUNOLOGY REACTIVITY AND MORPHOLOGICAL PECULIARITIES OF PERIPHERAL BLOOD NEUTROPHILS IN NEWBORN SEPSIS**

Avalishvili T., Manjavidze N., Bregvadze L., Kherkheulidze M., Charkviani Z., State Medical University, Tbilisi - Georgia

The immunologic status was studied in 250 prematures with sepsis during neonatal period. Ultrastructure of neutrophils in premature newborn was carried out in different phase of bacterial sepsis, neutrophils functional activity, phase of bacterial sepsis, neutrophils functional activity, peripheral blood neutrophils morphological peculiarities were studied by phagocytosis with transmission electronic microscopy. We've assessed the concentration of fibronectine (FN) in blood and nitro-blue-tetrazolium (NBT) test. FN was studied by hardphase immunoenzyme method with the use of affin antibodies and affinity chromatography.

Patients were divided into following groups. I group included 130 first degree premature, II group 80 patients with second degree of prematurity, III -40 patients with third degree of prematurity.

The results demonstrated structural transformation of phagocytic function of neutrophils corresponding to phases and activity of sepsis.

After Comparing our results in all groups, we conclude, that immune system of prematures with third degree of prematurity is more affected and it causes severe process of sepsis in these newborns. The results of the study showed correlation link between sepsis process, prognosis and immunologic changes. This gives the opportunity for early prognosis of sepsis and adequate management to prevent complications of the disease.

FCP9**NEONATAL RESUSCITATION PROGRAM ACTIVITIES IN GEORGIA - 3 YEARS EXPERIENCE**

Kherkheulidze M., Nemsadze K., Manjavidze N.*, Avalishvili T.*, Guramishvili Pediatric Clinic, *State Medical University, Tbilisi - Georgia

Neonatal mortality rate, especially in early neonatal period has an increasing tendency in Georgia. Education courses, with the duration 18-24 hour, on Neonatal resuscitation Program (AHA, APA) and common neonatal problem management were offered for the staff (among them neonatologists, obstetricians, midwives, neonatal nurses) of maternity houses in various regions of Georgia (about 23 in 1999-2001). About 400 medical personal were trained. 2 national conferences on NRP were organized. Prin-

ted materials NRP Textbooks, Neonatal Transport guidelines and curriculum on common neonatal problems management (either translated or original) were produced and disseminated. Printed materials for women education education (signs of danger, feeding of the pregnant women, importance of medical supervision) was also worked out and disseminate.

RESULTS. Comparison of the amount of the survived patients after the resuscitation, rate of CNS and other complications in patients transferred in NICU, rate severe forms of bacterial infection, hypothermia were less in Trained maternity houses. The best dates were in maternity houses where the almost whole staff were trained. Even the implementation of new model is a difficult process but it proved the effectiveness comparing the statistical data. We conclude that implementation of the neonatal resuscitation in a complex with improvement of pregnant women care, medical supervision and women education will contribute reduction of the level of early neonatal mortality

FCP10

CASE REPORT: NEONATAL MENINGITIS IN TRIPLETS OF A MULTIPLE PREGNANCY COMPLICATED BY URINARY TRACT INFECTION

Kayrak E., Işık O., Kavuncuoğlu A., Bilgiç E., *SSK Bakırköy Maternity and Child Hospital, Neonatology Care Unit İstanbul - Turkey*

Aim: Urinary tract infections are relatively common in pregnancy and may result in significant morbidity for the pregnant mother and fetus. Here we report a pregnant women with multiple gestations complicated by urinary tract infection (UTI) and effects of UTI on prognosis of pregnancy outcome.

Case: A 26 year-old mother with multiple gestations delivered triplets by cesarian section. The gestational ages of babies were 34 weeks and their birth weights were greater than 2000 gram. They were admitted to the neonatal care unit due to minimal tachypnea which was improved in the first few hours. At the third day of admission, symptoms of sepsis were observed in the third baby and by one by, clinical findings of other babies got worse. Meningitis was diagnosed in all of the three babies and two of them developed hydrocephalus later on. All three were externalized, unfortunately only second baby had no sequelae. At the time of occurrence of first symptoms of early sepsis in third baby, evaluation of mother showed untreated UTI with Gram (-) bacteria.

Conclusion: This case underscore the importance of antepartum urine screening to identify patients with UTI and treatment of maternal UTI by prenatal care providers.

FCP11

PROTOCOL FOR MONITORING OF NEWBORNS WITH INTRAUTERINE GROWTH RESTRICTION (IUGR)

Skokic F., Mehikic G., Sabic N., Muratovic S., *Ginekology Klinik - Department Neonatology Tuzla - Bosnia-Herzegovina*

Intrauterine growth restriction (hereinafter: IUGR) is a foetal suffering which is clinically manifested in low antropometric parameters and typical problems after birth. The study group consisted of the newborns with IUGR born in Gynaecological and Obstetric Clinic in Tuzla in 2001. The control group consisted of the newborns with IUGR born in 1990 and 1994. This means that the study included three different socio-economic periods. The objective was to determine the incidence, morbidity and present the protocol for monitoring children with IUGR. The incidence of IUGR is 4,80 %, which is by far lower than the two previous periods. The authors emphasize that the share of pre-term newborns in the study group was reduced by one half compared to the two previous periods. The most frequent problems of newborns with IUGR are perinatal asphyxia (47%), thermal instability (38,70%), while metabolic and respiratory disorders are present in almost the same percentage (37,78%). The authors came to the conclusion that the existence of a protocol for monitoring of newborns with IUGR is the best method of early discovery of health problems and their timely treatment.