

sonography, EEG, and in several cases cerebral MRI and an investigation of spinal liquor.

All the neurological syndromes were classified according to the severity of the damage and the age of the patients. All patients were receiving the medicament Plaferon (Locally Produced) together with the symptomatic treatment. The results were remarkable: all the patients that were treated with the plaferon during the first 4-6 days adapted easier to the first afterbirth stress.

There was observed a decrease of brain swelling and hypoxia, and there was an accelerated process of the mielinization. Also observed was an "awakening" effect of this medicament. The plaferon recommended itself as an anti hypoxic, anti toxic, immune corrective treatment.

The plaferon - type of interferon produced with viral induction by amniotic cells of human placenta- helps to create a positive influence for the newborns with trauma to adapt easier to their new environment.

FCO17

THE SURVERY OF NICU INFECTIONS AT CHILDREN GENERAL HOSPITAL

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Objectives: This study was done to evaluate the prevalence and major risk factors of neonatal septicemia and to identify the most common etiologic agents in our referral hospital.

Methods: In this retrospective study, 189 infants who were admitted with the symptoms of neonatal septicemia since 23 September 2000 up to 22 September 2001 to the neonatal ward of Tabriz Children General Hospital were studied. And all the information concerning the objectives of the project like the infant's age, birth weight, gestational age, sex and blood culture results and the patient health situation at the time of hospital discharge were evaluated. Finally, the results of our study were compared with the results of similar studies were performed in other foreign or native universities.

Results: From 189 infants who were admitted with the symptoms of neonatal septicemia, just in 61 infants the clinical features of neonatal septicemia were confirmed with positive blood culture results. From 61 infants, 36% were term infants and 64% were preterm infants and there was an obvious increased affection to early onset septicemia by preterm infants. The most common etiologic agent of neonatal sepsis was the coagulase negative staphylococci. And gram-negative enteric bacilli were the second most common etiologic agents.

Conclusion: Prematurity was the most important predisposing factor for affection and mortality. In spite of the results of western studies that present group A streptococci as the most common pathogenic agent, there were no evidences of affection by this microorganism in our study.

FCO18

MATERNAL MORTALITY RATE IN FOUR-YEARS PERIOD

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Background: Perinatal and maternal mortality are indicators of the quality of antenatal and perinatal care and such depend upon numerous factors. The economic status of the society is reflected directly upon the development of the health protection system, whose one of most precise indicators is maternal mortality. Aim of this study is to analyse rate and causes of maternal mortality in four-years period.

Methods: In retrospective study we analyzed completed pregnancies and maternal deaths in four-years period at OB/GYN Clinic in Tuzla with the particular review to causes of maternal deaths.

Results: In four years period at Clinic for Obstetrics and Gynaecology we were 19672 completed pregnancies. Out of 19672 deliveries we had 6 women wich died in pregnancy and delivery by rate of 30 death per 100 000 deliveries. Analyzed causes of death we have concluded that the most frequent causes of maternal death are eclampsia. Out of six maternal deaths, five mothers died by eclampsia and one by

cardiac disease. In group which died by eclampsia all of them had suboptimal perinatal care with 0 – 3 controls during the pregnancy. Out of six maternal deaths we found that four pregnancies were terminated before 37 weeks of gestation, and five pregnancies (all in group of eclampsia) were terminated by cesarean section. One pregnancy by cardiac disease was terminated by vaginal way but she died seven days after because of cardiac decompensation.

Conclusion: Results given by this analysis confirms that maternal mortality directly depends on the development of a health care system, economic sustainability and quality of antenatal care. In order to come closure to the rates in developed countries it is necessary to improve quality of antenatal care at primary and secondary health care level.

FCO19

IS THE SEVERITY OF DYSPEPTIC SYMPTOMS AFTER 20 WEEKS' GESTATION RELATED TO HELICOBACTER PYLORI INFECTION?

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Objective: We set out this study to test the hypothesis whether there is an association between Helicobacter pylori and the severity of dyspeptic symptoms after 20 weeks' gestation in pregnant women.

Methods: Pregnant women (n=103) with gestational ages between 20-41 weeks and healthy non-pregnant women (control group, n=79) were prospectively enrolled in the study. Anti-H.pylori IgG serum antibody was tested to establish infection. The dyspeptic symptoms were evaluated by the Glasgow Dyspepsia Severity Score in the pregnant group and were classified as asymptomatic (Score 0), mild symptomatic (Score 1-5) and severe symptomatic (Score >5). The severity of dyspeptic symptoms was compared in pregnant women with H.pylori infection, and pregnant and non-pregnant women were compared for H.pylori seropositivity and prevalence of dyspeptic symptoms. The results were analyzed using Student's-T, Mann-Whitney-U and Chi-Square testing.

Results: The prevalence of H.pylori infection was not different among pregnant and non-pregnant women (73,8% and 67,1%, respectively). The median dyspeptic score was 5 and 4, respectively for anti-H.pylori IgG positive and negative pregnant women. Dyspeptic scores of the H.pylori infected pregnant women were not different from the non-infected pregnant women. The seropositivity of H.pylori did not differ among asymptomatic, mild and severe symptomatic pregnant women (69,2%; 73,1%; 76,3%, respectively). The non-pregnant women were more often asymptomatic, compared to pregnant women (54% versus 12,6%, respectively, p=0,001).

Conclusion: Our findings do not support any association between H.pylori infection and the severity of dyspeptic symptoms in late pregnancy. It seems unreasonable to screen pregnant women in late pregnancy for H.pylori infection, even if they suffer from severe dyspeptic symptoms.

FCO20

COMPARISON OF ABORTION, ECTOPIC PREGNANCY AND MALFORMATION RATES IN PREGNANCIES AFTER INTRACYTOPLASMIC SPERM INJECTION (ICSI) AND CONVENTIONAL IN VITRO FERTILIZATION (IVF)

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Objective: After the introduction of assisted reproductive technologies (ART) possible effects of these procedures on the obstetric outcome have been investigated. Particularly, after the common use of intracytoplasmic sperm injection (ICSI) safety of this procedure has been criticized. Micromanipulation of the gametes might result in some problems such as unnatural selection of spermatozoon, exposure to reactive oxygen species, meiotic spindle damage and/or introduction of toxic material into the oocyte. In the present study, we retrospectively compared abortion, ectopic pregnancy and malformation rates in