

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

pregnancies after ICSI and conventional IVF.

**Materials - Methods:** Between January 1995 to January 2000, 448 ICSI and 112 IVF pregnancies were compared. All pregnancies included were fresh embryo transfer cycles. Only couples with normal sperm analysis underwent IVF. All couples with male factor (less than 5.000.000/ml total motile sperm) underwent ICSI cycle. Major malformation was defined as a condition requiring surgical correction or causing functional impairment.

**Results:** Mean maternal age of women were  $32 \pm 5.2$  years for ICSI and  $33.2 \pm 4.2$  years for IVF group. In the first trimester, 143 pregnancies in ICSI group and 31 pregnancies in IVF group were lost giving the abortion rate of 31.8% and 27.6%, consecutively. Preclinical and clinical abortion rates were 15.4% and 16.5% in ICSI and 9.8% and 17.8% in IVF groups. Ectopic pregnancy was diagnosed in 15 patients (3.2%) in ICSI and 2 patients (2.6%) in IVF group. All newborns (384 neonates in ICSI group and 104 neonates in IVF group) were examined by an experienced Pediatrician immediately after birth. Fourteen major congenital malformations were diagnosed in ICSI group (5 prenatally and 7 postnatally). In 3 pregnancies malformations (Down's Syndrome, Omphalocele, Hydrocephalus) were diagnosed in the second trimester by ultrasound and/or karyotyping and labor was induced. Three congenital malformations were diagnosed in IVF group after birth. Congenital malformation rate was similar in both groups (3.6% in ICSI and 2.8% in IVF group).

**Conclusion:** Abortion, ectopic pregnancy and congenital malformation rates in ICSI pregnancies did not differ from those obtained in conventional IVF pregnancies.

## FCO21

### **DIFFERENCES IN OBSTETRIC OUTCOME BETWEEN NULLIPAROUS AND MULTIPAROUS (PARA-1, PARA-2) WOMEN AFTER ELECTIVE LABOR INDUCTION**

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**Objective:** To determine the differences between nulliparous and multiparous (para-1, para-2) women in fetomaternal outcome after elective labor induction.

**Methods:** The women of the study were selected according to the following criteria: singleton pregnancy, cephalic presentation, gestational age at the time of delivery of 274 to 287 days, birthweight between 3000 and 4000 gr., and maternal hematocrit  $>33\%$ .

The women were divided in two groups. Group A consisted of 136 nulliparous women and group B consisted of 136 multiparous women (68 para-1 and 68 para-2).

The study period was from January 1999 to December 2001.

**Results:** Cesarean delivery rate was 17,64% in group A and 13,97% in group B, instrumental delivery rate was 13,23% in group A and 8,08% in group B, transfer rate of the baby to the Neonatal Intensive Care Unit was 3,67% in group A and 2,2% in group B.

**Conclusion:** Elective labor induction in nulliparous women is associated with significantly more operative deliveries.

## FCO22

### **REDUCTION OF HYPOXIA-INDUCED PULMONARY HYPERTENSION (HIPH) BY $\text{MgSO}_4$ IN SHEEP**

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Several drugs have been used to reduce HIPH. We investigated the effect of  $\text{MgSO}_4$  on HIPH in 7 sheep anesthetized and paralyzed, ventilated with 0.85 or 0.1  $\text{FiO}_2$  and nitrogen. We monitored heart rate (HR), systemic and pulmonary arterial pressures, cardiac output (CO), end tidal  $\text{CO}_2$ , arterial blood gases and serum  $\text{Mg}^{++}$  during hyperoxia and hypoxia before and after infusion of 0.9 saline (placebo) or  $\text{MgSO}_4$  (200 mg/kg) into the right atrium during the steady state of hypoxia. The table shows the results for all animals (X+SD).  $\text{PaCO}_2$  and pH were similar during hyperoxia & hypoxia. Serum  $\text{Mg}^{++}$  we-