

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 ± 5.2 years for ICSI and 33.2 ± 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 MgSO_4 IN SHEEP

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Several drugs have been used to reduce HIPH. We investigated the effect of MgSO_4 on HIPH in 7 sheep anesthetized and paralyzed, ventilated with 0.85 or 0.1 FiO_2 and nitrogen. We monitored heart rate (HR), systemic and pulmonary arterial pressures, cardiac output (CO), end tidal CO_2 , arterial blood gases and serum Mg^{++} during hyperoxia and hypoxia before and after infusion of 0.9 saline (placebo) or MgSO_4 (200 mg/kg) into the right atrium during the steady state of hypoxia. The table shows the results for all animals ($\text{X} \pm \text{SD}$). PaCO_2 and pH were similar during hyperoxia & hypoxia. Serum Mg^{++} we-

re similar in all the states before infusion and increased from 0.88 ± 0.21 to 2.88 mmol/L after infusion.

State	H R	MBP	SPAP	DPAP	MPAP
Hyperoxia	115±13	109±23	20±4.1	9±3.7	16±2.8
Hypoxia	139±31	114±08	32±6.6	18±2.8	26±5.3
Hypoxia + placebo	138±11	119±11	32±6.9	19±4.0	27±5.7
Hypoxia	127±24	103±24	36±8.6	15±6.9	25±5.7
Hypoxia + MgSO ₄	087±12	082±23	23±6.4	10±5.8	17±5.6

SPAP, DPAP and MPAP increased significantly during hypoxia compared to hyperoxia ($p < 0.001$) with no change during placebo. Post MgSO₄ infusion; a significant decrease in SPAP and MPAP occurred ($p < 0.01$, < 0.001 respectively), DPAP showed a trend to decrease $p < 0.1$ while systemic MBP and SBP did not change and DBP decreased ($p < 0.1$, < 0.1 and < 0.01 respectively). CO did not change post Mg ($p < 0.6$) and HR decreased transiently ($p < 0.001$).

We conclude that MgSO₄ decreases pulmonary artery pressure significantly during HIPH without affecting significantly the BP and CO. Clinical applications in patients with hypoxia induced pulmonary hypertension require further studies.

FCO23

NEONATAL MORBIDITY AFTER FORCEPS DELIVERY IN TWO PERIODS

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Objective: The aim of this study was to compare neonatal morbidity after forceps delivery in two periods.

Methods: Retrospective comparative study was performed. We analysed neonatal morbidity after forceps delivery in two periods: I (1985-1988) and II (2000-2001). Obtained data was analysed by Student's t-test. **Results:** In I period there were 483 forceps deliveries out of total 35.086 deliveries (1.38%), in II period 88 forceps deliveries out of total 13.186 deliveries (0.67%), $t=7.52$; $p < 0.01$.

Cesarean section rate in our Institute was: I period 9.2%, II period 18.81, $t=-25.71$; $p < 0.01$.

Apgar score: I period 7.9, II period 7.6. Average birth weight in I period was 3542.42g, and in II 3422.43g.

Birth weight more than 3500g: I period 46.59%, II period 54.87%, $t=1.38$; $p > 0.05$. Neonatal morbidity:

Cephalhaematoma: I period 87 (18.01%), II period 3 (3.41%) $t=5.60$; $p < 0.01$.

Cerebral oedema: I period 49 (10.14%), II period 5 (5.68%) $t=1.58$; $p > 0.05$.

IVH: I period 37 (7.66%), II period 4 (4.55%) $t=1.23$; $p > 0.05$.

Fracture of the clavicle: I period 31 (6.42%), II period 1 (1.14%) $t=3.33$; $p < 0.01$.

Conclusion: No significant differences between Apgar score and birth weight between two period were noticed. Due to better judgement and rise in cesarean section rate, incidence of cephalhaematoma and fracture of the clavicle was significantly lower in second period.

FCO24

POSTPARTUM HEMORRHAGIA CONTROL BY UTERINE ARTERY LEGATION OR INTRAUTERINE-PELVIC PACKING

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Aim: of this research is concentrated on the first surgical interference by Obstetrician wan specialist to stop the bleeding

Study method: we start our study at daraltoulid hospital in period 1/5/96 until 1/5/2001 on 436 patients suffering from postpartum severe bleeding The bleeding was controlled by uterine artery legation