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 + MgSO4	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

Vrzic S., Opalic J., Babovic I., Momcilov P., Bogdanovic Z., Petronijevic M., *Institute of Obstetrics and Gynecology, Clinical Centre of Serbia, Belgrade - Yugoslavia*

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 clavicule: 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 beter judgement and rise in cesarean section rate, incidence of cephalhaematoma and fracture of the clavicule was significantly lower in second period.

FCO24

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

Al Sultan H., Kharat H., Al Khatib F., *Daraltoulid Hospital Aleppo - Syria*

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

in abrubtio placenta hypnotic uterine bleeding but intra uterine packing with hypogastic artery legation in uterine rupture hysterectomy bleeding
Results: Rapid decision and efficient bleeding control 11 cases hysterectomy done. No bladder or urethra injury No maternal death
Conclusion: Simple and efficient method for postpartum bleeding control making obstetrician specialist to take optimal decision and respect the rule pregnancy is distinguished happening, while delivery is delighted achievement, let it be secure.

FCO25

THE YEARS EXPERIENCE OF INTRAVASCULAR FETAL TRANSFUSIONS

Filimonovic D., Mikovic Z., *Sindjic M., Mandic V., Hajric A., *Univer. Ob-Gin Clinic "Narodni Front", *Institute for Transfusiology, Belgrade - Yugoslavia*

Objectives : Due to Rh D prophylactics in pregnant woman incidence of Hemolytic Disease of Fetus has significantly decreased but some of most severe forms can still be noted. Since the first intrauterine intraperitoneal transfusion that was performed by Liley in 1963, up to today transfusion remains the only therapy in severe forms of disease. It is at the same time high risk procedure, regardless to advanced technical possibilities (ultrasound devices, high quality needles, professional education, and rigit criteria). At the Univ. Ob-Gin. Clinic "Narodni Front" in Belgrade, intrauterine intravascular tranfusion was introduced in 1992 yr. And is a routine therapy today.
Aim of our presentation is to review ten years experience in intrauterine intravascular transfusion technique in treatment of Hemolytic disease of fetus.
Methods : In 156 cases of pregnancies with alloantibody to red blood cells present in circulation, Hemolytic disease of fetus was diagnosed according to present indications to prenatal diagnostics and criteria for evaluation of degree of fetal anemia. Data were statistically processed.
Results : According to obtained data, in 27 pregnant women 76 intravascular intrauterine transfusions were performed. Total fetal loss was 11,11% (3), all in most severe forms of disease with present fetal hydrops, and all in smallest gestational age of fetuses (19,20 and 21 week of gestation).
Conclusion : Regardless to the high risk of procedure and increased risk of sensibilisation, intrauterine intravascular transfusions remain the only method of treatment of Hemolytic disease of fetus. Indications for such treatment should be in accordance of present criteria and adequate selection of patients. Highly educated personal and adequate technical equipment give chance to most endangered fetuses and therefore high risk is acceptable.

FCO26

MATERNAL AGE AT FIRST PREGNANCY AS A RISK FACTORS FOR PREGNANCY COMPLICATIONS

***Jamal A., **Sadat A.R., **Khosravi R.**, *Perinatology Unit, Shariati Hospital, Tehran University of Medical Sciences, **Medical School, Tehran University of Medical Sciences, Tehran – Iran*

Objective : To assess maternal age at first pregnancy as a risk factor for pregnancy complications.
Methods : In a retrospective study records of all nulliparous women who delivered as Shariati University Hospital from March 1999 to Feb 2001 were reviewed. There were 95 nullipara with the age ≥ 35 year which were compared 632 nullipara with the age of 20-34 for pregnancy complications. Exclusion criteria were diabetes, chronic hypertension, multiple pregnancy and smoking. Both groups were compared with regard to preterm delivery, PIH, IUFD, mean birth weight, IUGR, abruptio placenta, placenta previa, cesarean section rate and Apgar score < 7. Fpr statistical analysis student t test and X2 were used.
Results : There was significant difference between two age groups in preterm delivery, PIH, IUFD, mean birth weight, IUGR, C/S and Apgar score <7 ($p<0/05$) but there was not significant difference in abruptio placenta and placenta previa.
Conclusions : Advanced maternal age at first pregnancy was a risk factor for maternal and perinatal