

FCP20**FETAL GROWTH IN SINGLETON TERM BREECH DELIVERIES IN NULLIPAROUS WOMEN**

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Objective: The purpose of this study was to evaluate fetal growth of term breech deliveries born from nulliparous women.

Study Design: Records of 493 breech deliveries of nulliparous women, gestational ages between 36-43 weeks, were analyzed retrospectively. Maternal ages, parity, birthweight, gestational age at birth were analyzed. Birth weight percentile for gestational age by infant sex (categorized as <10, 10.1-50.0, 50.1-90.0, >90.1) was used in evaluating fetal growth.

Results: Mean maternal age was 23.8(±4.6) years. %33.3 (164/493) of the patients were in the 20-24 years old group. Mean gestational age at birth was 38.6(±1.4) weeks. The highest rate of delivery (30.4%) was at 39 weeks of gestation. Mean birth weight was 3175.8±(472) grams. 17.6% of the newborns were small for gestational age (< tenth percentile).

Conclusion: Premature delivery of the growth retarded fetus for fetal indications might be the possible explanation for the high rates of breech position in growth retarded fetuses. But, at term, breech presentation is the possible cause of growth retardation.

FCP21**FETAL SEX: A PREDICTOR OF PERINATAL OUTCOME IN ABRUPTIO PLACENTAE**

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Objective: To evaluate maternal and fetal outcome in abruptio placetae with regard to fetal sex.

Materials - Methods: Records of 126 patients with placental abruption were analyzed in two groups according to fetal sex. Maternal and neonatal medical records were reviewed for maternal age, parity, gestational age at delivery, antepartum complications, preterm birth, neonate gender, birthweight, Apgar score, neonatal care unit admissions. Independent samples t-test and Mann-Whitney U test were used in statistical analyses. Significance was set at $p < 0.05$.

Results: Rates of stillbirth was 35% for the male and 29% for the female fetus group. Neonatal care unit admission rates were statistically significantly higher for the male newborns ($p < 0.05$). Hypofibrinogenemia was seen in 19 patients of which 14 gave birth to a male infant.

Conclusion: Carrying a male fetus is not only associated with a modest increase in risk of placental abruption but it is also associated with adverse perinatal outcomes, increased rates of stillbirths and maternal morbidity.

FCP22**HIGH AND LOW DOSE INTRAVENOUS MAGNESIUM SULFATE FOR TOCOLYSIS: A COMPARATIVE STUDY**

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Objective: To compare the effects of a high dose protocol for magnesium sulphate tocolytic therapy with a low dose regimen with respect to time needed to achieve tocolysis, the effects on the biophysical profile and fetal heart rate.

Materials-Methods: Patients, between 28 and 34 weeks' gestation with preterm labor, were prospectively randomly assigned to receive two different protocols. For low dose regimen 2 g/h magnesium sulphate was administered to 25 patients and in high dose protocol 24 patients received 4 g loading dose follo-

wed by a continuous infusion of 2 g/h. Biophysical profile examinations were performed at admission and at 1 and 6 hours of tocolytic therapy. The fetal heart rate tracing for 30 minutes was used to determine fetal heart rate reactivity before each biophysical profile. Statistical analyses were performed and statistical significance was set at $p < 0.05$.

Results: Although, no statistical significant difference was found between the two regimens when compared for tocolytic effectiveness ($p = 0.463$), time needed to achieve tocolysis was significantly shorter in high dose regimen ($p = 0.006$). Significantly altered biophysical profile was observed in high dose regimen ($p < 0.05$) at first hour of tocolysis, different from low dose regimen. There was a significant reduction in total biophysical profile score ($p < 0.05$) and basal fetal heart rate ($p < 0.001$) at 6.h in fetuses exposed to both low and high dose magnesium sulphate. No statistically significant difference was found in short-term variability 6 hours after initiation of therapy when two regimens are compared ($p = 0.24$).

Conclusion: Low dose intravenous magnesium sulphate for tocolysis is recommended due to late-onset of adverse effects and equivalent tocolytic effect when compared to high dose protocol. However, obstetricians should bear in mind that magnesium sulphate alters biophysical profile and is associated with decreased basal fetal heart rate.

FCP23

ASSESSMENT OF FETAL ACIDOSIS IN INFANTS WITH MECONIUM-STAINED AMNIOTIC FLUID

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Objective: To determine the fetal acid-base status in patients with meconium-stained amniotic fluid in labor and to evaluate the differences in umbilical artery pH values with regard to the consistency of meconium.

Materials-Methods: One hundred and six pregnant women in spontaneous labor at term with meconium-stained amniotic fluid were included in the study. The attending physician determined the grade of meconium by visual examination at the bedside. Immediate umbilical artery blood was obtained at each delivery. PH value < 7.20 was defined as neonatal acidosis.

Results: The rate of neonates having pH values < 7.20 was %23.6. Analysis of cord arterial pH for grades of meconium yielded a significant acidotic shift for the thick-meconium group ($p = 0.001$) and also neonatal care unit admissions were significantly higher in the thick-meconium group ($p < 0.001$).

Conclusion: Thick meconium is a more ominous sign than is thin meconium and should alert the physician to a high risk fetal condition.

FCP24

CORRELATION OF NEONATAL ACID-BASE STATUS AND ABNORMAL FETAL HEART RATE PATTERNS WITH REGARD TO PHASE OF LABOR

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Objective: To determine the neonatal acid-base status in patients with abnormal fetal heart rate (FHR) tracing patterns in labor.

Materials - Methods: A prospective observational study was conducted with seventy pregnant women in labor at term with pathologic FHR patterns. Neonatal outcomes were compared in parturient whose FHR patterns were abnormal during the first stage of active labor with parturient who demonstrated abnormal FHR pattern in latent phase. Tracings were interpreted with the use of the National Institute of Child Health and Human Development FHR monitor guidelines. Fetal acidosis was defined as pH values < 7.20 . Results: The rate of fetal acidosis was 41%. Abnormal FHR patterns in latent phase of labor was statistically significantly associated with fetal acidosis when compared with abnormal FHR tracings present in first stage of labor ($p = 0.004$). The rate of fetal acidosis in patients with late and variable decelerations