

FCP63**EVALUATION OF THE FETUS AND THE RISK FACTORS IN THE ETIOLOGY OF STILLBIRTHS IN MALATYA**

Kafkaslı A.*, Deniz D., Karadağ N., İnan M.***,** *İnönü University Faculty of Medicine *Department of Gynecology and Obstetrics, **Department of Pathology, ***Department of Orthopedics and Traumatology, Malatya -Turkey*

Objective: To determine the risk factors in the etiology of stillbirths and to investigate the fetal anomalies in these cases.

Methods: A prospective study was performed to investigate the risk factors and fetal anomalies in 257 stillbirths out of 7200 deliveries occurred in our clinic between November 1992-July 2002. Evaluation was made according to the Wigglesworth classification.

Results: Two hundred fifty seven stillbirths (3.5%) were detected out of 7200 deliveries in our clinic during a 10-year period. The mean maternal age was 29.3 ± 3.1 years, mean parity was 2.53 ± 0.8 and mean gestational age was 30.73 ± 4.8 weeks. Hypertension was the most common obstetrical complication detected in 17.5% of the patients. The rate of the other complications were; 5.4% antenatal bleeding, 2.7% Rh isoimmunisation, 1.5% diabetes mellitus. No obstetrical complications were detected in 30.3% of patients. Forty-nine percent of the stillbirths were male and 42.3% were female. Autopsy was performed in 17.6% of the fetuses. Central nervous system anomalies were the most common anomaly detected by autopsy (10.6%). No identifiable cause was detected in 61.8% of the fetuses by autopsy.

Maternal TORCH infections were not detected in these patients.

Conclusion: The rate of unexplained stillbirths can be reduced by adding special tests like karyotyping and anticoagulants to the investigation protocol. Parents must be persuaded for the autopsy permission.

FCP64**EVALUATION OF MATERNAL, FETAL AND NEONATAL OUTCOME IN AN UNIVERSITY CLINIC**

Kafkaslı A., Atmaca R., Ovayolu A., Yoloğlu S., *İnönü University Faculty of Medicine, Department of Obstetrics and Gynecology, Malatya - Turkey*

Objective: Evaluation of maternal, fetal and neonatal outcome in our clinic during last 5 years.

Methods: Two thousand out of 7200 delivery occurred in İnönü University Faculty of Medicine Department of Obstetric and Gynecology between January 1997 and July 2002 were retrieved with 40% sampling and maternal, fetal and neonatal features were evaluated.

Results: The maternal mean age was 28.2 ± 6.12 . Mean parity was 3.45 ± 1.2 . Antenatal care rate was %62 and cesarean section rate of our clinic was 35%. Completion of high school or university education rate was 52% and only 9% of pregnant women were illiterate.

When we evaluated pregnancy related complications; 12.9% were hypertensive, 8.4% had preterm labor, 4.3% had antenatal hemorrhage and 5% had premature rupture of membranes. The rate of hypertension was lower in higher education levels ($p < 0.001$) and was higher among nulliparous pregnant. Incidence of preterm delivery was increasing with parity ($p < 0.001$). The rate of small for gestational age (SGA) was 10 % and the rate of macrosomia was 6.2 %. Incidence of macrosomia was increasing with parity and birth weight of the previous neonate ($p < 0.001$, $p < 0.001$). Maternal mortality rate was 400 per 100000 live birth and intrauterine exitus rate was 2.7%.

Conclusions: Regular antenatal follow-up may lower both pregnancy related complications and maternal - fetal mortality significantly. Effective antenatal care can be achieved by increasing the education level.