

## FCP79

**MULTIFETAL PREGNANCY AND PREMATURE LABOUR**

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**Introduction:** A multifetal pregnancy is generally considered to be a high-risk one. One of reasons for that is prematurity. Near about 50% twins were born before 37 week of gestation. The aim of this study was to analyse the frequency of premature labour in multifetal pregnancy in one year period (year 2000) at OB/GYN Clinic in Tuzla.

**Patients and Methods:** In retrospective study we analyzed multifetal pregnancies in one year period. The total number of multifetal pregnancy were 74 – out of this number we had 73 twin pregnancy and one pregnancy with three fetuses. The twin pregnancy was divided in three groups: 26 to 30 weeks of gestation, 31 to 34 weeks of gestation and 35 to 37 weeks of gestation. The body mass of neonates at the birth was divided in three groups: less than 1499 g, 1500 to 2499 g, and 2500 g and more. In controlled group we analyzed 100 pregnancies with one fetus delivered pretemporary. We used test of proportion in statistical management of datas.

**Results:** Out of 4748 deliveries there were 73 (1,53%) twin pregnancy and 1 (0,02%) triplet pregnancy. In the most number of twin pregnancies the delivery was performed pretemporary, in 34 cases or 46,57%. In control group the number of premature delivery was 11 (11%). We noticed the most number of termination in twin pregnancy in the period from 35 to 37 weeks of gestation, 18 or 52,94%. In period of 31 to 34 weeks we performed 11 or 32,35% pregnancy and in period 26 to 30 weeks we performed 5 twin pregnancy or 14,7%. In the pregnancy with three fetuses delivery was performed in 34 weeks of gestation. The body mass at the delivery in twin pregnancy was from 1500 to 2499 gr, in 15 cases or 44,11%. In controlled group we had 5 neonates or 45,45% with 2500 g. and more. We found statistical difference between the number of premature deliveries in twin pregnancy and single pregnancies. The value of test of proportion was 5,378 ( $p < 0,05$ ).

**Conclusion:** Termination of multifetal pregnancies in most cases was before 37 weeks of gestation. This data determines us to consider multifetal pregnancies as high risk pregnancies.

## FCP80

**PREMATURE RUPTURE OF MEMBRANES AND RISK FOR DELIVERY AND NEWBORN**

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**Introduction:** Premature rupture of membranes (PROM) is one of many risk factors for delivery. It is caused by infection of vagina, disproportion and low level of antenatal care.

**Aim:** To analyse influence of PROM to course of delivery, and to state of mother and newborn in delivery time.

**Methods:** In the retrospective study we analyzed 932 deliveries with PROM in one-year period at OB/GYN Clinic in Tuzla with the review of time of termination of pregnancy and state of newborn in time of delivery.

**Results:** Out of 4488 deliveries we found 932 or 20,76% with PROM. We found combination of two or more risk factors for pregnancy in group patients with PROM. Most frequent factors were: gestosis in 35,94%, urinary infections in 28,54%, and low level of antenatal care in 55,68% (Less than six examinations in pregnancy). Combination of two or more factors we found in 90,34% of PROM cases. In group of newborns we found higher incidence of newborn with small birth weight – 15,87%. In group with PROM we found quite high incidence of infection of mothers (Chorioamnionitis, uroinfection) – 3,0% and higher incidence of infection of newborns- 24,30%. In group with PROM we completed pregnancy by Cesarean section in 16,2% of cases and by stimulation of delivery with Oxytocine or Prostaglandines in 38,06% of cases.

**Conclusion:** The premature rupture of membranes is caused by many single risk factors or combination of these factors and makes risk for mothers and newborns in early neonatal period.