

eks of gestation and 38 weeks of gestation in control group.

Conclusion: According to data of this study, twin pregnancy carry greater risk of EPH gestosis, preterm delivery, ablation of placenta and malpresentation of fetuses and delivery of the neonates of low birth weight. Deliveries were more frequently conduct operatively. Consequence is higher morbidity of the mothers and neonates. Because of that we have to pay more attention to pregnancy and delivery which should be done in hospital surrounding.

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THE ROLE OF ANTENATAL CARE IN PREVENTION OF LOW BIRTH'S WEIGH NEONATE

Tulumovic A., Fatusic Z., Serak I., Nevacinovic E., *Ob&Gyn Clinic of University Clinical Center Tuzla - Bosnia and Herzegovina*

Background: It is clear that there exists an optimal range of size at birth, within which complications are rare. The incidence of morbidity and mortality increases when there is a deviation from this optimal range. The term low birth weigh (LBW) describes infants with a weigh of less than 2500g, regardless of gestational age. The aim of this study was to put in correlation LBW, way of delivery and outcome.

Methods: A retrospective study was performed entering 4480 newborns randomly selected from live births of Ob&Gyn Clinic of University Clinical Center Tuzla whom were delivered in one year, 2001. The data were obtained from clinical records.

Results: Among 4480 newborns low birth weigh was diagnosed in 218 (4.87%) of cases. Participation of primiparas, multiparas and pluriparas was approximately the same in both experimental and control group. We had higher frequency of older paras in experimental group (17.43% vs. 8.0%). In experimental group we had higher incidence of preterm labor and deliveries (69.27% vs. 6.0%). Incidence of low, very low and extremely low birth weight was 86.25%, 12.08% and 1.67% respectively. Time of first visit differ only in the group after 8 month of pregnancy 6.63% vs. 1.0%. Considering the number of visits during pregnancy we have difference in the groups with no visits, 23.73% in experimental group vs. 8.0% in control and in the group with four to seven visits, 30.51% in experimental vs. 48% in control group. We have lower APGAR scores in experimental group both in fist and fifth minute. Frequency of operative deliveries in examination group was 52.75%. Other significant risk factors were analyzed and we find following incidence: premature rupture of membranes in 49.08%, oligohydramnion in 1.38% and placental ablation in 4.59% of cases vs. 16%, 2.0% and 1.0% respectively in the control group.

Conclusion: This study reveals that preterm labor is the most important and significant risk factor for LBW. Antenatal care plays an important role in the incidence and outcome of this kind of pregnancies. With improvement of antenatal care we could expect decrease of incidence and better outcome.

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WOUNDING OF PREGNANT WOMEN: CASE REPORT

Gavrankapetanovic F., Dizdarevic J., Hadzihasanovic B., Gavrankapetanovic I., Gavrankapetanovic F., Biscevic M., *Bosnia-Herzegovina*

In this work we present female patients W.A. 21 years old in her 7th month of pregnancy wounded during the war in Bosnia. Shel in wounded patient in her apartment and she was transported on Clinic in hard hemorrhagic shock with traumatic amputation of femur and three transclopetar wounds in lower abdomen. Urgent Cesaren section was done and finished amputation with ligature of arteria iliace externa and sutures of bowel. Dead boy was extirped. According all operative measures during 5 hours of operative procedure, patient was died. Conclusion: In spite urgent surgical treatment, wounding of pregnant women in hard hemorrhagic shock is near to possibility of death.