

2200 and 2800 g (IUGR and low birth weight) to 3680 g. In the group of hypothyroid patients there were two cases of PIH and the birth weights varied from 2860 g (low birth weight) to 4050 g. In both groups, there were no newborn with hyper/hypothyroidism in the early neonatal period. It should be mentioned that the patients with hyperemesis gravidarum were much more numerous but routine control of their thyroid hormones level were not performed.

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MATERNAL MORBIDITY AFTER FORCEPS DELIVERY IN TWO PERIODS

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Objective: The aim of this study was to compare maternal morbidity after forceps delivery in two periods.

Methods: We analysed parity and maternal morbidity after forceps delivery in two periods: I (1985-1988) and II (2000-2001). Retrospective comparative study was performed. 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%), $t=7.52$; $p<0.01$. Primiparous: I period 405 (83.85%), II 72 (81.18%) $t=0.46$; $p>0.05$.

Multiparous: I period 78 (16.15%), II 16 (18.82%) $t=-0.46$; $p>0.05$.

Maternal morbidity:

Cervical lacerations: I period 141 (29.19%), II period 25 (28.41%) $t=0.15$; $p>0.05$.

Vaginal lacerations: I period 80 (16.56%), II period 13 (14.77%) $t=0.43$; $p>0.05$.

Perineal lacerations (I/II degree): I period 19 (3.93%), II period 6 (6.82%) $t=1.02$; $p>0.05$.

Perineal lacerations (III degree): I period 5 (1.04%), II period 2 (2.27%) $t=0.75$; $p>0.05$.

Conclusion: No significant differences in parity were found. Due to the fact that forceps deliveries in both periods were performed by skilled obstetricians maternal morbidity did not differ significantly between compared periods.

FCP96

INDICATIONS FOR FORCEPS DELIVERY IN TWO PERIODS

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Objective: The aim of this study was to compare indications for forceps delivery in two periods.

Methods: Retrospective comparative study was performed. We analysed indications for 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, $t=-25.71$; $p<0.01$. Indications for forceps delivery were:

Prolonged second stage: I period 357 (73.91%), II period 61 (69.32%), $t=0.86$; $p>0.05$.

Posterior occiput position: I period 46 (9.52%), II period 15 (17.04%), $t=1.78$; $p>0.05$.

Fetal distress: I period 35 (7.25%), II period 10 (11.36%), $t=1.15$; $p>0.05$.

Maternal heart disease: I period 22 (4.55%), II period 2 (2.27%), $t=1.23$; $p>0.05$.

Preeclampsia: I period 13 (2.69%), II period 1 (1.13%), $t=1.15$; $p>0.05$.

In I period there were one diastasis of symphysis and one uterine rupture, in II period 2 placental abruptions (2.27%) as indications for forceps delivery. No maternal deaths were noted.

Conclusion: Indications in both periods were almost same, with no significant difference between periods. Forceps delivery rate was significantly lower in second period, probably due to significantly higher cesarean section rate.