

yacakları süreç konusunda bilgilendirirken zor anlar yaşamaktadır. Obstetrisyenler, fetal anomali ve intrauterin ölü fetüs tanısı alan hastalara ve ailelerine bu süreçte yardımcı olmalı ve gereken desteği sağlamalıdır. Hastalardaki gebelik sonlandırılmasının uzun dönem psikolojik etkilerini araştıran ayrıntılı çalışmalara ihtiyaç vardır.

Anahtar kelimeler: Posttravmatik stres bulguları, gebelik sonlandırılması, fetal anomali, intrauterin ölü fetüs

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The women's expectation and perception of ultrasound examination during pregnancy: a prospective observational study

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Aim: The aim of the study was to explore the women's expectation and perception of the ultrasound (US) examination in pregnancy.

Methods: A questionnaire containing defined or open-ended questions was distributed to women, who were pregnant or had ever delivered a baby (n=54). The questionnaire contained demographics and 25 questions related to the US examinations during pregnancy. Some questions looked for continuous and others for categorical variables. The data were analyzed by using descriptive and chi-square tests. A p value <0.05 was considered significant.

Results: The demographic data, living standards and the family planning characteristics of the participating women are summarized in Table 1. Most of the women (88%) considered the US examination as mandatory during pregnancy, and proposed that an obstetrician (89%) should perform the US. Most of the women (80%) suggested their partner's attendance in the examination room. US examinations performed at tertiary level were mainly more trusted (50%). Operators that shared and demonstrated the findings were generally preferred (58%). The mean number of required US examinations and the mean examination duration were stated as 7.5 ± 3.2 per pregnancy and 15.7 ± 11.5 minutes, respectively. Majority of the women believed that US was risk-free (43%), however might be detrimental in certain conditions. Only 23% of the women considered that vaginal US was safe during pregnancy. The US was stated to be the paramount scanning method by 41%, the most risk-free scanning method by 25%, and the most practical

and simple method by 21% of the women. Some women (38%) stated that Doppler US examination should be performed in every pregnancy or in case of a physician's order (40%). Seventy-seven percent described the main purpose of the US examination as the reflection of the baby's healthy and 80% defined US as "a method of better assessment of the health of the baby". An examination with a duration longer than expected was perceived as a problem in the baby (36%) or as the examiner's caring attitude (43%). In referrals to another center, most of the women (59%) were anxious about the possibility of a problem in the baby. During their last pregnancy, the participating women had 5.3 ± 3.4 standard US examinations and 1.6 ± 1.2 3D-US examinations. Moreover, 52% believed that 3D-US had better diagnostic accuracy. The majority (69%) think that particularly a good examiner using a good machine could identify all abnormalities of the baby.

Conclusion: The perception and the expectation of the women have differences from the current scientific data and applications. Most women require further detailed information on US examinations.

Key Words: Ultrasound, antenatal diagnosis, perception, attitude, diagnostic services

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Pregnancy and attention deficit hyperactivity disorder

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Introduction: Pregnancy outcomes of patients with a previous diagnosis and treatment of attention-deficit hyperactivity disorder (ADHD) to date have not been evaluated as a separate group. In general, the long-term effects of the diagnosis of ADHD or its treatment are unknown. In pregnancy, neither the impact of maternal ADHD diagnosis nor treatment has been evaluated. Recent studies have suggested increased rates of ADHD-like symptoms among offspring of gestations treated with antenatal glucocorticoids (aGC) and those complicated by gestational diabetes (GDM) compounded by low socioeconomic status.

Aim: To determine the occurrence of adverse pregnancy outcomes such as prematurity, low birth weight, neonatal intensive care unit (NICU) admis-

sion, cesarean rates, and correlation with postpartum depression scores in patients diagnosed and treated for ADHD and to evaluate ADHD as a potential marker for adverse pregnancy outcomes.

Methods: Retrospective chart review and analysis of 50 deliveries including the diagnosis of ADHD delivered at Penn State Milton S. Hershey Medical Center were performed. The majority of studied patients had comorbid conditions including anxiety, depression, bipolar disorder, OCD, asthma, and substance abuse.

Results: ADHD patients that delivered had rates of admission to NICU at 28% and elevated postpartum Edinburgh depression scale scores in 59%. Maternal age at delivery averaged 24 years. Gestational age at delivery averaged 37.7 weeks. Average birth weight was 3140 g. No abnormalities were noted in Apgar scores. Cesarean delivery rate was 44%.

Conclusion: Pregnancy complicated by the diagnosis and treatment of ADHD may be associated with adverse pregnancy outcomes. Further prospective studies are warranted. Recent associations of maternal aGC administration and GDM with increasing ADHD risk introduce the question of transgenerational ADHD and possible risk for future pregnancies.

Key words: ADHD, hyperactivity, antenatal steroids, transgenerational risk

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2007-2010 yılları arasında sezaryen operasyonu endikasyonları ve oranları

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Amaç: Kliniğimizde 2007-2010 yılları arasındaki sezaryen oranını ve endikasyonlarını incelemek istedik

Yöntem: Van Yüzüncü Yıl Üniversitesi Kadın Hastalıkları ve Doğum Kliniği'nde 2007-2010 yılları arasında yapılan 4507 sezaryen operasyonu için hastaların yaş gruplarına göre dağılımı, gravida ve parite oranları ve dağılımı, primipar-multipar dağılımı, doğum şeklinin (normal doğum ve sezaryen) oranları ve yıllarla olan ilişkisi ile sezaryen endikasyonlarının oranları ve dağılımı incelendi.

Bulgular: İki bin yedi yılında toplam doğum sayısı 1946, 2008 yılında 2116, 2009 yılında 2610, 2010 yılın-

da ise 2118 olup; 2007'de sezaryen sayısı 914, 2008'de 916, 2009'da 1370 ve 2010'da 1307 olarak tespit edildi. Sezaryen yapılan gebelerin yaş grupları, gravida, parite ve primipar-multipar dağılımı ile yıllar arasında anlamlı bir ilişki saptanmadı. Yıllara göre doğum şekli dağılımında ise anlamlı bir fark mevcuttu. İki bin yedi yılında sezaryen oranı %46.9, normal doğum oranı ise %53.3 iken; 2010 yılında sezaryen oranı %61.7, normal doğum oranı ise %38.2 olarak saptandı. Sezaryen endikasyonlarında ise geçirilmiş önceki sezaryen nedeni ile yapılan yeni operasyon sayısındaki artış dışında (2007 yılında %10.6 iken 2010'da %20.5), diğer endikasyonların yıllara göre dağılımında anlamlı fark bulunmadı.

Sonuç: Kliniğimizde son 4 yıl içinde sezaryen uygulanan gebelerin demografik özelliklerinde ve sezaryen endikasyonlarının yıllar içi dağılımında anlamlı fark saptanamaz iken sezaryen oranlarında tedricen belirlenen artış gözlenmiştir. Bu artışın nedeni olarak ilk gebelik yaşının ileri kayması, daha fazla "maternal ve fetal komplikasyon" tanısı konulması, makat gelişlere sezaryen uygulanması ve eski sezaryenli gebelere uygulanan yaklaşımlar olarak saptanmıştır.

Anahtar kelimeler: Sezaryen operasyonu, eğilimler, istatistikler

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Joubert syndrome and related disorders: prenatal diagnosis with ultrasound and magnetic resonance imaging

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Joubert syndrome is an autosomal recessive disorder characterized by intellectual disability, hypotonia, ataxia, tachypnea/apnea, and abnormal eye movements. A pathognomonic midbrain-hindbrain malformation seen on cranial magnetic resonance imaging (MRI), which consists of hypoplasia of the midline cerebellar vermis that resembles the cross-section through a molar tooth, was described previously. The term Joubert Syndrome and Related Disorders (JSRD) has been recently adopted to describe all disorders presenting the "molar tooth sign" on brain imaging. Prenatal sonographic findings in fetuses with JSRD are relatively nonspecific and include increased nuchal translucency, enlarged cisterna magna, cerebellar vermian agenesis, occipital encephalocele, ventriculomegaly and polydactyly. We report a case of