
THE EFFECT OF THE NUMBER OF FETUSES ON PREGNANCY OUTCOME AFTER IN-VITRO FERTILIZATION

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Objective: *The multiple pregnancy rate after in-vitro fertilization (IVF) is about 28.2%. It is widely known that multiple pregnancy is one of the risk factors for mother and fetus. We studied the duration and outcomes of pregnancies in 2 groups of women, one group had one fetus, the other - two fetuses.*

Methods: *We examined 217 pregnant women who underwent IVF treatment of infertility. 178 patients had one fetus (group 1), and 39 women had twins (group 2). The investigation included all clinical and laboratory tests used in obstetrics.*

Results: *Spontaneous abortion on the 6-13 week of pregnancy occurred in 25.3% of cases in group 1; there were no such cases in group 2 in this term. Spontaneous abortion on the 14-22 week of pregnancy was observed in 12.8% of patients in group 2 and only in 2.3% - in group 1. Missed abortion was diagnosed in 12.4% and 2.6% in groups 1 and 2, respectively. Premature labor in term 32-36 weeks of gestation occurred in 33.3% of women in 2-nd group and only in 4.4% - in 1-st group. 55.6% of patients in group 1 and 51.3% in group 2 delivered at term.*

Conclusion: *The most dangerous terms for pregnancy after IVF are 6-13 weeks in singletons and 14-22, 32-36 weeks of gestation in twins. This requires more careful observation of the patients in these periods of pregnancy.*

HEPATODEPRESSIVE SYNDROME CAUSED BY PREGNANCY

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Insolvency of hepatocyte's reserve possibilities, characterised by decrease of its synthetic function followed by qualitative and quantitative inner link of hemostasis defects, is one of the variants of organisms disadaptation for pregnancy and it is called "hepatodepressive syndrome" (HDS). This research was aimed to the investigation of dynamics of hemostasiological and bioëchemical parameters of blood, peculiarities of pregnancy, labour and perinatal outcome, developed in women with diagnosed laboratory markers of HDS beginning from the first or the second trimester of pregnancy.

Subjects and methods: *We examined 32 patients with HDS and 24 women with normal pregnancy development. Clinical, hemostasiological(Tr, Fg, TT, KT, APTV, PTI), biochemical parameters were measured. The results were processed with the use of Student criteria.*

Results: *physiological increase of coagulating blood potential with the progression of pregnancy was not registered in women with HDS; decrease of thrombocytes number ($p < 0,01$); prolongation of APTT ($p < 0,001$); decrease of PTI ($p < 0,01$) was registered to the III trimester. Reliable decrease of FG level ($p < 0,01$), rise of 62- macroglobulin activity ($p < 0,001$), increase of transferrin concentration ($p < 0,001$), rise of transaminase activity ($p < 0,05$) were proved. Clinical evaluation of pregnant women with preclinically diagnosed HDS revealed that pregnancy and labour were complicated: preeclampsia developed in 93,7% of cases; fetoplacental insufficiency was diagnosed in 71,8% and intrauterine growth retardation — in 37,5% of cases.*

Discussion: *according to our data preclinical evaluation of biochemical and hemostasiological parameters is necessary for early diagnosis and following pathogenetic treatment of HDS in pregnancy.*