
QUALITY DEVELOPMENT IN MATERNAL CARE – SPECIAL CARDIOOBSTETRICAL DEPARTMENT

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Special Cardioobstetrical Department (SCD) was organized in Samara region in 1994 aimed at improving the quality management in obstetrics, associating with cardiovascular pathology. Collaboration obstetrician with other specialists (cardiologist, cardiosurgion, neonatologist) and rational use of modern medical technology and equipment gave the possibility to achieve good results in medical, social and economic fields.

Our main efforts were concentrated on 3 directions:

1. Preconception rehabilitation, including formation and development of date-base about female population, suffering from cardiac disease; assesment of initial cardiac system's state and risk of adverse outcome or prognosis of potential pregnancy; selection time for conception, according with previous surgical and pharmacological treatment; choice of contraception method, if pregnancy lead to life-treatening status.

2. Managment pregnancy.

3. Perinatal care, accented on screening for congenital cardiac anomalies, prevention and therapy of perinatal asphyxia and intrauterine growth retardation.

The introduction of SCD in Health Care System not only significantly improved the quality in Maternal Care, but also contributed to the lowering of perinatal mortality and morbidity in Samara region.

PREGNANCY AND WOLFF-PARKINSON-WHITE SYNDROME – MATERNAL AND FETAL OUTCOME

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Objective: *to correlate the frequency of supraventricular tachycardia (SVT) in cases of WPW syndrome with gestational complications, fetal and newborn status.*

Methods: *two groups of pregnant women with WPW syndrome were studied: 10 patients suffering from frequent episodes of SVT, who required Cordaron treatment (I) and 8 patients with rare episodes, received potassium medication (II). In I cases (I) were performed radiofrequency ablation pathway Mahaim, but result was only palliative. Each patient underwent a surface EKG, Holter monitoring, color-Doppler echocardiography and, in selected cases, an electrophysiologic testing.*

Results: *there was significantly higher incidence of threatened abortion at 6-12 week of gestation (8 vs 3), EPH-gestosis (5 vs 1) and placental insufficiency (5 vs 1) in I group. All pregnancies terminated at term by vaginal delivery. In 5 cases (I group) labor complicated with inefficient uterine contraction, that was corrected by oxytocyn administration. There were no difference in Apgar score, birth weight, cord blood pH and short term morbidity between newborns I and II groups.*

Conclusions: *This study suggests, that although women with WPW syndrome have higher rates of pregnancy and delivery complications, their risk of an adverse fetal outcome is not appreciably increased. Appropriate surgical treatment before pregnancy and pharmacological therapy during gestation could provide the satisfactory conditions for fetal growth and development.*

However, due to very small number of patients, our results should be confirmed on larger study material.