THE ST. VINCENT TARGETS FOR DIABETES AND PREGNANCY CAN BE MET

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Objective. *To assess if the criteria for perinatal mortality and outcome m diabetic pregnancy had been met in a small and well developed island society, Iceland. The aim of the St.Vincent declaration of WHO is that the same pregnancy outcome for diabetic and non-diabetic women should be achieved.*

Methods: *A 15 year audit of all women >16 weeks gestation with a preexisting or gestational diabetic state in a small but complete national population. The population of Iceland numbers 272.000 and nearly all women are cared for through one clinic, with telemedicine facilities to help monitor the pregnancies m association with local general practitioners and midwives.*

Results: *iN 1981-1995 -there were 64988 babies delivered in the country. women diagnosed with niddm, iddm, and igt were 108 and had a total of 144 babies in 143 deliveries. there were two intrauterine deaths due to iugr in 1981 and 1983. one baby died aged 9 days from left ventricular hypoplasia in 1981. counting this baby the perinatal mortality was 21/1000. one mother died in 1987 at 34 weeks from sepsis secondary to paralysis after severe hypoglycemya. the baby survived and as well, but has learning difficulties. seven cardiac anomalies (4.9%)' and 3 cardiomyopathies were diagnosed, with one death (in 1983) but others treated successfully. one anencephaly and 19 weeks was detected by ultrasound and the fetus aborted. no other serious maternal or fetal morbidity occurred. there were 61 deliveries to women with White Class A (43%). Of those wholly insulin-dependent 29 were Class B (35%), 20 Class C (24%), 13 Class D (22%}, 1 Class E, 9 Class F (11%) and 5 Class R (6%}. The vaginal delivery rate was 64%. Of these 2/3 were induced at 38-40 weeks.*

Conclusions. *It is possible to meet the aims of the St. Vincent declaration as shown by 0 (zero) perinatal mortality and little neonatal or maternal morbidity for the last 16 years. A centralized organization with intensified monitoring of glucose control, fetal growth and health is required along with education of the diabetic population.*

POSTTERM PREGNANCY: FETAL SURVEILLANCE AND MANAGEMENT

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The objective of the study was to evaluate the impact of fetal surveillance on postterm pregnancy management. The study population consisted of 267 uncomplicated patients delivered at gestational age of 38-40 weeks and 279 postterm patients with good dating criteria at or beyond 287 days. The latter group was followed expectantly with twice-weekly NSTs with AFV/BP assessment, and with weekly physical examinations. Evaluation of outcome parameters was undertaken in control and study group. Statistical significance for the differences between groups was determined by Student's t test at $p<0.05$.

Results. *96 patients fell into spontaneous labor within one week. The rest 183 exceeding 42 weeks of gestational age were induced relying upon antenatal surveillance results . 120 of them were with Bishop scores <6. The first stage was significantly longer in study group(9h37min) to compare with control group (6h45min). Pathological or suspicious for fetal distress CTG tracings were 27.3% and 7.8%, oligohydramnios 12.3% and 3.2%, meconium staining 23.7% and 5.2% respectively. Cesaream section rate of 22.7% (mainly for fetal distress) was in study group to compare with 7.8% in control group. The great majority of complications and adverse outcomes were in cases when pregnancy exceeded 290 days.*

Conclusions. *Strict antepartum surveillance according to protocol should be undertaken in postterm patients with expectant management. The postterm fetus especially with meconium passage should have continuous FHR monitoring throughout labor and delivery. It is probably prudent to consider pregnancy exceeding 290 days to be postterm.*