ALTERNATIVE DELIVERY (RESULTS AND PROSPECTS)

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The purpose of our study: summarizing the results of an operating delivery for last 20 years. During last 20 years in Russia the frequency of cesarean section under the perinatal indications was increased almost twice. However, analysis, conducted by us, has not revealed a correlation between frequency of an operating delivery and both levels of perinatal mortality and morbidity. But the excessive enthusiasm by cesarean section has resulted in «rise in price» of an obstetric aid, impairment of professional skills and also considerably has increased number of the women with a uterus scar. The long-term scientific researches, conducted in our institute, have shown, that a reserve of a decrease of frequency of cesarean section without increase of perinatal mortality and morbidity is antenatal protection of a fetus and rational management during labor for the pregnant women with an obstetrics and extragenital pathology.

ULTRASONIC PREDICTORS OF A CONDITION OF A FETUS AND NEWBOM FOR THE PREGNANT WOMAN WITH INSULIN-DEPENDENT DIABETES MELLITUS

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For 140 pregnant women were conducted an ultrasonic fetometry and research of a fetus hemodynamics. The following results were obtained In different tirms of gestation we have found the changes of umbilical artery blood flow velocity in 92 °/o of cases and in an fetal aorta - in 80 % of cases and these values exceeded on 15-30% of the control values. By most typical predictors (p=0,004) for birth of newborn in a mean gravity condition were: systolic-diastolic ratio in umbilical artery > 2,8 , systolic-diastolic ratio in fetus aorta > 5,6. Glycemia level within 6 weeks before research was <8,0 mmol/L and the level of a glucosuria exceeded 22 g/day. Characteristic (p=0,0014) predictors for birth infants in heavy condition were: fetus BPD < 30 procentile level of a population and/or systolic-diastolic ratio in umbilical artery , systolic-diastolic ratio in fetus aorta > 5,6, thus the level of a glycemia exceeded 8,9 mmol/L. In group with decreasing of BPD < 20 procentile and DA < 30 procentile level and detection of a zero or negative diastolic component of blood velocity in fetus aorta we liave observed perinatal loss of a fetus or newborn. in 83% cases (p=0,006) Thus, ultrasonic dynamic control and compensation of hyperglycemia can help to improve perinatal results with early predicting of poor fetal outcome.