
THE NEWBORN OF DIABETIC MOTHER

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Objective: *To analyse obstetrical and perinatal outcomes in newborns of diabetic mothers in Perinatal Center for Diabetic Pregnant Women in Lublin.*

Methods: *We have summarised 283 deliveries of diabetic pregnant women in period 1993-1998. The connection of the most frequent complication of perinatal period and class of diabetes, metabolic control and mode of delivery was analysed. The detailed reasons of perinatal mortality in this group of newborns have been discussed.*

Results: *Perinatal mortality in the group of newborns of diabetic mothers was strictly connected with fetal malformations, prematurity and respiratory distress syndrome and infections. No intrauterine death was observed. Macrosomia, hyperbilirubinemia and hypoglycemia were the most frequent complications of perinatal period both in the group of GDM as in PGDM group though a moderate reduction of their frequency could be observed. The ratio of cesarean sections was about 65% in the whole group of diabetic patients. The most important reason for cesarean section was fetus' distress recognised due to very strict perinatal surveillance. The occurrence of congenital malformations was similar in GDM and PGDM patients although GDM was diagnosed usually in second trimester of pregnancy and women with PGDM very rarely were planning pregnancy.*

Conclusions: *1. Pregnancy planning, early and appropriate obstetrical and endocrinological care in specialistic centers could reduce perinatal mortality and morbidity of diabetic mothers' newborns. 2. The screening for GDM detection is necessary in whole population of pregnant women to prevent or reduce the risk of perinatal morbidity.*

LAPAROSCOPIC SURGERY IN OBSTETRICS

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Objective and Methods: *18 patients with pregnancy ranging from 14 to 24 weeks gestation and in the postpartum period underwent laparoscopic surgery during the period 1994-1998. Indications for surgery during pregnancy were: ovarian cysts and benign tumors in 9 cases -cystectomy was done in 7 cases and adnexectomy in 2 cases; in the postpartum period indications for surgery were acute PID-3 (removal of the focus of infection with drainage of the pelvis), acute abdomen -1 and surgical sterilization - 5.*

Conclusions: *Laparoscopic surgery may be the best method of treatment for pregnant patients with symptomatic benign ovarian tumors and cysts at gestation age 16-17 weeks; those with calculus cholecystitis - up to 24-26 weeks gestation age.*