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## TERM NEWBORNS' CONDITION AFTER SELECTIVE OPERATIVE DELIVERY

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**Objective:** To reveal the reason of asphyxia in term newborns after selected cesarean section.

**Material:** Fulfilled examination included cardiotocographia, ultrasound and Doppler, biochemical blood analyses and O<sub>2</sub> and CO<sub>2</sub> levels and oxygen transport in fetus hord. First group consisted of 49 newborns delivered with asphyxia of different severity, the second one consisted of 84 newborns delivered with Apgar score 8-9.

**Results:** Analysis of cardiotocogramm revealed deviation from normal values in 28,6% in the first group. Utero-placental and fetus-placental circulation was reduced in 24,5% by Doppler made 1-2 days before delivery and hord loop around fetus neck was found in 50% by ultrasound. Such changes in the second group was noted 3 times rare.

Time from the beginning of the operation to delivery was higher on 2,2 min. in the I group than in the II one. 29% of newborns form the I group suffered from intrauterine infectious disease, that was 2,5 times higher than in the I group.

**Conclusions:** Reasons of newborns asphyxia, firstly, was the result of intrauterine fetus condition before the delivery and it could be suggested that anesthesia and/or operative procedure by itself break uterine-placental-fetus circulation because changes of fetal hard rate was registered only in 30% of cases.

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## VARIANTS OF NORMAL AND PATHOLOGICAL POSTPARTUM INVOLUTION OF THE UTERUS

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**Objective:** High frequency of disorders in the process of postpartum involution demands corrective therapy. A process of non-induced involution was studied in dynamics in 115 patients after spontaneous delivery at 36-40 weeks.

**Methods:** Clinical, bacteriological and ultrasonic (US) examination of the genitals was performed on the 1-3-5-7 and in some women on the 9-11-13 days after labor. In norm, the process of genital involution in different parts goes on synchronously with certain tempo.

**Results:** 3 variants of involution tempos were revealed: accelerated – in 5%, moderate – in 85%, decelerated – in 10%. In moderate and decelerated tempos, along with synergetic changes, dyscoordinated uterine involution was observed in 30%. The following types of dyscoordination were seen: 1)delayed involution of the uterine body with normal contraction of the rest parts; 2)delayed involution of the isthmian part; 3)delayed cervical formation; 4)early cervical formation. The 2nd, 3rd and 4th dyscoordination types were the cause or effect of development of puerperal diseases on a subclinical stage. **Conclusions:** 1)About 70% of puerperants under the US control do not need uterotonic measures. 2)Dyscoordinated involution is the main US criterion of unfavorable postpartum course on a subclinical stage. 3)Uterine dimentions individually differed in the studied group by 2.5 times in the 1st day. Naturally, the involution of a "large" organ for the first 7-11 days is slower than that of a "small" one. This should be taken into account when using correlation tables.