

REDUCTION OF PERINATAL MORBIDITY AND MORTALITY IN "HIGH-RISK" GROUPS

by

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The system, defining risk factors for the fetus used in our clinic and Lithuanian Republic covers the most often occurring 5 groups: aggravated obstetrical history, the states complicating the course of pregnancy, pathology of pregnancy, extragenital diseases and pathologic paruriteias.

Pregnancies with high-risk for the fetus are elicited during the first visit to the women's consultation centre, later on, during regular visits the health of women and the development of the fetus are under intensive observation.

The results of termination of 5400 pregnancies were analysed. They showed that high-risk rate makes up 96.3% in the group of women giving birth to stillborn babies: it considerably exceeds the percentage of women that delivered newborns without signs of hypoxia and in a hypoxic state. Pathology of pregnancy itself makes the greatest deal of risk factors in all the cases. The risk factors unfavourably influencing the fetus is shown by the fact that the frequency of hypoxic newborns and stillbirth in groups of middle and high risk is considerably

higher than in the group of low risk: when high-risk was defined, stillbirth took place 50 times more frequently than in the group of low risk.

Operations were performed in 55% of high risk cases. In 47% of these deliveries, caesarean section was carried out. It should be pointed out that even when operative delivery took place, hypoxia of the newborn occurred 35 times more frequently in high-risk group than in the group of low risk.

At present, besides regular visits to women's consultation centre and other generally accepted examination measures, the observation program of women with high-risk pregnancy includes fetus examination: using cardiotocography (CTG), abdominal fetophonoelectrocardiography and ultrasonic cephalometry. On finding considerable abnormality a pregnant woman is urgently hospitalized for more thorough examination and treatment.

In cases when high-risk pregnancy was over 34 weeks, oxytocin test was used; cardiotocograms followed by registration for 15-20 min.

Considerable correlation between pregnancy and delivery outcome and fetus reaction to uterine contractions was found out. In cases where a pathologic reaction to uterine contractions was not registered or an early fetal heart rate deceleration revealed, newborns according to Apgar score were evaluated by 9.5 points. During pregnancy, deceleration being

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late, newborns according to Apgar score were evaluated at the overage by 6.7 points; in 1/3 of the cases meconium staining was revealed by amnioscopy.

Caesarean section is often done in the group of women with late deceleration.

When late fetal heart rate deceleration was elicited during pregnancy, 60% of new borns were delivered in the state of hypoxia: when meconium stained amniotic fluid was found, new borns delivered with hypoxia made up 44%. When both signs were found together, newborns delivered in the state of hypoxia made up 84.0% and had average Apgar score—3.8. Most often late deceleration was registered together with limited undulating and silent fetal heart rate patterns.

The comparison of quantitative characteristics of late deceleration in the groups of newborns delivered without signs of hypoxia and in a hypoxic state showed that accordingly to hypoxia graveness, late deceleration's area, deceleration units, duration and amplitude is growing, delay

time (in respect of begining of the uterine contraction) shortern.

It has been proved that newborn's condition depends on the time of delivery after late deceleration was revealed. In cases delivery was called out in 2 days time, all the newborns were born without signs of hypoxia; when delivery time exceeded 2 days—27.5% of newborns were delivered in the state of hypoxia.

So, the use of antenatal cardiotocography opens up new-possibilities of early diagnosis of the fetal hypoxia state and it allows planning of how to conduct high-risk deliveries and how to prognose the newborn's health state.

The use of the above mentioned program and diagnostic measures allowed to cut down perinatal mortality rate by 25% in the course of the past 4 years.

Therefore, our experience confirms the rationality of an early diagnosis of risk factors for the fetus and combined investigations of the fetal state during the whole course of pregnancy according to the program worked out.