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&
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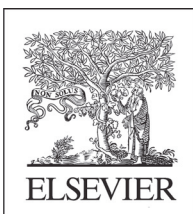
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cental insufficiency. In 75% during pregnancy laboratory markers of the DIC chronic syndrome were detected, in 43.7% – antiphospholipid syndrome, in 30.6% – infections.

Method: The comprehensive study of the state of vaginal biocenosis was conducted. The investigation of the blood coagulation system, prenatal screening study, echographic and Doppler study fetoplacental system, Doppler study, CTG-monitoring, measurement of VEGF-R1 were performed.

Results: According to the results of the autopsy stillborn and morphological study of placentas revealed: chronic placental insufficiency (PI) – 92%, inflammatory changes in the future – 34% of umbilical cord pathology – 22.6%, fetal malformations – 19.4%, IUGR – in 48.8%. Differentiated approach to the prevention of complications of pregnancy and can significantly reduce the incidence of complications of pregnancy. Placental insufficiency occurred in 1.33 times less likely (40% vs. 53.3%), only in the form of compensated (100%).

Conclusions: According to the developed algorithm of pregnancy timely surgical delivery by cesarean section was performed 1.6 times more likely to routinely (96.3% vs. 60%). Thus, good timing and mode of delivery in pregnant women undergoing AFD, can reduce the risk of recurrent reproductive losses and perinatal morbidity.

P0191

ANTENATAL METABOLIC PROGRAMMING DURING THE HIGH-RISK PREGNANCY

A. Strizhakov, I. Ignatko, I. Bogomasova, S. Baibulatova. *First Moscow Medical University I.M. Sechenov, Moscow, Russia*

Objectives: Aim of the study was to determine the endocrine status of the fetus in uncomplicated pregnancy and placental insufficiency of varying severity. Complex examination (clinical, echographic, Doppler, hormonal) 90 pregnant women with uncomplicated pregnancies and 230 – with placental insufficiency of varying severity.

Method: We studied the ultrasound morphology (size of shares, circumference, echostucture, echogenicity) and peculiarities of organ blood flow of fetal thyroid and adrenal glands of the fetus during uncomplicated pregnancy and with placental insufficiency of varying severity.

Results: In uncomplicated pregnancy observed a linear increase in fetal thyroid: a circle with 21.35 ± 2.9 mm up to 61.32 ± 5.37 mm, width – from 8.89 ± 1.5 to 26.11 ± 3.48 mm. The severity of deflection depends on severity of PI: with compensated PI the circle of the thyroid decreased only 34–36 weeks, 10.8%; subcompensated in 34–36 weeks – circumference decreased by 30.9%. When there is compensated PI adrenal growth rate was slow compared to the control group at 17.9–21.3% width, % height 16.7–27.6% and at the PI subcompensated – 23.8–25.3% for width, height 9.7–35.2% and 24–33.4% in thickness.

Conclusions: All pregnant women who are at risk for the development of PI should be carried out complex dynamic ultrasound and Doppler examination, including measurement of the size of the thyroid gland of the fetus and Doppler study of blood flow in the inferior thyroid arteries of the fetus, as well as evaluating the size and characteristics of hemodynamic fetal adrenal glands. Newborns of mothers with pregnancy which flow phenomena PI, IUGR have congenital hypothyroidism they should be carried out additional inspection and correction of violations.

P0192

MATERNAL AGE AND CONGENITAL ANOMALIES IN PROF. KANDOU GENERAL HOSPITAL MANADO, NORTH SULAWESI (4 YEARS REVIEW)

J. Wantania, A. Dharmawan, D. Utama. *Faculty of Medicine Sam Ratulangi University, Manado - North Sulawesi, Indonesia*

Objectives: To determine the incidence of congenital anomalies and the correlation between maternal age and the type of congenital anomaly.

Method: This is an analytic retrospective study. The research data derived from the medical records of patients underwent labor at the Prof. Dr. R. D. Kandou General Hospital Manado from January 01, 2011 until December 31, 2014. Statistical analysis using Chi Square method.

Results: The incidence of congenital anomalies was 1.85% from 354 cases (19,169 labors). It was mostly found in the cardiothoracic system (29.38%) and the most found was VSD (14.41%), whereas multiple anomaly was seen in 40 cases. The maternal age group giving birth to newborns with congenital anomalies, <20 years old (10.73%), 20–35 years old (66.38%) and >35 years old (22.88%). The majority of congenital anomaly found in the group age <20 years old is VSD and >35 years old is Down syndrome (13.58%). There was a correlation between the maternal age and the incidence of congenital anomalies ($p < 0.05$).

Conclusions: Congenital anomaly had a correlation with maternal age and it was mostly found in the cardiothoracic system.

Assisted Reproduction

P0193

FRESH VERSUS FROZEN EMBRYO TRANSFER AS REGARDS PREGNANCY OUTCOME: A RETROSPECTIVE STUDY

N. Nour Eldine, M. Ibrahim Mh. *Minya University, Minya, Egypt*

Objectives: To compare implantation rates and pregnancy rates following fresh versus frozen embryo transfer.

Background: Human embryo cryopreservation had become very important part of assisted reproductive technology program as it maximize utilization rate of single IVF cycle we compare the fresh embryo transfer to frozen thawed embryo transfer as regards pregnancy rate, implantation rate.

Method: Statistical analysis of retrospective data of 200 women undergone general ivf program from first of January 2009 to end of December 2011, women divided into two groups each group include 100 women, first group (GI) received fresh embryo transfer, second group (GII) received frozen–thawed embryo transfer. Comparison between the chemical pregnancy rate, clinical pregnancy rate and implantation rate in both groups was done.

Results: The chemical pregnancy rate was insignificant different among both groups, the first group (GI) 57.1%, while in the second group (GII) 42.9%, p -value 0.09 (> 0.05).

Rate of single pregnancy was significantly higher in the first group 64.9% than in the second group 35.1%. Rate of twins was significantly higher in the second group (GII) 75%, than in the first group 25% (GI). Rate of triplets was 10% in first group while there was no reported triplets in second group. (P value 0.001). Implantation rate was (24.8%, 20%) in first group (GI) and second group (GII) respectively.

Conclusions: A program of embryo freezing and performing frozen embryo transfer is cost effective and should be adopted by all ivf center to improve utilization rate of single cycle, as the pregnancy rate and implantation rate is almost equal to fresh embryo transfer.

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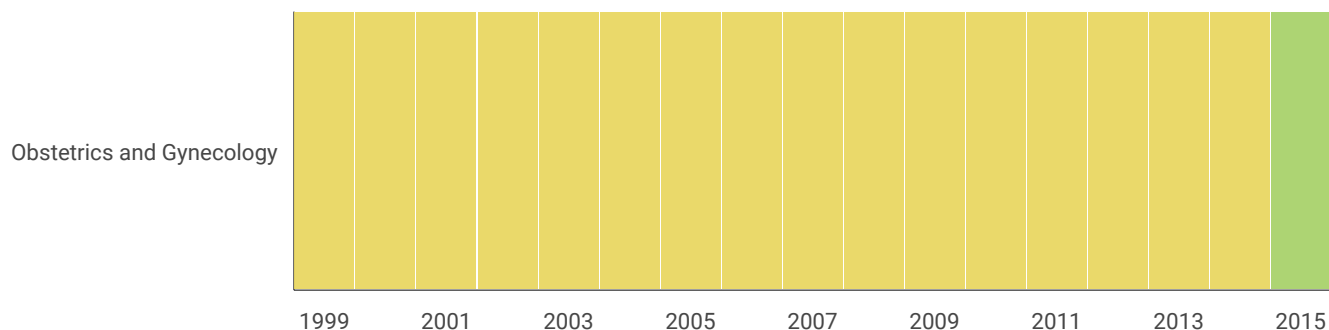
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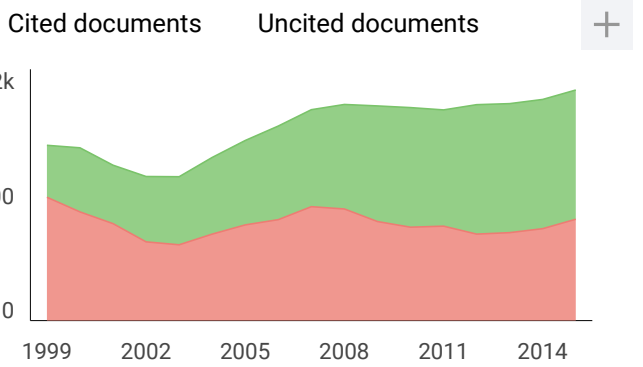
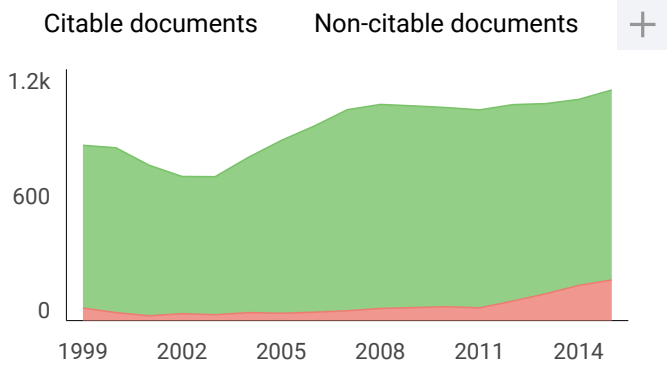
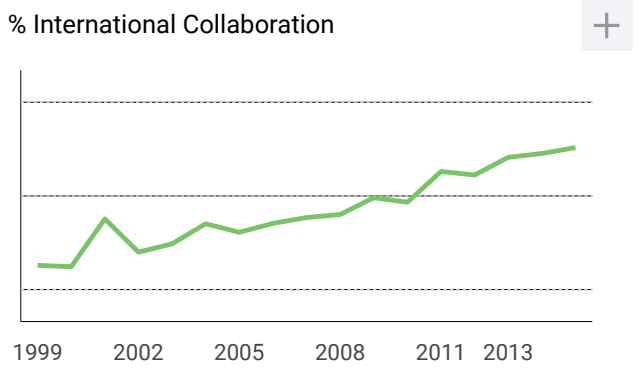
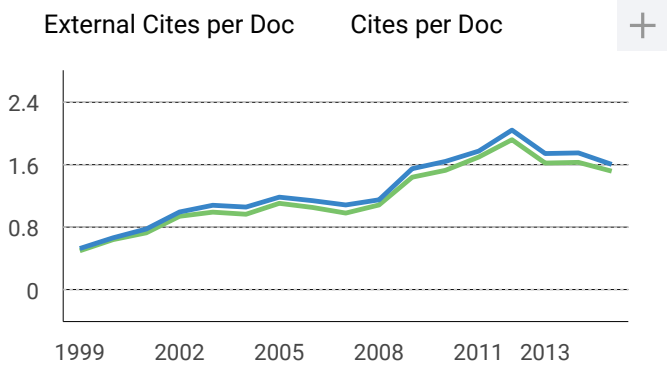
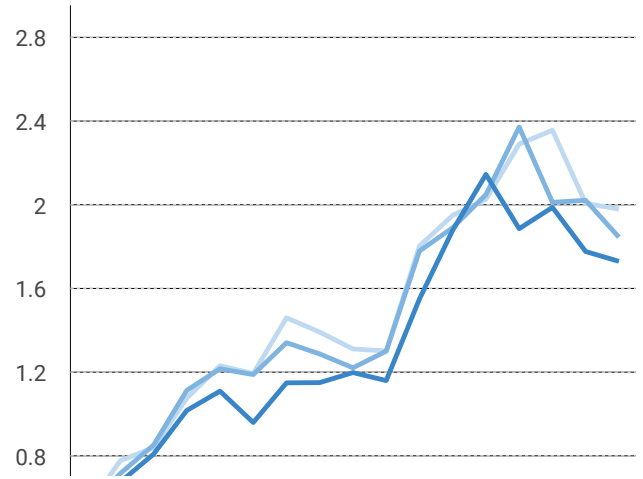
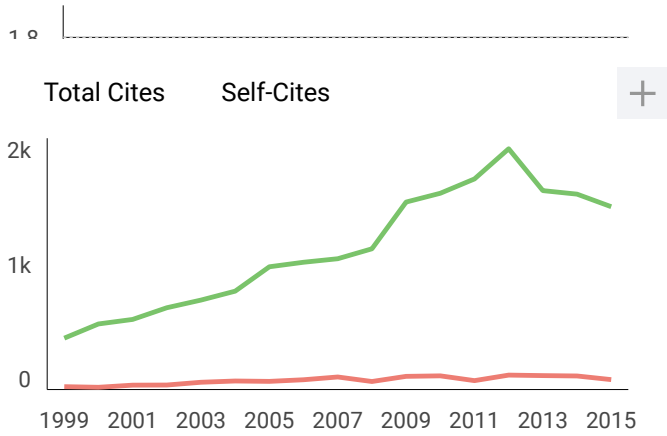


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