$306^{\frac{\text{EFFECT OF INCREASED F,0. ON IUGR FETUS. } \underline{\text{Rita A.}}}_{\text{Department of Pediatrics; Durham, N. C.}} \underbrace{\text{Rita A.}}_{\text{Durham, N. C.}}$ 

Since the growth retarded fetus(IUGR)is subjected to chronic hypoxia,we tested the effect of  $\uparrow$  inspired oxygen cencentration in the maternal environment. The uterine artery of 29 pregnant rats was ligated at 17 days gestation; the other horn was left untouched was lighted at 17 days gestation, the other horn was left uncounted to deliver either a constant  $f_1O_2$  of  $0.40(O_2)$  or room air (RA). Both groups of rats gained weight equally on day 21 the pregnant rat was injected ip with  $H_2O$  to evaluate fetal fatty acid synthesis and returned to the same cage. Four hours later, fetuses were delivered.All fetuses from the ligated horn were rescribed in 5 of 17 RA rats, while all 12 0<sub>2</sub> rats had  $\geq$  2 surviving pups from the ligated horn. Survival was Significantly  $\uparrow$  (p<.05) in IUGR-0<sub>2</sub> fetuses (57+8%,m+sem) compared to IUGR-RA group (33+6%). Data from IUGR-TALL of the same tage. IUCR fetuses are expressed as percentages of AGA littermates exposed to the same maternal environment.(Table) Fetal weight was significantly + in the IUGR-0, group compared to IUGR-RA fetuses, without a concomitant + in the AGA-0, group. H-fatty acid opecific activity (SA) was significantly + in IUGR-RA fetal liver, lung and carcass. Maternal 02 therapy resulted in a slight, although not statistically significant + in fatty acid SA in all 3 organs.

DEVELOPMENTAL CEREBROVASCULAR RESPONSE TO SYMPATHETIC NERVE STIMULATION IN NEWBORN 307 PIGLETS. L. Craig Wagerle, \* Savitri P. Kumar, \* and Maria Delivoria-Papadopoulos. University of Pennsylvania School of Medicine, Departments of Physiology and Pediatrics, Philadelphia, PA. Previous studies suggest that sympathetic nerves may affect cerebral

blood flow (CBF) more profoundly in neonates than adult animals. Data regarding developmental aspects of adrenergic mechanisms and CBF regulation are not available. The present study investigates the functional development of sympathetic vasoconstriction in the cerebral circulation. In 16 anesthetized (30%  $N_2$ 0) newborn piglets (4 to 15 days), the right sympathetic trunk was electrically stimulated for 60s (16 Hz, the right sympathetic trunk was electrically stimulated for 60s (16 Hz, 15v, 3 msec) while the left side served as control and blood flow to each hemibrain was measured (microspheres). Blood pressure and blood gases were not altered by sympathetic nerve stimulation. During baseline (no stimulation) CBF was 78±5 and 77±5 ml/min/l00g in the left and right hemibrain respectively. Electrical stimulation of the sympathetic trunk decreased flow to the right hemibrain by 10±2% compared to the left side. Flow to the right cerebrum (CBM) was reduced by 15±3% while flow to cerebellum and brainstem regions were unaffected. The efficacy of sympathetic vasconstriction appears to be related to age where flow flow to cerebellum and brainstem regions were unaffected. The efficacy of sympathetic vasoconstriction appears to be related to age where flow to the right CBM was reduced by  $14^{\pm}3$  in piglets less than 6 days old,  $19^{\pm}5\%$  in 7-9 day old piglets and  $6^{\pm}3\%$  in piglets over 9 days of age. The developmental pattern was most profound in the choroid plexus where sympathetic vasoconstriction reduced flow by  $45^{\pm}7$ ,  $83^{\pm}5$ , and  $58^{\pm}8\%$  in the respective age groups. These data suggest that there is a critical time during postnatal development when sympathetic activation may significantly alter CBF. (NIH T35-HD-07217-I0Al and NIH-HD-15973-01.)

LONG TERM PROSTAGLANDIN SYNTHESIS INHIBITORS (PGSI) **308** AND TRACHEAL FLUID (TF) PRODUCTION IN FETAL SHEEP. L.D.Wallen, D.T.Murai, C.H.Lee, and J.A.Kitterman. Univ. of California, Cardiovascular Res. Inst., San Francisco.

In fetal sheep, TF production is relatively constant during the last month of gestation; it decreases in the few days before birth, a time when fetal plasma PGE, concentrations ([PGE\_]) are rising. Short term (12 h) infusions of PGE\_ decrease TF production, suggesting that the rise in endogenous [PGE2] may be responsible for the prepartum decrease in TF production. To investigate the possible role of PGE in the control of TF production before birth, we studied 5 chronically catheterized fetal sheep from 131-150d gestation. In 4 animals, we infused meclofenamate (Mec), a PGSI, at 1.4-2.8~mg/h (a dose previously shown to decrease [PGE\_]); the infusion was continued until birth or fetal demise (5-13d). A control animal received an infusion of vehicle only, for lld. Each day we collected tracheal fluid from a tracheal cannula and a soft, intrauterine collection bag. TF production in experimental and control animals was similar to previously reported normal values. During the 2 days prior to birth TF production progressively decreased in all animals to 30% of the usual rate; this decrease is similar to that previously reported. Thus, Mec did not prevent the prepartum decrease in TF production. We conclude that in the last few days before birth, the rise in [PGE ] does not cause the fall in TF production. ( Supported by USPHS Grant HL 27356 (Pulmonary SCOR) and ALA Fellowship

GLYCOGEN METABOLISM OF FETAL LAMB LUNG IS MODIFIED BY CHRONIC HYPERGLYCEMIA AND HYPERINSULINEMIA. David Warburton (Spon. by Robert McAllister). Neonatal Respiratory Disease Division, Childrens Hospital of Los Angeles, Dept. Pediatrics, University of Southern California School of Medicine, Los Angeles. I studied the developmental profile of glycogen, glycogen synthase and phosphorylase in the lungs of control fetal lambs at 123, 131, and 142d gestation (term 150d) and in the lungs of their twins given intravenous glucose (16±2 mg/kg/min, M±SE) from 112d onwards. Serum glucose (34±2 mg/dl) and insulin (47±11  $\mu$ U/ml) in the glucose treated fetuses were higher than serum glucose (19±3 mg/dl P < 0.01) and insulin (14±2  $\mu$ U/ml P < 0.01) in the controls.  $\frac{123d}{131d} \frac{131d}{142d}$ 

123d 153 142d 39 131d 83 Glycogen content Control μg/mg prot 240 95 Glucose Synthase A Nmole/min/mg prot Synthase A + B 0.41 1.19 1.14 1.25 Control 0.63 Glucose 4.90 5.46 5.82 Control Nmole/min/mg prot Phosphorylase A 5.39 10.20 0.15 4.81 Glucose 0.30 0.17 Control Nmole/min/mg prot Phosphorylase A + B Nmole/min/mg prot 0.25 0.22 0.16 Glucose 3.8 1.7 0.8 0.9 Control 1.4 1.0 Glucose

Fetal lung glycogen was higher in the glucose treated fetuses and fell more slowly towards term than in the controls. The enzyme activities were also modified by chronic hyperglycemia

and hyperinsulinemia.

APPEARANCE OF c-AMP DEPENDENT ACTIN PHOSPHORYLATION IN RAT LUNG AND TYPE II EPITHELIAL CELLS Jeffrey 310 A. Whitsett, James Lessard, Children's Hospital,
University of Cincinnati, Ohio
c-AMP enhances surfactant release from Type II epithelial

cells, presumably by activation of protein kinases (PK) and increased protein phosphorylation. cAMP dependent (dep) phosphorylation of endogenous proteins was therefore assessed in rat lung during development and in adult Type II epithelial cells. Protein Mr=43.000 was the major substrate of c-AMP-PK in cyto-Protein Mr=43,000 was the major substrate of C-AMF-FR in Cyto-sol from postnatal lung and in purified adult Type II cells. Evidence that [32p]43,000 is the cytoskeletal protein, actin, includes migration on 2-D SDS-PAGE and phospho-peptide mapping. [32p]Serine was the only phosphoamino acid detected. Phospho-M. cAMP dep <sup>32</sup>P-actin was barely detectable until 21d gestation and increased 25-fold during the perinatal period. cAMP dep protein kinase activity did not correlate with developmental increase in  $^{32}$ P-actin. cAMP-PK was higher in fetal than adult preprations, p<.01. Lung actin content did not change with age. Addition of purified actin but not cAMP-PK to fetal cytosol enhanced <sup>32</sup>P-actin. Actin is a major endogenous cytosolic substrate of c-AMP-PK in Type II epithelial cells and in postnatal lung. Actin phosphorylation is developmentally regulated in association with other aspects of lung maturation. Mechanisms that might account for the developmental changes in lung <sup>32</sup>P-actin include 1) availability of actin to serve as substrate of c-AMP- PK, 2) new actin forms, or 3) ontogenic appearance of specific c-AMP dependent actin kinase activity.

EFFECT OF MAGNESIUM SULFATE TOCOLYSIS ON MATERNAL SERUM TOTAL AND IONIZED CALCIUM. Heidi Winkler, Paul Y.K. Wu and Raul Artal. Univ. of So. Calif. Sch. of 311

Med., LAC-USC Med. Ctr., Depts. of Peds and OB/GYN, Los Angeles.

The appearance of "Gap junctions" in the myometrium permits
the initiation of parturition, and terminate pregnancy by providing large areas of low resistance between cells and allowing spread of electrical information. Ionized calcium ( $Ca^{++}$ ) plays an essential role in modulating this function. Magnesium sulfate (MgSO<sub>4</sub>) displaces Ca<sup>++</sup> in the conduction of nerve impulse thus blocking its transmission. Although the depressant action of MgSO<sub>4</sub> on myometrial excitation-contraction coupling is well known, little is known of its effect on serum Ca++ concentration. We studied 18 pregnant women who were in active premature labor (fetal GA  $\leq$  34 wks) in whom MgSO<sub>4</sub> was used as a tocolytic agent. The patients received a loading dose of 4 g of MgSO<sub>4</sub> followed by a constant infusion of 2 g/h. Maternal serum total Mg, Ca and were measured sequentially prior to MgSO4, at 4, 8-12, every 12 h during the infusion and 24 h after cessation of infusion. Serum Mg rose from 1.5  $\pm$  0.17 mg ( $\bar{m}\pm SD$ ) to 3.9  $\pm$  0.8 mg at 4 h and remained elevated during the infusion. Total Ca and Ca<sup>++</sup> fell significantly (p<.01) from 9.0±0.5 to 7.5±0.4 mg/dl and 1.16  $\pm$ 0.05 to 1.09±0.07 mM/dl respectively. Both total Ca and Ca<sup>++</sup> returned to pre MgSO4 level 24 h after cessation of infusion. Conclusion: Contraction of the myometrium is dependent on Ca<sup>++</sup> in extracellular fluid, the fall in serum Ca<sup>++</sup> may be an added factor in reduced myometrial excitation-contraction coupling during MgSO4 tocolysis.