

1165

CHANGES IN PERINATAL MORTALITY IN CLINICAL HOSPITAL CENTER „ZVEZDARA“ BELGRADE

O. Stanojlovic¹, J. Djorovic², N. Todorovic¹,
V. Stojanovic³, M. Čubrilo⁴

¹Neonatology, Hospital of Gyn/Obs, Clinical Hospital Center 'Zvezdara', ²Neonatology, Hospital of Gyn/Obs, Clinica Hospital Center 'Zvezdara', ³Gyn/Obs, Hospital of Gyn/Obs Clinical Hospital Center 'Zvezdara', ⁴Pathology, Clinical Hospital Center 'Zvezdara', Belgrade, Serbia

Objective: The aim of our study was to evaluate perinatal mortality rate, to identify the causes of intruterine or early neonatal dying and to show the changes in two periods of time.

Methods: Retrospective study of clinical records of women and their newborns delivered in our hospital in two periods: 2001-2005 and 2006-2009. Stillborn (dead children born after 28 weeks of gestation) and infants calculated from 22 weeks and >500g dying within 1-7 days were included.

Results: Significant drop from 9,74‰ in the 1st to 6,47‰ in the 2nd period was noticed. Stillborn accounted for approximately ½ in both periods, but there were more term babies in 1st period. Uteroplacental causes and cord complications were the most frequent pathological findings in uncomplicated pregnancies, as well as in those complicated by hypertension or IUGR. Neonatal mortality rate decreased from 4,6‰ to 2,98‰ in 2nd period. Preterm babies accounted for 56% in 1st and for 80% in 2nd period and EVLWB accounted for approximately 40% of early neonatal mortality. The most frequent causes of death in term babies were anomalies, asphyxia and infections (intrauterine or intrapartal). In preterm babies >1000gr most frequent were infections (50%), anomalies and asphyxia.

Conclusion: Perinatal mortality rate is an accepted indicator of quality of perinatal health care. Certain categories of perinatal death are more or less potentially avoidable and the goal is to achieve the optimal care considering local resources. We noticed a significant drop in perinatal mortality rate in second half of last decade in our hospital as a result of improvement of perinatal care.

1166

BRACHIAL PLEXUS INJURY PATTERNS HAVE REMAINED UNCHANGED OVER TWO TIME EPOCHS

N. Kandamany

Neonatology, National Maternity Hospital,
Dublin, Ireland

Objective: Brachial Plexus Injury (BPI) is a potentially serious complication following shoulder dystocia at birth. Its The NMH previously published our findings on BPI for the period of 1994-1998. In this study, we have addressed the question as to whether BPI is changing in incidence or severity over time.

Methods: All cases of BPI from 2004-2008 were included. The diagnosis was confirmed by a Paediatrician and Physiotherapist. Clinical details and background hospital statistics were recorded. Data regarding the severity of persisting neurological deficits was obtained from the Central Remedial Clinic. The findings for 2004-2008 were compared to the previously published data for the period 1994-1998.

Results: 77749 patients were included within the two study periods. In the series from 2004-2008, the incidence of BPI was 1.7/1000 (72 cases/41953 births) compared to 1.5/1000 for the preceding time period of 1994-1998 (54 cases/35796 births). The Caesarean section rates were 18.4% (2004-2008) and 10.7% (1994-1998). The proportion of births weights >4000g was 19.2% (2004-2008) and 19.3% (1994-1998). In 2004-2008, of 9 infants referred for follow-up of persisting neurological deficit, 2 required surgical intervention. In 1994-1998 10 infants had persisting deficits, 3 requiring surgery.

Summary: It was believed that the BPI rate had improved through the increased rate of operative deliveries and the employment of Obstetric drills for the management of shoulder dystocia. This study reveals the incidence of BPI remains unchanged over two time epochs. These findings suggest the pathogenesis and prevention of BPI are more complex than we realised.