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ROUTE OF DELIVERY AND APGAR SCORES
OF THE FETUS IN BREECH PRESENTATIONM.R. Festin, L. Cuevas, L. Amarillo

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The problem of deciding how to deliver infants in breech delivery has been the subject of debates among obstetricians. The pendulum has swung back and forth from adequacy for vaginal to that for abdominal delivery for any breech delivery.

This study seeks to determine the determinants for vaginal delivery and for Apgar scores among patients in breech delivery. Case records of all pregnant women with fetus in breech presentation were reviewed. Univariate and multivariate analysis were done to determine the important factors associated with the outcomes. Univariate and multivariate analysis shows that in predicting the manner of delivery in this sample of patients presenting as breech, the main important factors are parity, estimated fetal weight, pelvimetry and cervical dilatation. There are no important factor which are associated with the navel to head time. Low Apgar scores were found in babies less than 32 weeks and actual weight of less than 2350 grams, all of which were also observed to have been delivered vaginally. General anesthesia also had low Apgar scores compared to those delivered using spinal anesthesia. These data may then influence those making policies on the delivery of babies in breech.

I S—42 Maternal thyroid function and fetal growth in the endemic goiter area in Indonesia.

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The differences in thyroid status in pregnant women during the third trimester, and the influences on the fetal growth were studied in both an endemic goiter area (EGA group in the Ponjong area) and a nonendemic goiter area (NEGA group in the Tepus area) in Indonesia. From each area, 30 pregnant women in the third trimester and 30 nonpregnant women as controls were recruited. Serum concentrations of free T3, free T4, TSH, free fatty acid (FFA), total protein, and glucose, and newborn birth weight were measured. It was found that in nonpregnant women, serum free T4 levels were significantly lower in the EGA group than in the NEGA group ($P<0.001$), and serum free T4 levels in pregnant women were significantly lower than those of nonpregnant women, either in the NEGA group ($P<0.001$) or in the EGA group ($P<0.05$). However, maternal serum free T3 and free T4 level during the third trimester in the EGA group were significantly higher than those in the NEGA group ($P<0.001$, $P<0.001$, respectively). Maternal serum levels of FFA and total protein were not significantly different between the two groups, but maternal blood glucose levels in the EGA group were significantly higher than those in the NEGA group, and newborn birth weights in the EGA group were significantly higher compared with those in the NEGA group. These findings suggest that comparatively higher levels of thyroid hormones in mothers in the EGA group compared with those of the NEGA group may cause an increase in newborn birth weight through an effect of thyroid hormones to elevate blood glucose levels. This research was collaborated with ICMR Kobe University.