Results: Two hundred and twelve pregnant women with a mean age of 28 years and mean gestational age of 37.6 weeks studied. 121 had un complicated and 99 had complicated pregnancies. Mean birth weight was 3.322 kg in uncomplicated and 2.773 kg in complicated pregnancies. 25 neonates were admitted to NICU, 21 in complicated and 4 in uncomplicated group. Aot MCA PI and RI ratio were significantly more in complicated group (PI [1.19 +/- 0.45 vs 0.9 +/- 0.39] and RI [0.59 +/- 0.91 vs 0.61 +/- 0.17]). Aot MCA PI ratio was the best predictor of neonatal acidosis. (OR 4.7 CI 95% 1.6-6.1) Area under curve to predict neonatal acidosis was 0.8. A cut off value of 1.3 for Aot MCA PI ratio best predicted neonatal acidosis with a sensitivity of 78% and specificity of 90%. The cut off was 1.01 for Aot MCA RI ratio with a sensitivity of 67% and specificity of 87%.

Conclusions: Aot MCA RI ratio helps us to predict fetal acidosis in complicated pregnancies.

EP16.13
Prediction of delivery mode in women with low-lying placenta
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Objective: To evaluate the predictors of delivery mode in women with low-lying placenta.

Methods: A retrospective chart review was performed. Women who with low-lying placenta want a vaginal delivery were included in this study. A diagnosis of low-lying placenta is usually made when the length from the placental lowest edge to the internal os is less than 3 cm and the edge did not over the internal os as by vaginal ultrasonography. Women with uterine scar, abnormal presentation, multifetal pregnancy, and who wanted an elective Caesarean section were excluded. Risk assessment included Bishop score and cervical dilation score at trial of labour (TOL), age, parity, maternal body weight and height, gestational age at TOL, placental location, duration of first stage, and distance from the placental lowest edge to the internal os.

Results: A total of 63 women met inclusion criteria. Of those women, 44 (69.8%) had a vaginal delivery and 19 (30.2%) underwent Caesarean delivery. Bishop score and cervical dilation score at TOL had a high predictive value for vaginal delivery. Women with vaginal delivery had higher Bishop score at TOL than women in the Caesarean delivery group (22.7 vs. 0 %, p = 0.049). The receiver operator characteristics (ROC) curves were analysed (for the Bishop score, a value of 6 was the best cut-off value to determine a vaginal delivery [AUC 0.723, p = 0.001].

Conclusions: Prediction of vaginal delivery in women with low-lying placenta is dependent on cervical examination at TOL. The Bishop score and cervical dilation score can be utilised when counselling women considering a vaginal delivery.

EP16.14
Features of antenatal ultrasonographic monitoring in diabetes mellitus pregnant women in the diagnosis of diabetic fetopathy and determining the degree of perinatal risk
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