

Conclusions. We expect to identify the particularities of the reproductive health in women from our interest group, in order to develop an individualized approach according to their age, type of pathology, procreation decision and pregnant/non-pregnant state.

Key words: seronegative spondyloarthropathies, pregnancy, women.

94. MATERNAL RISK FACTORS IN UMBILICAL CORD ENTANGLEMENT

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Introduction. The most common cord entanglement is nuchal cord with an incidence of 15-34%; single loop 24-28% and multiple loops 0.5-3.3%. Nuchal cord occurs when the umbilical cord becomes wrapped around the fetal neck at 360°. At delivery, the encircled cord might be compressed, causing blood flow obstruction. As shown previously, this intermittent regional obstruction may result in neonatal compromise. Thus, it is very interesting to study the risk factors that lead to the entanglement of the umbilical cord.

Aim of the study. To evaluate the relationship between maternal risk factors and entanglement of umbilical cord around the fetal neck.

Materials and methods. In this prospective cohort study, perinatal outcomes of 107 pregnancies complicated with nuchal cord (study group) were compared with 293 uncomplicated pregnancies (control group). The present study was carried out at the First City Clinical Hospital, Perinatal Center of the Republic of Moldova. Singleton pregnancies in cephalic presentation were included. Undated pregnancies were excluded. The main variables studied were: maternal age, parity, specific and non-specific infections in pregnancy and in anamnesis, and extragenital diseases. The results were processed with the following software: Statistical Package for the Social Sciences (SPSS 20) and Microsoft Office Excel 2010.

Results. This study demonstrated that, a nuchal cord was present in 107 (26.75%) of 400 singletons. Significant independent risk factors for nuchal cord formation were: parity ($\chi^2=6.122$, $df=2$, Cramer's $V=0.124$, $p=0.047$), TORCH-infection ($\chi^2=6.019$, $df=1$, $\phi=0.133$, Fisher's $p=0.015$), pelvic inflammatory diseases ($\chi^2=7.505$, $df=1$, $\phi=0.147$, Fisher's $p=0.006$), sexually transmitted infections ($\chi^2=22.718$, $df=1$, $\phi=0.254$, Fisher's $p=0.000$) and iron-deficiency anemia in pregnancy ($\chi^2=5.145$, $df=1$, $\phi=0.119$, $p=0.023$). No statistically significant differences in maternal demographic, obstetrical and gynecologic features were found between groups.

Conclusions. The scientific research has shown that: parity, TORCH-infection, pelvic inflammatory diseases, sexually transmitted infections and iron-deficiency anemia in pregnancy should be added to the list of known nuchal cord risk factors.

Key words: maternal risk factors, nuchal cord, umbilical cord

95. EVALUATION OF AN OVARIAN TUMOR'S POTENTIAL FOR AGGRESSIVENESS IN PREGNANCY USING LOGICAL TOOLS FOR PRE-OPERATORY PROGNOSIS

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