

during 2010 – 2011 was carried out. The researchers used the software ‘WHO Anthro’ to establish the nutritional status of the researched children (the ‘WHO Anthro’ software for PC, version 3, 2009 – software designed for the assessment of the worldwide growth and development of children. Geneva, WHO, 2009 - <http://www.who.int/childgrowth/software/ru/>).

Results and discussions: The average age of children was $10 \pm 7, 3$ months. The research concentrated upon the study of second and third degree hypotrophy. The anamnesis has shown that 9 children (18%) were breastfed, 18 children (36%) were fed replacement products (11 children (22%) were fed partially adopted mixtures, 7 children (14%) were fed unadapted mixtures (whole cow’s milk), 15 children (30%) mixed-fed. Approximately 40% of children were mixed-fed on NAN lactose-free mixtures, Alfare, Nutrilac/Nutrilon, Maliutka (Малютка). Approximately 24% of children suffered from exogenous hypotrophy development while as a manifestation of endogenous factors, the hypotrophy was marked in the case of 18% of children; 58% of children suffered from hypotrophy caused by violations of nutrition types (unadapted milk mixtures, flour products’ excess, and lactose intolerance).

Conclusions: Main causes of hypotrophy diagnosed among researched children were gastrointestinal diseases (gastroduodenitis, enterolitis) with the development of the secondary malabsorption syndrome as well as prenatal facts (congenital malformations, prematurity and cystic fibrosis). The most frequent diet errors were early transition of children to mixed and artificial feeding using whole cow’s milk and flour products. A number of breast-fed children were diagnosed with a lactase deficiency.

Key words: malnutrition, nutritional status, diet errors.

BABIES MATRIX AS AN INSTRUMENT OF ANALYSIS OF PERINATAL MORTALITY AND MORBIDITY (by data of the Aktobe Tertiary Care Center during 2010-2011)

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Introduction: Babies Matrix is an adjustable tool of evaluation, which allows collecting, organize, analyze and convert data in information for arrangements on Infant health protection. BABIES integrates five conceptions in order to help the Program manager to make decisions:

1. Time: Age of the fetus/infant at death
2. Group of Weight at birth or Dimension of the fetus/infant
3. Thinking in two dimensions – Weight at birth and Time in matrix of death
4. Interpretation of boxes in BABIES and grouping it in complexes of arrangements
5. Untapped Opportunities.

Aims and Tasks for proceeding of BABIES Matrix:

1. to view the data and adapt the Matrix to the medical clinic where the Program proceeds
2. to put the data in the Matrix
3. to determine “Untapped Opportunities”
4. to analyze “Untapped Opportunities” by period, place and contingent
5. to choose the arrangement strategy and to determine targets and tasks
6. to choose detectors of the arrangement result and the process of your Program
7. to repeat the cycle in order to achieve continuing of the situation improvement.

Materials: The work is based on meta-analysis of the infants medical histories within the period of 2010-2011, analyzed by BABIES Matrix.

Results:

Weight of infant at birth in gr.	Antenatal mortality	Intranatal mortality	Early neonatal mortality	Late neonatal mortality	Postneonatal mortality
	1	2	3	4	5
500-999	2010-11.1				
1000-1499	2011-5.4				
1500-2499	2010-10.1		2010-8.5		2010-1.5
2500 and more	2011-5.8		2011-3.6		2011-0.6

Analysis of our results:

Main problems within a period of 2010 were in:

- low qualification of Doctors-neonatologists
- lack in Human resources
- training of Personnel in scarce
- unearned practical skills of Staff
- not all midwives were able to evaluate infant state correctly before doctor's examination.

Thus, the following complexes of arrangements were being undertaken:

- Posts of Midwives were strengthened (4 instead of 3) and a number of doctors-in charge were added (3 instead of 2)
- Doctors-neonatologists followed professional trainings on infant resuscitation
- Trainings on infant resuscitation, handwashing and compliance of the thermal chain were performed constantly.

Conclusions:

Thus, BABIES Matrix helps:

- to determine a problem in the area of Mother and Infant health;
- to choose the most effective interventions for solving problems;
- to carry out monitoring and evaluation of efficacy of those interventions.

Key words: perinatal mortality, BABIES Matrix, arrangements, age of death.

EARLY MARKERS OF ATRIAL FIBRILLATION

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Introduction: Atrial fibrillation (AF) is the most widespread arrhythmia, which increases with the aging of population. The frequency of ischemic stroke in patients with non-rheumatic form of AF is 5% per year that is by 2-7 times more than in patients without AF. [O.Y. Zharinov, 2011] This type of disorganization of heart beat is one of the most important factors of thromboembolic complications and heart failure in patients with cardiac disease [A.S.Sychev, 2011].

Purpose: For identifying markers of AF we have examined 20 patients with stable angina of the IIIrd functional class (FC III). Group I consisted of the patients with AF, group II consisted of the patients