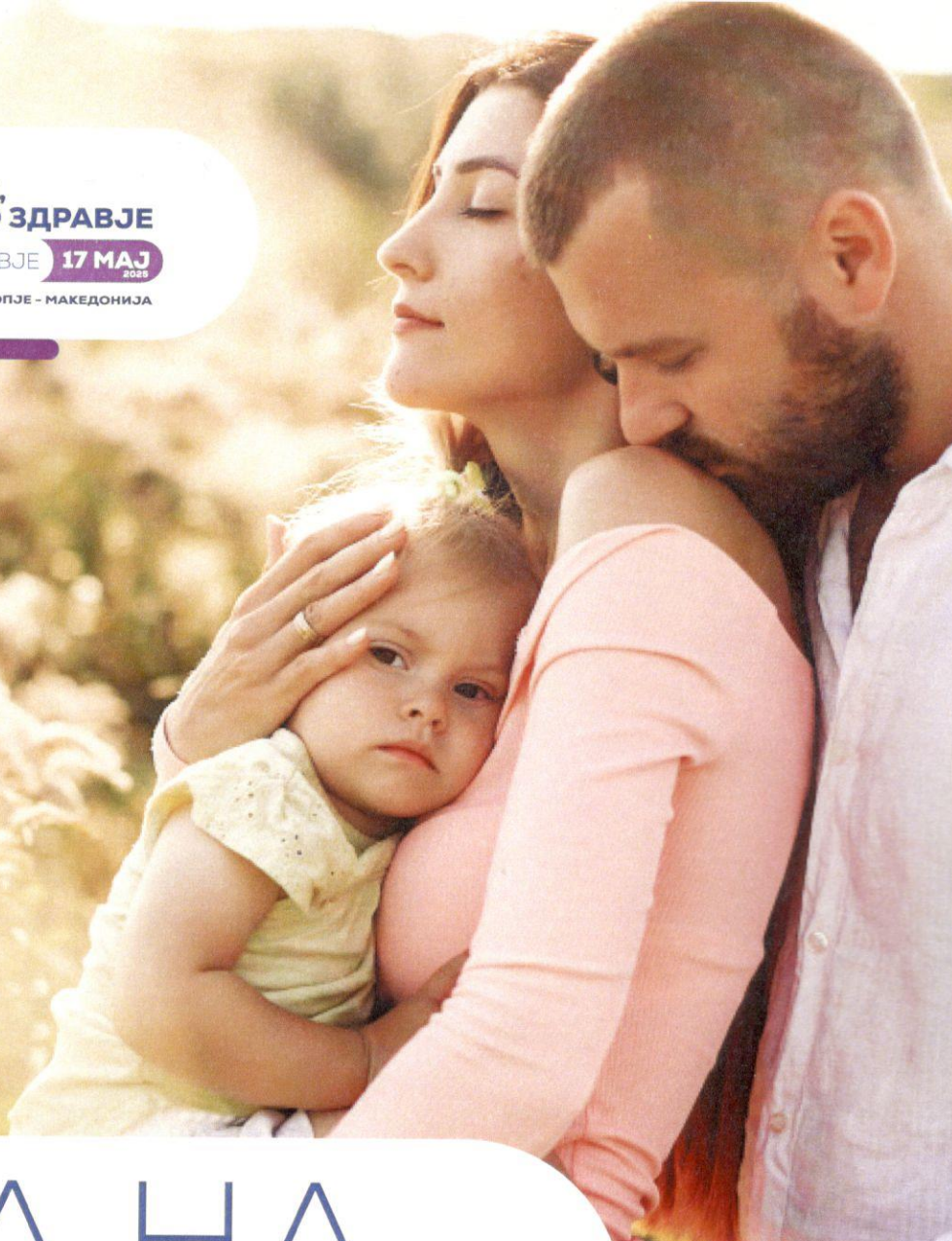




**САКАЈ СЕ СЕБЕСИ,
САКАЈ ГО СВОЕТО ЗДРАВЈЕ**

НЕДЕЛА НА **ЖЕНСКО** ЗДРАВЈЕ **17 МАЈ** 2025

СКОПЈЕ - МАКЕДОНИЈА



КНИГА НА АПСТРАКТИ

**ПРИРАЧНИК ЗА СКРИНИНГ И ДИЈАГНОСТИКА
НА НАРУШУВАЊАТА НА МЕНТАЛНОТО ЗДРАВЈЕ
ВО ПРЕТКОНЦЕПЦИСКИ И ПЕРИНАТАЛЕН ПЕРИОД**



МАКЕДОНСКА
АСОЦИЈАЦИЈА
НА ГИНЕКОЛОЗИ
И ОПСТЕТРИЧАРИ

MACEDONIAN
ASSOCIATION
OF GYNECOLOGISTS
AND OBSTETRICIANS

whw.agom.org.mk

INTRAPARTUM CTG PATTERN OF FETAL HEART RATE IN MOTHER WITH PRESENCE OF ANTI M ANTIBODY

NURXHAN ASANI AJETI, Arta Islami Zulfiu, Ana Kocavska, Shqipe Saraçini

Special Hospital for Obstetrics and Gynecology "Mother Teresa ", Cair, Skopje

ABSTRACT

Labour ward: The presence of anti M antibody in pregnancy is a rarity. Anti M antibody is a mixture of IgG and IgM antibody. Anti M IgG is rarely reactive at a temperature of 37°C, therefore it is considered to be clinically insignificant. Incidence of severe hemolytic disease in the newborn due to anti-M is extremely low. Only a few cases have been reported in the literature. Fetal distress due to severe fetal anaemia is a common complication during labor. Cardiotocography (CTG) is the most common fetal surveillance method during labor. Intrapartum CTG registration should identify fetuses at risk of hypoxia during labor.

We present a case, 28 year mother with singleton first, term pregnancy with the presence of M antibody detected before pregnancy. During antenatal period the mother's antibody titer was not tested and the fetus was not managed with doppler measurement of peak velocity of systolic blood flow in the middle cerebral artery (PVS-MCA).

She was admitted at our hospital with prelabor rupture of membranes and contraction. During the examination, it was established that the process of labor has begun and the mother is at the active first stage of labor. Mother's hemoglobin (Hgb) concentration was 116 g/L and blood group B Rh (+). Delivery was monitored by continuous cardiotocography (CTG). Despite the labor progression and cervical dilatation of 5 cm, the CTG recorded deep variable decelerations with signs of fetal distress.

Because of fetal risk she was delivered by emergency cesarian section. During the first stage of labor and during the cesarian section surgery, there were no other causes of fetal distress. The newborn was male with birth weight of 3340 g, a 51 cm height and an Apgar score of 2/3. Severe anemia was incidentally diagnosed immediately after delivery with hemoglobin (Hgb) -47 g/L, hematocrit (Hct) -0.12, erythrocytes (Er) -1.18. The newborn was transferred to a Tertiary Care Center and admitted to Neonatal Intensive Care Unit (NICU). The newborn received red cell concentrates (RCC). After 7 days in NICU and 8 days in neonatal care unit he was discharged home with the following blood sampling parameters: hemoglobin Hgb-111g/L, erythrocytes Er-3.62 x 10¹²/L and haematocrit Hct-32.6%. Mother's postnatal care was normal, with no need for blood transfusion. After delivery, the presence of M antibody in mother's blood was confirmed using Selectogen reagent at the Institute of Transfusiology. Third postoperative day the mother's was discharged home.

The presence of M antibody can be clinically significant and could cause fetal hypoxia due to severe anemia in newborns.

Key words: fetal distress, anti M antibody, severe fetal anemia