

# HAEMATOCRIT AS A BIO-CHEMICAL MARKER OF BRAIN ISCHAEMIA IN NEONATES BORN OF MOTHERS WITH H GESTOSIS

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Increased values of haematocrit in neonatal period show a long-term intrauterine hypoxia. In line with centralisation of blood system and movement of dissociative curve of oxychemoglobine leftwards, they represent compensatory mechanisms of the foetus. One of the causes of neonatal hypoxia is gestosis.

**The objective** of the paper is to evaluate validity of increased values of haematocrit compared to ultrasound results in estimating intrauterine hypoxia in neonates whose mothers had H gestosis.

**Material and methods:** we observed 50 random samples of term neonates whose mothers had the artery pressure of 140/90mmHg and more from the 20th gestation week on. The values of haematocrit in neonates which exceeded 60% in the first 24 hours were considered pathological, and ultrasound evaluation of hypoxia was done according to Levine.

**Results :**average gestation age of the observed neonates was 38 weeks +5 days, average body weight 3537+/- 290 gr, average Apgar score in 1st minute 8,62+/-1,14 . Increased values of haematocrit were found in 38 tested newborns (76%), whereas positive ultrasound was found in 42 newborns (84%). Statistic analysis did not show significant results (hi square was 0,005, and  $p = 1$ ), and the sensitivity of the test was 84,2%.

**Conclusion:** Increased value of haematocrit in the evaluation of neonatal hypoxia in neonates whose mothers had H gestosis are equally valid as ultrasound findings. Therefore, haematocrit can be used as a marker for early detection of hypoxia where ultrasound is not available.

**Key words:** Haematocrit, neonatal hypoxia, H gestosis

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