Organization LUND UNIVERSITY	Document name DOCTORAL DISSERT	TATION
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Author(s) Gisela Skott Ghosh		
Title and subtitle		
Ulrasound as predictor of perinatal outco	ome	
The aim of the work described in this this thes amniotic fluid, umbilical cord and blood flow of the perinatal outcome. In the first study, the amniotic fluid index (AFI low-risk pregnancies. An increased risk of ope women with oligohydramnios after rupture of terms of the blood pH in the umbilical vessels, unit did not differ between the group of fetuse: amniotic fluid. It is therefore uncertain if meas improving the perinatal outcome. In the second study, it was investigated whether	velocity waveform of the fetal and I) measured on admission to the la rative delivery for fetal distress (C the membranes. However, the peri Apgar score and rate of admission s with oligohydramnios and the gr urement of the AFI makes any sig-	placental vessels as predictors abour ward was evaluated in DDFD) was found among inatal outcome, expressed in n to the neonatal intensive care oup with normal volume of nificant contribution to
demonstrate a correlation between presence of post-term pregnancies. It thus seems unlikely to improve the outcome of post-term pregnancies. In the third study, Doppler ultrasound examina predictors of adverse outcome in pregnancies of Increased impedance in the uterine and umbilitoutcome. However, Doppler ultrasound examinations, not detected by umbilical artery Doppler ultrasound examination of the uterine arteries by FGR. In the last study, intrapartal Doppler ultrasound the blood flow velocity spectrum was seen in a exhibiting pulsation in the umbilical vein show conclusions can not be drawn until the findings.	a nuchal cord and increased risk of that prenatal identification of fetus is a tion of the uterine and umbilical accomplicated by suspected fetal grocal arteries showed equally strong nation of the uterine arteries seem ultrasound alone. It was therefore should be included in the surveilla dexamination of the umbilical veitlimost one-third of fetuses with signed an increased risk of ODFD. He is are confirmed by larger randomistical veit an increased risk of ODFD. He	ODFD. We were unable to of adverse perinatal outcome in es with nuchal cord could arteries were compared as owth restriction (FGR). relations to adverse perinatal s to identify fetuses at increased conclude that Doppler nce of pregnancies complicated in was performed. Pulsation in gns of acute hypoxia. Fetuses owever, clinically useful sed studies.
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