

of length of hospitalization in the NICU was not statistically significant ($P=0.46$).

Conclusion:

Treatment of the pregnant patients with 17 alpha hydroxy progesterone can cause delays to the progress of labor. Finally, this question will be posed that is it possible to use 17 alpha hydroxy progesterone in pregnancies due to IVF and microinjection in the third trimester and also in pregnancies which mentioned above with premature labor risks in the second and third trimesters?

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CO-OPERATION OF STATE AND PRIVATE INSTITUTIONS IN PUBLIC HEALTH SERVICE: IMPROVEMENT OF INFERTILITY TREATMENT EFFICIENCY

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Recently the rate of infertility in Russia has been on the increase, possibly linked with the shift to later childbearing and/or increase of social responsibility, rational fertility behavior and demands for medical assistance. Basic demographic data together with certain surveys suggest that infertility treatment does not provide cardinal solutions for national health problems; nonetheless it remains one of the key components of treatment efficiency and of public health care in general, being one of the top priorities of the latter. The Russian Association of Human Reproduction registered the increase in assisted reproductive technology usage (from 150.1 to 187.5 IVF cycles per 1 million inhabitants) in 2007 compared with 2006; the share of post-ART births is just 0.36%. We discovered that in St Petersburg, the mean duration of infertility treatment course in clinical dispensary health units of various ownership is 7.2 years for the patients of 35–40-year-old patients. Effective co-operation between clients and providers of health services is hindered by absence of single unified policy in diagnostics and treatment, as well as by imperfections of medical service market. The main body of infertile couples do not seek timely ART help, and even if they do, they cannot obtain efficient treatment in due time. Governmental attempts to regulate ART services do not appear effective enough. One of the most plausible potential methods of increasing infertility treatment efficiency is the change of approach to infertility diagnostics and treatment of a couple, i. e. ensuring early diagnosis and effective and timely treatment. In order to enhance effectiveness of infertility treatment it is crucial to have an opportunity to identify best practice and reduce the deviations from it; to optimize the use of clinical outpatient resources in terms of co-operation process between state and private dispensary health units; to guarantee to the patient timely and proper treatment based on best expertise; to attract and train top-quality specialists in the field of reproduction and provide an environment for their professional growth; and to improve the quality and effectiveness of infertility treatment service. In terms of high infertility rates and low numbers of married couples seeking professional medical help, more frequent use of ovulation induction monitoring and intrauterine insemination can be considered vital. The following may be attributed as their benefits:

- safety for patients (avoiding undesirable risks and damage associated with in vitro fertilization techniques);
- effectiveness (avoiding excessive or insufficient benefits; provision of optimum health benefits in preservation of maximum life quality);

- timeliness (reducing the latency period which can deplete the treatment efficiency, even in terms of ART);
- patient-in-focus approach (respect and responsiveness to individual preferences);
- equal access to treatment (delivery of care whose quality is not subject to change depending on individual characteristics).

The following objectives appear principal: increasing effectiveness, reducing duration and cost of infertility treatment and managing this treatment (delivery of services to all who can benefit from them and refraining from the provision of the services to those who will hardly avail from the treatment). It is important that sterility treatment begins in due time and with use of up-to-date methods, and that there is continuity of treatment between dispensary health units and ART clinics.

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ENDOCRINE DISTURBANCES AND HEMOSTASIS CHANGES AFTER CONTROLLED OVARIAN HYPERSTIMULATION IN IVF

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This study represents retrospective analysis of hormonal shifts and hemostasis changes in infertile in vitro fertilization (IVF) patients of the Altravita Clinic (Moscow, Russia) during the period of 2009–2010. The objectives of the present study were to assess the aforesaid changes as possible causes of embryo implantation failure and to investigate the possible presence of correlation between hormonal and hemostatic changes in a relatively homogenous group of the IVF patients.

Materials and Methods:

The study included 80 IVF patients (age 25–35 years) each of whom received two embryos of perfect or good quality (AA/AB/BB blastocysts) on the 5th day of development, their endometrial thickness varying from 8 to 12 mm. In it are presented the data on fibrinogen and D-dimer levels on the day of ET (embryo transfer) and their correlation with the estradiol level, as well as the hemostatic gene polymorphisms rate. Group 1 included twenty-six patients in non-pregnant patients; fifty-four patients with clinically confirmed uterine pregnancy comprised Group 2.

Results and Discussion:

Estradiol levels on the day of ET were 4093 ± 498 pg/ml (Group 1) and 3920 ± 504 pg/ml (Group 2); the difference was not significant. D-dimer increase on the day of ET was present in a great majority of the IVF cycles analyzed; its expression was not significantly higher in Group 2 in comparison with Group 1 (523 ± 108 µg/l and 573 ± 106 µg/l respectively) but was higher about normal value. The study of hemostatic gene polymorphisms was carried out in eighteen patients. Mutations of PAI-1 genes (homozygous rare allele) were present in six patients from Group 1 and in three Group 2 patients. Seven Group 2 patients were carriers of heterozygous rare allele PAI-1 and MTHFR allele. Our data showed the hemostasis activation on the day of ET day in both groups of patients especially more prominent D-dimer concentration. Future investigations are necessary to detect if hemostasis activation can predict implantation failure.

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A NOVEL OPERATIVE TREATMENT OF SEVERE ADENOMYOSIS PRIOR TO EMBRYO TRANSFER

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Introduction:

Severe case of adenomyosis is not only a cause of infertility, but may include severe dysmenorrhea, thus may interfere with a woman's well-being. Routine conservative surgery for adenomyosis involves a wedge resection of the involved uterine