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**NEONATAL MORBIDITY AND MORTALITY ASSOCIATED WITH PLACENTA PREVIA  
(COMPARATIVE ANALYSIS 1996 AND 2002)**

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Placenta previa is an obstetric complication that occurs in the second and third trimesters of pregnancy, which may cause serious morbidity and mortality to both neonate and mother.

**OBJECTIVES:** To identify neonatal morbidity and mortality associated with placenta previa and to compare neonatal outcomes among two years - 1996 and 2002.

**MATERIAL AND METHODS:** We retrospectively reviewed the records of newborns delivered after pregnancy complicated with placenta previa in 1996 and 2002 in SHGO-Cair, Skopje. The way of delivery, gestational age, Apgar scores, need for transfusions and final outcomes were analysed.

**RESULTS:** The incidence of placenta previa was 0.16% in 1996 and 0.17% 2002. The mode of delivery was caesarean section in all cases for both years. During 1996, 63% of newborns were delivered prematurely, opposite of 2002, when 71,4% were term babies. Regarding adaptation to extrauterine environment, there was significant reduction in low Apgar scores, 87,5% in 1996 and 28,6% in 2002. All prematures showed signs of perinatal asphyxia in both years. Blood cell counts at terms were within normal values, opposite of prematures, who demonstrated significant reduction of red blood cells and need for blood transfusions. All term babies survived. There were two deaths among prematurely born ones, one in each year.

**CONCLUSION:** The incidence of placenta previa on our material is lower than in literature. Improved antenatal, intrapartum care resulted in more timely delivered neonates without any prenatal complications. Premature newborns experienced asphyxia, anemia, need for transfusions, and the chief cause of perinatal mortality was preterm delivery.

