

مجله علمی ابن سینا / اداره بهداشت و درمان نهاجا (سال ۹، شماره ۲،  
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EP

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1. Chamberlain G. Lecture in Obstetrics. Oxford Blackwell Sciences.
2. Elliot J. Foley M. Young N et al. Air transport of obstetric critical care patients to tertiary centres. J Reprod Med. 1996;41:171-5
3. Matzkel A . Lurie S El Chalal U and Blickstein I. Placenta Med .1991;19:317-20.
4. Mayhew T. Thinning of intervacular layers of the placenta. Obstet Gynecol. 1988; 8:101-9
5. Reshetmickvo O. Burton G and Teleshova O. placential histomorphology and morphometric diffusion capacity of the villious maternal iron deficiency anaemia. Am J Obstet Gynecol. 1958; 173:724-7
6. Schumacher B. Olson GL,Saade GR et al.Simulated airplan flight increased plasma lactate in fetal rabbits. Undersea Hyperb Med 1999; 26:67-73.



## Gynecological problems in flight

### **Abstract:**

Problems of women in flight maybe divided into two groups: Gynecological and Obstetric.

Most of these problems are related to the pregnant woman and her fetus.

The process of delivery in majority of cases takes place normally and without need to medical intervention, but in certain cases, a physician or midwife can prevent unwanted events for mother and baby.

Gynecological emergent cases are far less common than obstetrics ones.

In critical situations where the mother and baby are at risk of death, diversion or immediately landing may become necessary.

In general, Gynecological and Obstetric emergencies rarely happen during flight but physicians, nurses or any other medical specialist must answer in these cases.

**Key words:** Gynecological and Obstetrics emergency, Flight, Critical situation.

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