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## ABSTRACT BOOK

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IJRM Office, Research Clinical Center for Infertility, Shahid Sadoughi University of Medical Sciences, Yazd, Iran.

P.O. Box: 89195-999 Yazd, Iran Tel/Fax: +98 (351) 8248348

Email: [ijrm@ssu.ac.ir](mailto:ijrm@ssu.ac.ir)

Website: [www.ijrm.ir](http://www.ijrm.ir)

**Abstracts of the  
20<sup>th</sup> National Congress on Infertility and  
Reproduction**

**Isfahan, Iran  
11-13 June 2014**

**Congress President:  
Khalili MA, Ph.D.**

**Scientific Secretary:  
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**Executive Secretary:  
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**Conclusion:** Sexual intercourse at term may be associated with an earlier spontaneous onset of labor and less need to induction of labor and low cesarean section.

**Key words:** Delivery, Labor, Post term pregnancy, Sexual intercourse, Term pregnancy.

### P-199

#### Perimortem Cesarean section in ongoing maternal death

**Yousefi Z, Jafarian M.**

Department of Obstetrics and Gynecology, Ghaem Hospital, Mashhad University of Medical Sciences, Mashhad, Iran.

Email: yousefiz@mums.ac.ir

**Introduction:** A perimortem cesarean section is advised in cases of cardiopulmonary arrest after all other resuscitative measures had failed or in conditions that ongoing pregnant maternal death with gestational age older than 28 weeks. It may result in fetal salvage.

**Case:** We report the case of a 32 weeks pregnant woman with brain tumor who underwent a successful perimortem cesarean delivery. The result of this procedure Led to the birth of a newborn.

**Conclusion:** Fetal salvage by caesarean section should be considered in cases that it is not possible to survive mother's life.

**Key words:** Fetal salvage, Cesarean Section, Maternal Death.

### P-200

#### Correct scan, for the correct patient, at the correct time: A guideline for sonographic evaluation of the infertility for midwives and nurses

**Irani Sh, Javam M, Ahmadi F.**

Department of Reproductive Imaging at Reproductive Biomedicine Research Center, Royan Institute, ACECR, Tehran, Iran.

Email: irani\_shohreh@yahoo.com

**Introduction:** The aim of this article was to describe a guideline for sonography in evaluation of infertility for midwives and nurses.

**Materials and Methods:** A narrative review was performed within articles published at "PubMed", "Elsevier", "SID" and original text books to reach the aim.

**Results:** Sonographic evaluation of infertility is indicated in several periods of time during the infertility treatment cycle. Sonography is the first imaging modality in the investigation of the female pelvis which provides information for detecting and characterizing possible factors of infertility such as: endometrial polyp, poly cystic ovary syndrome (PCOS), congenital uterine malformations, uterine fibroma, endometriosis, hydrosalpinx, etc. Moreover, it provides data of ovarian and endometrial responses to hormonal therapy during the treatment cycle. However, pelvic organs are

influenced by cyclic changes during menstrual cycle and hormone therapy. Thus, pathologic conditions of pelvis need to be well assessed depending on the day of the cycle. Therefore, best timing of the sonography is the key point for diagnosis and decision making about the patients. With respect to the importance of sonography in infertility workup, we have tried to mention a guideline that every midwife and nurse working at infertility centers needs to know for planning the best time of sonography and to analyze the sonographic findings.

**Conclusion:** Sonography is an accurate and non-invasive tool that helps midwives and obstetricians to evaluate infertile women and make better treatment choices. Therefore, every midwife needs to learn about the application of which and how to manage patients based on sonography reports.

**Key words:** Infertility, Sonography, Menstrual cycle.

### P-201

#### The effect of chamomilla cream on pain of episiotomy in primiparous women

**Azhari S<sup>1</sup>, Aradmehr M<sup>1</sup>, Rakhshandeh H<sup>2</sup>, Tara F<sup>3</sup>, Shakeri M<sup>4</sup>.**

1. School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran.

2. Department of Pharmacology, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran.

3. Department of Obstetrics and Gynecology, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran.

4. Department of Biostatistics, Faculty of Health, Mashhad University of Medical Sciences, Mashhad, Iran.

Email: maryam.aradmehr@yahoo.com

**Introduction:** Episiotomy is a surgical incision of the perineum. Perineal pain is the most common complaint after episiotomy in mothers. Chamomile is in the traditional herbal medicine as a Analgesic. The aim of this study was to determine the effect of chamomilla cream on pain of episiotomy.

**Materials and Methods:** This triple blind clinical trial was accomplished on 14 qualified primiparous women, who were candidate for normal vaginal delivery in OmmulBanin hospital Mashhad in 1392. sampling was convenient and women were randomly divided into two groups intervention (chamomile) and control (placebo). Mothers used 0.5mg of prescribed creams (chamomile or placebo), on the stitches site twice daily for 10 days after delivery. Short McGill pain questionnaire was complete by mother in the 2 hours and 12 hours after episiotomy repair and in the first, seventh, tenth and fourteenth days after delivery. Data were analyzed with SPSS software version 16, Mann-Whitney tests, t, chi-square and Fisher exact.

**Results:** Episiotomy pain was not significantly different between the groups, in the 2 hours and 12 hours after episiotomy repair and in the first day after delivery. While the amount of pain were significantly different between the two groups in the seventh (p=0.039), tenth