

## ЛИТЕРАТУРА

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### THE CONTRIBUTION OF SUBJECTIVITY IN THE ASSESSMENT OF FETAL CONDITION

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#### **Introduction**

There are different methods of fetal assessment:

1. Biophysical profile.
2. Ultrasound scanning of the fetus.
3. Doppler assessment of the placental and fetal circulations.
4. Cardiotocography.

The most common, non-invasive, simply performed and at the same time informative method is cardiotocography [1]. It is meant for continuous or intermittent monitoring the fetal heart rate and the activity of the uterine muscle are detected by two transducers placed on the mother's abdomen. Doppler ultrasound provides the information which is recorded on a paper strip.

Analyzing of the results of cardiotocography may be done automatically by apparatuses such as Sonicaid Team. This method gives a more objective and reliable interpretation but it doesn't exclude cases of missing pathology and hyperdiagnostic and it should be evaluated by a doctor [2]. 10-grade Fisher's scale is widely used in daily work of obstetricians, it is simple and accurate but it's subjective and doesn't exclude the influence of human factor on interpretation of cardiotocography results, it can lead clinicians to use unnecessary or inappropriate interventions as a result of errors associated with its visual interpretation [3].

#### **Goal**

To determine the influence of physical and emotional stress on cardiotocography data evaluation.

#### **Materials and methods**

A prospective study by questioning of doctors of Gomel regional clinical hospital was performed. The data were processed with the program «Statistica» 8.0.

#### **Study results**

We performed questioning of 10 doctors at the beginning and at the end of 12 hours night shift: 3 doctors of the highest category, 1 doctor of the first category, 3 doctors of the second category and 3 doctors without a category.

The results are shown in the table 1.

The average difference in evaluation of the results of cardiotocography by doctors at the beginning and at the end of the night shift was 0,36 with smaller grades at the end of the night shifts. The biggest difference was found in the highest category doctor's grades — 1,1, the smallest — in grades of doctors without category — 0,29, which probably shows higher level of stress that doctors with the highest category have at work.

Table 1 — The results of questioning the doctors at the beginning (evening) and at the end (morning) of the night watch

Number of CTG	Time	Median	Minimum	Maximum	25 <sup>th</sup> percentile	75 <sup>th</sup> percentile
1	Evening	10	8	10	9	10
	Morning	10	7	10	8	10
2	Evening	6	5	7	5	6
	Morning	6	3	7	5	6
3	Evening	8	6	8	7	8
	Morning	7	5	8	6	8
4	Evening	8	5	8	7	8
	Morning	7	6	8	6	8
5	Evening	7	5	8	6	7
	Morning	6	5	8	6	7
6	Evening	6	5	8	6	7
	Morning	6	3	7	5	6
7	Evening	6	3	6	4	6
	Morning	5	2	6	3	6
8	Evening	5	4	6	4	6
	Morning	5	3	6	4	5
9	Evening	9	7	10	8	9
	Morning	9	6	10	8	10
10	Evening	8	7	9	7	8
	Morning	7	6	8	7	8
11	Evening	7	6	8	6	7
	Morning	6	4	9	6	7

### Conclusions

1. The average difference in evaluation of the results of cardiotocography by doctors at the beginning and at the end of the night shift was 0,36 with smaller grades at the end of the night shifts.

2. The biggest difference was found in the highest category doctor's grades — 1,1, the smallest — in grades of doctors without category — 0,29, which probably shows higher level of stress that doctors with the highest category have at work.

3. There is influence of doctor's stress on cardiotocography data evaluation so it is better to analyze it automatically with apparatuses.

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## СРАВНИТЕЛЬНЫЙ АНАЛИЗ ОБЪЕМНОЙ АКТИВНОСТИ РАДОНА В ЖИЛЫХ ПОМЕЩЕНИЯХ РАЗЛИЧНЫХ ТИПОВ

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### Введение

В последнее время вопросы радиационной безопасности становятся все более актуальными. Годовая индивидуальная эффективная доза облучения имеет множество составляющих. Причем, основная часть облучения человека приходится на естественные источ-