

**MEDICO-GENETIC COUNSELLING IN THE MUNICIPAL CENTER OF PERINATOLOGY OF CHISINAU**

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Currently, medical-genetic counseling, along with other genetic services, has a growing practical weight in healthcare system of the Republic of Moldova. This service ensures prevention prenatal of genetic disease with subsequent appropriate genetic counseling and postnatal diagnosis of genetic pathologies as well.

In the study there were used the data collected in the PMSI MCH, the Center of Perinatology, Consultative department, in the period June 2013 – February 2015. As indications for medical-genetic counseling were used:

- a) Pregnant: age greater than 35 years; with aggravated obstetric history; after biochemical or ultrasound screening; with complicated somatic history; with aggravated heredocolateral history; after taking medicines and the use of other harmful substances during pregnancy; with indications for abortion;
- b) couples for preconception genetic counseling;
- c) children with suspicions for various genetic disorders: chromosomal aberrations; monogenic diseases; metabolic disorders; development disorders; embryo- / fetopathies.

Medico-genetic counseling was aimed on evaluation of anamnesis (general, personal, familial and gestational anamnesis), preparation of family trees, physical examination, and clinical diagnosis, indication of laboratory examinations and genetic tests, evaluation of the results of investigations, counseling and final etiologic diagnosis.

In the covered period, there were carried down 1342 medico-genetic consultations: for 1113 couples and 229 children.

As result of medico-genetic consultation, there were selected and monitored pregnant women with risk for chromosomal aberrations in fetuses by collecting personal, familial and gestational anamnesis; preparation of the family tree, completing biochemical and ultrasonographic screening.

In this study, there were examined 396 pregnant women over the age of 35 years, 285 pregnant women with repeated miscarriages and pregnancies stagnant in development.

Screening by ultrasound at 12-13 weeks of pregnancy (w.p.) with identification of markers for chromosomal aberrations (nuchal translucency, nasal bone length), double test at 12 – 14 w.p., and triple test at 15-16 w.p. was performed in 241 pregnant. Prenatal cytogenetic diagnosis was indicated to 476 pregnant. The level of risk for monogenic diseases in families with positive history by collecting heredocolateral anamnesis and preparation of family tree was performed in 75 pregnant. In 71 pregnant was determined the risk for congenital malformations, as a result of influence of environmental factors, by detailed studying of personal somatic anamnesis, general examination of systems, assessment of exposure to various environmental harmful factors, and questionnaires. As the result of ultrasound screening there were recommended 9 abortions after detecting malformations incompatible with life.

In children included in the study were suspected: chromosomal aberrations - 46 cases, monogenic diseases - 40 cases, metabolic disorders - 51 cases, congenital developmental

disorders - 37 cases, other – 55 cases, confirmed by biochemical, ultrasound, MRI tests and cytogenetic and molecular tests as well.

After medical-genetic consultation, appropriate genetic counseling to all applicants was given. Medical-genetic counseling represents the initial stage of screening of chromosomal aberrations in pregnant women and is the primary method of prevention of genetic diseases. To confirm suspicions for genetic abnormalities in children it is necessary to perform laboratory and genetic testing.

**Keywords:** medical-genetic counseling, genetic counseling, prenatal screening.

National Medical Research Center for Obstetrics, Gynecology and Perinatology was established as the Union Clinical Scientific-Research Institute for Obstetrics and Gynecology in 1944, as an important part of the policy of demographic revival of the country after the World War II, and since then is the leading scientific, medical and academic institution of Russia in the fields of obstetrics, gynecology, perinatology and. reproductology. INTERNATIONAL COOPERATION. Department of International Cooperation. EDUCATION. Department of Professional Education. SIMULATION TRAINING. Simulation Training C... Up to now, genetic counselling services in this country have been developed mainly through the efforts of individuals with a special interest in medical genetics. Consequently, these services have grown up in a regrettably haphazard way, and do not give adequate national coverage. Many are threatened by extinction when their present incumbents retire or move away, through lack of successors sufficiently interested or equipped to take their place. This problem will be discussed in the light of experience of the organization of genetic counselling in other countries. Before this, however, it wil...Â The birth of a child with Downâ€™s syndrome: a medico- social study of thirty one children and their families. Scot. Med. Medico- genetic assistance in the republic of moldova. Sacara Victoria, Egorov V. , Groppa St., Stratila M., Mosin V. National Center of Reproductive Health and Medical Genetics, RM. Introduction The social-economical changes in the Republic of Moldova are accompanied by a consid-erable decreasing of the birth rate, and the in-creasing of the mortality and morbidity. Infant mortality in RM is signicant, since it is 3-5 times higher then in the Western Europe. It is known that the share of morbidity caused by hereditary and congenital diseases constitutes is in limits of 26-31% from the overa Genetic Counselling Graduate Program is participating in the Genetic Counseling Admissions Match through National Matching Services (NMS) beginning with admissions for Fall 2018. The GC Admissions Match has been established to enhance the process of placing applicants into positions in masters-level genetic counselling programs that are accredited by the Accreditation Council for Genetic Counseling (ACGC). The Match uses a process that takes into account both applicantsâ€™ and programsâ€™ preferences.Â Academic standing with at least 12 credits of third or fourth year courses (equivalent to 4 courses at UBC) in the A grade range (80% or higher at UBC) in the field of study\*.