

ASSOCIATION OF ADVERSE NEONATAL OUTCOME WITH MECONIUM STAINED LIQUOR IN PREGNANT WOMEN UNDERGOING LABOR WITH FETAL DISTRESS ON CARDIOTOCOGRAPHY

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Abstract

Background: Meconium-stained liquor (MSL) remains a significant indicator of fetal distress and is frequently associated with adverse neonatal outcomes.

Objective: This study assessed the relationship between MSL and neonatal morbidity in pregnant women undergoing labor with fetal distress on cardiotocography.

Methods: This cohort study was conducted at Department of Obstetrics and Gynaecology, Sughra Shafi Medical Complex, Narowal from August 2024 to January 2025, included 150 pregnant women (75 exposed to MSL and 75 with clear liquor) presenting with fetal distress at Sahara Trust Hospital, Narowal. Maternal demographics, intrapartum findings, and neonatal outcomes were recorded. Poor Apgar score (<7 at 5 minutes), NICU admission, and early neonatal sepsis were compared between groups.

Results: Poor Apgar score occurred in 14 (18.7%) neonates in the MSL group compared with 3 (4.0%) in the unexposed group (RR = 4.67). NICU admission was significantly higher in the MSL group (22; 29.3%) versus the unexposed group (8; 10.7%). Early neonatal sepsis was also more common with MSL (11; 14.7%) compared with clear liquor (4; 5.3%). Thick meconium was present in 28.0% of exposed women, and non-reassuring CTG at delivery occurred in 44.0% versus 22.7% in the unexposed group. Multivariable regression identified MSL as an independent predictor of adverse neonatal outcome (adjusted OR = 3.92, 95% CI: 1.88–8.18), along with non-reassuring CTG (OR = 2.46) and prolonged labor (OR = 2.15). **Conclusion:** Meconium-stained liquor significantly increases the risk of neonatal morbidity among women experiencing fetal distress, leading to higher rates of poor Apgar scores, NICU admissions, and early neonatal sepsis.

INTRODUCTION

Maximum patients with grade I meconium and reactive Cardiotocography delivered normally with good neonatal outcome. However,

presence of meconium in addition to other factors such as fetal heart rate alterations should be viewed seriously as it may pose a

potential danger for the baby [1]. Meconium-stained amniotic fluid is considered an alarming sign of possible fetal compromise and it has recently been reported that neonatal outcome correlates with the degree of meconium thickness [2]. The condition occurs in 7–20% of full-term births of women considered to be at normal risk, but only 2–4% of these deliveries are associated with the development of meconium aspiration syndrome, more than 90% of which are associated with meconium-stained amniotic fluid [3]. Meconium aspiration syndrome contributes to neonatal death in up to 0.05% (i.e., 1 in 2000 of all pregnancies), but Meconium-stained amniotic fluid has also been associated with other neonatal morbidities, such as acute respiratory distress syndrome and hypoxic-ischemic encephalopathy [3]. According to the standard grading system for meconium, it can be classified into 3 grades: I (translucent, light green or yellow flesh), II (opalescent, deep green and light yellow, brown), and III (opaque and deep green), and it can also be classified as thin or thick based on the different solid contents [4].

Meconium stained amniotic fluid is associated with low APGAR score, high rate of emergency cesarean section and meconium aspiration syndrome [5]. The adverse fetal outcomes were observed to be significantly associated with meconium-stained liquor grades II and III. Meconium-stained amniotic fluid as a serious problem so early decision should be taken to improve the fetal outcome [6]. In a previous study, done by Fareed et al., in Karachi, it was reported that poor Apgar score was significantly associated with meconium stained liquor (10.9% in exposed group and 1.1% in unexposed group, $p=0.005$) [7]. In another study, done by Tolu et al., in Ethiopia, it was reported that there were more cesarean sections (55.6% versus 27.1%), low Apgar scores at birth (36.8% versus 13.2%), early neonatal sepsis (1% versus 5.6%), and increased admissions to NICU (6.2% versus 21.5%) among the meconium-stained group as compared to the non-stained group ($p<0.05$) [8]. But in an Indian study, it was reported that there were almost similar cesarean sections (49% versus 37%), Poor Apgar (7% versus 1%), and neonatal sepsis was (2% versus 2%),

($p>0.05$), but admissions to NICU was (30% versus 13%) ($p<0.05$) [9–11].

Objective

To determine the association of adverse neonatal outcome with meconium stained liquor in pregnant women undergoing labor with fetal distress on Cardiotocography

Methodology

This Cohort study was conducted at Department of Obstetrics & Gynecology, Sughra Shafi Medical Complex, Narowal from August 2024 to January 2025. By using WHO calculator, sample size of 150 females; 75 in each group was calculated with 5% significance level, 80% power of test and percentage of poor Apgar score i.e. 10.9% in exposed group and 1.1% in unexposed group [7]. Data were collected through non-probability, consecutive sampling technique.

Inclusion Criteria

Pregnant women were included if they:

- Were aged 18–40 years
- Delivered at a gestational age >37 weeks
- Had parity <5
- Demonstrated fetal distress on cardiotocography (as per operational definition), characterized by Type I, Type II, or late decelerations

The women were categorized into:

- **Exposed group:** Meconium-stained liquor (as per operational definition)
- **Unexposed group:** Clear amniotic fluid during labor

Exclusion Criteria

Women were excluded if they had:

- Antepartum hemorrhage
- Prolonged rupture of membranes with fever
- Structural fetal abnormalities incompatible with life
- Malpresentation
- Abnormal placenta on ultrasound
- Chronic hypertension (BP $\geq 140/90$ mmHg before pregnancy)

Data Collection Procedure

A total of 150 pregnant women who met the eligibility criteria were enrolled from the labor room after obtaining informed consent. Demographic and clinical information was documented, including name, age, BMI, gestational age, parity, booking status, gestational diabetes (OGTT >186 mg/dL), gestational hypertension (BP $\geq$ 140/90 mmHg after 20 weeks), anemia (Hb <10 g/dL), duration of labor, and history of cigarette or huqqa smoking (>5 pack-years). Participants were assigned into exposed and unexposed groups based on the presence or absence of meconium-stained liquor. All women were followed until delivery. Mode of delivery was recorded, and neonatal outcomes were assessed immediately after birth. Apgar score at 5 minutes was documented, and a score <7 was labeled as poor Apgar (as per operational definition). The need for NICU admission and the presence of early neonatal sepsis were also assessed. All newborns were examined by a neonatologist (PGR/Senior Registrar). Time since delivery was noted, and all data were entered into a structured proforma.

Data Analysis

Data were analyzed using SPSS version 25. Quantitative variables such as age, BMI, gestational age, and duration of labor were presented as mean $\pm$ standard deviation. Qualitative variables, including parity, booking

status, gestational diabetes, gestational hypertension, anemia, smoking history, and adverse neonatal outcomes (cesarean section, poor Apgar score, NICU admission, early neonatal sepsis), were described as frequency and percentage. Relative risk (RR) was calculated to determine the association between meconium-stained liquor and adverse neonatal outcomes. An RR >1 was considered statistically significant.

Results

Data were collected from 150 pregnant women showed that both groups were well balanced at enrollment. The mean maternal age was 27.9 ± 4.8 years in the exposed group compared with 27.1 ± 4.5 years in the unexposed group, while BMI was similar at 27.4 ± 3.6 versus 26.9 ± 3.8 kg/m². Gestational age at delivery remained close between groups as well (38.4 ± 1.1 vs. 38.2 ± 1.3 weeks). Parity distribution showed that 64.0% of exposed women and 60.0% of unexposed women were para 0–1. Booking status was comparable, with 69.3% booked in the exposed group and 73.3% in the unexposed group. Gestational diabetes (18.7% vs. 14.7%), gestational hypertension (12.0% vs. 10.7%), anemia (34.7% vs. 30.7%), and maternal smoking (9.3% vs. 6.7%) did not differ meaningfully between groups. Duration of labor was also similar at 9.2 ± 2.1 hours versus 8.9 ± 2.0 hours.

Table 1. Baseline Characteristics of Pregnant Women (n = 150)

Variable	Exposed (MSL) n = 75	Unexposed (Clear Liquor) n = 75	Total n = 150
Age (years), Mean $\pm$ SD	27.9 ± 4.8	27.1 ± 4.5	27.5 ± 4.7
BMI (kg/m ²), Mean $\pm$ SD	27.4 ± 3.6	26.9 ± 3.8	27.1 ± 3.7
Gestational age (weeks), Mean $\pm$ SD	38.4 ± 1.1	38.2 ± 1.3	38.3 ± 1.2
Parity			
Para 0–1	48 (64.0%)	45 (60.0%)	93 (62.0%)
Para 2–4	27 (36.0%)	30 (40.0%)	57 (38.0%)
Booking status			
Booked	52 (69.3%)	55 (73.3%)	107 (71.3%)
Unbooked	23 (30.7%)	20 (26.7%)	43 (28.7%)
Gestational diabetes	14 (18.7%)	11 (14.7%)	25 (16.7%)
Gestational hypertension	9 (12.0%)	8 (10.7%)	17 (11.3%)
Anemia (Hb <10 g/dL)	26 (34.7%)	23 (30.7%)	49 (32.7%)
Maternal smoking	7 (9.3%)	5 (6.7%)	12 (8.0%)

(cigarette/huqqa)			
Duration of labor, Mean $\pm$ SD (hours)	9.2 $\pm$ 2.1	8.9 $\pm$ 2.0	9.0 $\pm$ 2.0

Poor Apgar score at 5 minutes was documented in 14 infants (18.7%) in the meconium group compared with 3 infants (4.0%) in the clear-liquor group, corresponding to a relative risk of 4.67. NICU admissions were required for 22 neonates (29.3%) in the exposed group versus only 8 (10.7%) in the unexposed group. Early neonatal sepsis affected 11 neonates (14.7%) in

the meconium group compared with 4 (5.3%) in the unexposed group, yielding an RR of 2.76. Cesarean section occurred in 34 women (45.3%) in the exposed group compared with 21 (28.0%) in the unexposed group. Time to neonatal assessment was nearly identical at 1.9 $\pm$ 0.7 vs. 1.8 $\pm$ 0.6 hours.

Table 2. Neonatal Outcomes in Exposed vs. Unexposed Groups

Neonatal Outcome	Exposed (MSL) n = 75	Unexposed n = 75	Relative Risk (RR)
Poor Apgar score (<7 at 5 min)	14 (18.7%)	3 (4.0%)	4.67
NICU admission	22 (29.3%)	8 (10.7%)	2.74
Early neonatal sepsis	11 (14.7%)	4 (5.3%)	2.76
Mode of delivery			
Cesarean section	34 (45.3%)	21 (28.0%)	1.62
Normal vaginal delivery	41 (54.7%)	54 (72.0%)	—
Time since delivery to neonatal assessment (hours), Mean $\pm$ SD	1.9 $\pm$ 0.7	1.8 $\pm$ 0.6	—

Gestational diabetes occurred in 14 women (18.7%) in the exposed group and 11 (14.7%) in the unexposed group ($p = 0.51$). Gestational hypertension was present in 9 women (12.0%) versus 8 women (10.7%) ($p = 0.79$). Anemia affected 26 women (34.7%) in the exposed

group compared with 23 (30.7%) in the unexposed group ($p = 0.60$). Maternal smoking was uncommon but similar (9.3% vs. 6.7%, $p = 0.55$). Prolonged labor (>12 hours) occurred in 18 women (24.0%) in the exposed group and 14 (18.7%) in the unexposed group ($p = 0.42$).

Table 3. Comparison of Maternal Risk Factors Between Groups

Maternal Factor	Exposed (MSL) n = 75	Unexposed n = 75	p-value
Gestational diabetes	14 (18.7%)	11 (14.7%)	0.51
Gestational hypertension	9 (12.0%)	8 (10.7%)	0.79
Anemia (Hb <10 g/dL)	26 (34.7%)	23 (30.7%)	0.60
Maternal smoking	7 (9.3%)	5 (6.7%)	0.55
Prolonged labor (>12 hours)	18 (24.0%)	14 (18.7%)	0.42

Non-reassuring CTG

at delivery occurred in 33 women (44.0%) in the exposed group compared with 17 (22.7%) in the unexposed group ($p = 0.004$). Moderate to severe variable decelerations were present in 29 women (38.7%) versus 14 (18.7%) ($p = 0.006$). Thick meconium was observed in 21 exposed women (28.0%). Fetal bradycardia (<110 bpm) was documented in 12 exposed

women (16.0%) compared with 5 (6.7%) in the unexposed group ($p = 0.07$). The need for urgent operative delivery was twice as common in the exposed group (30; 40.0%) compared with the unexposed group (15; 20.0%) ($p = 0.008$).

Table 4. Association of Meconium-Stained Liquor with Immediate Fetal Distress Indicators (n = 150)

Fetal Distress Indicator	Exposed (MSL) n = 75	Unexposed n = 75	p-value
Non-reassuring CTG at delivery	33 (44.0%)	17 (22.7%)	0.004
Thick meconium	21 (28.0%)	—	—
Moderate/Severe variable decelerations	29 (38.7%)	14 (18.7%)	0.006
Fetal bradycardia (<110 bpm)	12 (16.0%)	5 (6.7%)	0.07
Need for urgent operative delivery	30 (40.0%)	15 (20.0%)	0.008

Meconium-stained liquor remained the strongest predictor, with an adjusted OR of 3.92 (95% CI 1.88–8.18, $p < 0.001$). Non-reassuring CTG increased the odds more than twofold (OR 2.46, 95% CI 1.21–4.97, $p = 0.01$). Prolonged labor also had a significant effect (OR 2.15, 95% CI 1.03–4.53, $p = 0.04$).

Cesarean delivery (OR 1.74, $p = 0.10$), gestational diabetes (OR 1.12, $p = 0.77$), gestational hypertension (OR 1.44, $p = 0.39$), maternal anemia (OR 1.58, $p = 0.19$), and smoking (OR 1.67, $p = 0.35$) were not significant predictors after adjustment.

Table 5. Multivariable Logistic Regression for Predictors of Poor Neonatal Outcome (Apgar <7, NICU admission or sepsis)

Predictor Variable	Adjusted OR	95% CI	p-value
Meconium-stained liquor (Yes vs. No)	3.92	1.88–8.18	<0.001
Non-reassuring CTG at admission	2.46	1.21–4.97	0.01
Cesarean delivery	1.74	0.89–3.39	0.10
Maternal anemia (Hb <10 g/dL)	1.58	0.79–3.15	0.19
Gestational diabetes	1.12	0.51–2.47	0.77
Gestational hypertension	1.44	0.62–3.34	0.39
Prolonged labor (>12 hours)	2.15	1.03–4.53	0.04
Maternal smoking	1.67	0.56–4.97	0.35

Discussion

This study evaluated whether meconium-stained liquor (MSL) in laboring women with fetal distress on cardiotocography (CTG) was associated with a higher frequency of adverse neonatal outcomes. The results revealed a solid and clinically significant trend: that MSL-complicated pregnancies had extremely poor outcomes in comparison with clear liquor, despite presenting fetal distress in both groups. This confirms the old argument that MSL is not only a delivery-room nuisance it represents fetal hypoxia and inflammation which can quickly progress in case of early diagnosis. Poor Apgar scores, NICU admission and early neonatal sepsis were significantly greater in the exposed group in this cohort. An unfavorable Apgar was found in 18.7 percent of births by

MSL compared with 4 percent of those unexposed with NICU hospitalizations being almost triple. These results are consistent with a number of previous studies indicating that the passage of meconium can be precipitated by fetus vagal stimulation as a result of hypoxia, and this justifies the increased frequency of variable decelerations and non-reassuring CTG patterns in our exposed group. The increased percentage of thick meconium also verifies the concept that neonatal poor transition is caused by chronic intrauterine stress and does not result in an acute event [12].

The emergency cesarean section that was, in fact, mostly necessitated by the operative delivery had an even greater need among women having MSL. This is a clinical truth: when meconium occurs in the context of fetal

distress, obstetricians are more likely to raise the rates of care delivery, being motivated by the threat of meconium aspiration syndrome and aggravating neonatal acidosis. Although cesarean birth was not a predictive factor of the neonatal morbidity on its own in the regression model, it was a predictor of acute intrapartum compromise [13]. The logistic regression analysis increased the relationship between MSL and neonatal morbidity. Liquor that is stained with meconium itself was nearly four times more likely to be an adverse predictor of neonatal outcome despite the control of the variables of maternal anemia, diabetes, hypertension, smoking, extended labor, and mode of delivery. This implies that MSL alone not only maternal comorbidities is a significant clinical indicator. Long duration of labor also proved to be a prominent predictor presumably because of the cumulative hypoxia of the fetus that further deteriorates meconium passage and metabolic damage [14-16].

Surprisingly, maternal predictors like gestational diabetes, gestational hypertension, anemia, and smoking made no significant impact on the outcome of the neonatal birth in this study. This can be a good indication of good intrapartum observation and prompt obstetric care at the research centre. Nevertheless, these are not to be underestimated in clinical practice because previous studies uniformly attribute comorbidities of mothers to the compromise of the fetus [17,18]. All in all, the findings support the idea that MSL under the condition of fetal distress must never be ignored. Although the monitoring of obstetrics and the neonatal resuscitation have been advanced, meconium has continued to be a clinically pertinent forecast of neonatal morbidity [19]. The results emphasize the role of the timely decision-making and immediate neonatal evaluation and preparedness to provide NICU care in the cases of the meconium-stained liquor [20]. This research was limited in various ways. It was also carried out in one tertiary care center and this could restrict the generalizability of the results to wider populations with varying obstetric practices or resources set ups. The sample size, which is sufficient to identify the key outcomes differences, might not be sufficient enough to investigate more rare neonatal complications or

conduct the subgroup analysis on the large scale. Since the research was based on non-probability consecutive sampling, selection bias cannot be entirely dismissed. Fetal distress was only evaluated based on the interpretation of CTG alone, which is subjective in nature, and could be inconsistent between clinicians even when operationally defined.

Conclusion

It is concluded that meconium-stained liquor in laboring women with fetal distress on cardiotocography is strongly associated with adverse neonatal outcomes, including poor Apgar scores, increased need for NICU admission, and a higher frequency of early neonatal sepsis. Pregnancies complicated by MSL also demonstrated more non-reassuring CTG features and a greater likelihood of requiring operative delivery, reflecting heightened intrapartum compromise. Even after adjusting for maternal comorbidities and obstetric factors, meconium-stained liquor remained an independent predictor of neonatal morbidity, emphasizing its clinical relevance.

REFERENCES

- Kashikar S, Kotpalliwar MK, Uttarwar PR. Meconium-stained liquor and its impact on maternal and neonatal outcome. *Int J Reprod Contracept Obstet Gynecol*. 2021;10(4):1629-36.
- Dani C, Ciarcià M, Barone V, Di Tommaso M, Mecacci F, Pasquini L, et al. Neonatal Outcomes of Term Infants Born with Meconium-Stained Amniotic Fluid. *Children*. 2023;10(5):780.
- Levin G, Tsur A, Shai D, Cahan T, Shapira M, Meyer R. Prediction of adverse neonatal outcome among newborns born through meconium-stained amniotic fluid. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*. 2021;154(3):515-20.
- Zhu X, Huang S, Tang Y, Wu Z, Sun Y, Ren H, et al. Once We Find Grade III Meconium Stained Amniotic Fluid, Must We Act as Early as Possible? *International Journal of Women's Health*. 2023:7-23.

- Mohammad N, Jamal T, Sohaila A, Ali SR. Meconium stained liquor and its neonatal outcome. *Pakistan journal of medical sciences*. 2018;34(6):1392-6.
- Begum A, Jabbar S, Hajira, Ismail A, Kanwal S, Bozdar M. Frequency of Grades of Meconium-Stained Liquor and Compare the Frequency of Fetal Outcome according to Grades of Meconium-Stained Liquor. *Pak J Med Health Sci*. 2022;16(3):605-7.
- Fareed A, Haroon Y, Ahmad A. To compare neonatal outcome in fetal distress on cardiotocography in clear liquor versus meconium stained liquor. *Professional Med J*. 2019;26(9):1562-6.
- Tolu LB, Birara M, Teshome T, Feyissa GT. Perinatal outcome of meconium stained amniotic fluid among labouring mothers at teaching referral hospital in urban Ethiopia. *PloS one*. 2020;15(11):e0242025.
- Parween S, Prasad D, Poonam P, Ahmar R, Sinha A, Ranjana R. Impact of Meconium-Stained Amniotic Fluid on Neonatal Outcome in a Tertiary Hospital. *Cureus*. 2022;14(4):e24464.
- Parween S, Prasad D, Poonam P, Ahmar R, Sinha A, Ranjana R. Impact of Meconium-Stained Amniotic Fluid on Neonatal Outcome in a Tertiary Hospital. *Cureus*. 2022 Apr 25;14(4):e24464. doi: 10.7759/cureus.24464. PMID: 35637798; PMCID: PMC9131707.
- Sasikala A, Raghavan S, Mishra N, Khatoon S, Bupathy A, Rani R. Perinatal outcome in relation to mode of delivery in meconium stained amniotic fluid. *Indian Journal of Pediatrics*. 1995;62(1):63-67. doi: 10.1007/BF02752185. PMID: 10829845.
- Olicker AL, Raffay TM, Ryan RM. Neonatal respiratory distress secondary to meconium aspiration syndrome. *Children (Basel)*. 2021;8(3):246. doi: 10.3390/children8030246. PMID: 33806734.
- Gavhane B, Thakare S, Wankhede S. The study of meconium staining of amniotic fluid and foetal outcome. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*. 2018;7(10):4042-4047. doi: 10.18203/2320-1770.ijrcog20184126.
- Paudel P, Sunny AK, Poudel PG, Gurung R, Gurung A, Bastola R, et al. Meconium aspiration syndrome: incidence, associated risk factors and outcome – evidence from a multicentric study in low-resource settings in Nepal. *Journal of Paediatrics and Child Health*. 2020;56(4):630-635. doi: 10.1111/jpc.14703. PMID: 31894896.
- Riffat S, Tariq S, Amin S, Faisal S, Raza A, Tariq A, Ahsan M. Comparison of neonatal outcome in laboring patients with fetal distress on cardiotocography having clear liquor versus meconium-stained liquor. *Professional Med J* 2025; 32(08):1037-1044. <https://doi.org/10.29309/TPMJ/2025.32.08.9111>
- Parween S, Prasad D, Poonam P, Ahmar R, Sinha A, Ranjana R. Impact of meconium-stained amniotic fluid on neonatal outcome in a tertiary hospital. *Cureus*. 2022;14(4):e24464. doi: 10.7759/cureus.24464. PMID: 35637798; PMCID: PMC9131707.
- Bera S, Deb D, Ballov R, Chakraborty S. Efficacy of admission cardiotocography on neonatal outcome in term pregnancy admitted in labor in a rural-based tertiary care center: A prospective study. *Asian Journal of Medical Sciences*. 2022;13(6):139-144.
- Rafia R, Abid Hossain M, Manisha B, Syed Shafi A, Salahuddin M, Nahid-E-Subha. Risk factors associated with meconium-stained amniotic fluid in neonates: A tertiary center experience from Bangladesh. *Academic Journal of Pediatrics & Neonatology*. 2021;10:e555840.
- Sarmishta M. Meconium-stained liquor and its maternal and foetal outcome. *Journal of Evolution of Medical and Dental Sciences*. 2019;8(49):3653-3657.

Fareed A, Haroon Y, Ahmad A. To compare neonatal outcome in fetal distress on cardiotocography in clear liquor versus meconium-stained liquor. *The Professional Medical Journal*. 2019;26(9):1562-1566. doi: 10.29309/TPMJ/2019.26.09.4025.

