



OPTIMIZATION OF PREGNANCY MANAGEMENT IN FETOPLACENTAL INSUFFICIENCY AGAINST THE BACKGROUND OF ARTERIAL HYPOTENSION

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ABSTRACT

Arterial hypotension is one of the leading problems of modern obstetrics, which determines a high level of complications among pregnant women, women in labor, and postpartum women. In the domestic and foreign literature, there is a large number of works devoted to the etiology and pathogenesis of arterial hypotension, and few works about the complications associated with it. This pathology can lead to intrauterine growth retardation due to decreased uteroplacental blood flow. The article provides data on a study of fetoplacental insufficiency in pregnant women with hypotension.

Relevance. Arterial hypotension is one of the leading problems of modern obstetrics, which determines a high level of complications among pregnant women, women in labor, and postpartum women. In the domestic and foreign literature, there is a large number of works devoted to the etiology and pathogenesis of arterial hypotension, and few works about the complications associated with it. This pathology can lead to intrauterine growth retardation due to decreased uteroplacental blood flow. Pregnant women suffering from arterial hypotension are 3-5 times more likely to experience spontaneous abortion at different times. The results of fundamental research conducted in recent years have shown that the formation of intrauterine suffering begins in the early stages of pregnancy when the ill-being of the woman's body, the state of the endo- and myometrium cause the defective formation of the embryo, fetus and ectopic structures: amniotic fluid, umbilical cord, placenta, placental bed. Currently, there is virtually no information in the literature about the state of the fetoplacental complex (FPC) in pregnant women with symptomatic arterial hypotension.

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The most complete information about the form, nature, and severity of fetoplacental insufficiency and the severity of compensatory and adaptive reactions can be obtained from complex dynamic diagnostics.

The purpose of scientific research: To improve obstetric and perinatal outcomes in women with hypotension.

Materials and methods. A study is planned: 30 pregnant women with arterial hypotension were taken as the first main group (1-MG). 30 pregnant women with normal blood pressure were designated as the second control group (2-CG).

We use these methods: Complete blood count, general urinalysis, biochemical blood test, and coagulogram. Bacterial smear examination. Blood pressure measurements. Electrocardiography, and ultrasound examination of the fetus and placenta. Histology of the placenta in SSMU.

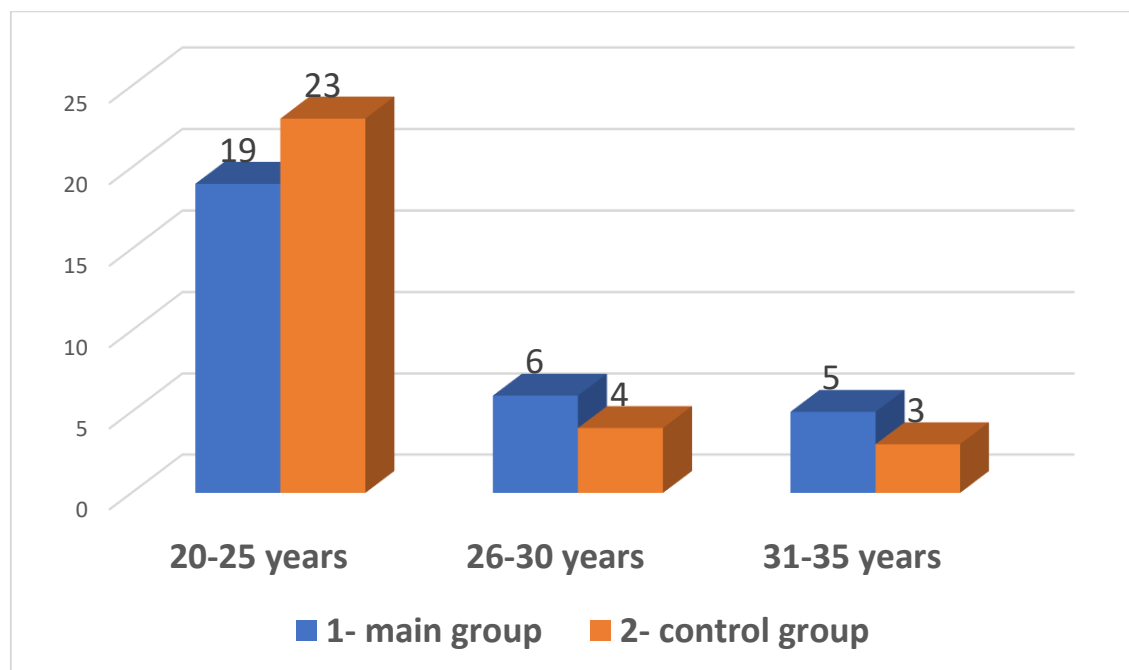
When analyzing the results of placentometry, a morphological study of the structural components of the placenta was carried out and the following morphological indicators were taken into account: diameter (mm), thickness (mm), weight (g), volume (cm³), maternal surface area (cm³), placental-fetal mass index, intervillous fibrinoid (%), fetal fibrinoid (%), intervillous space (%), the number of capillaries in the villus, the diameter of the capillaries in the villus (μm), the thickness of the placental barrier (μm), the presence of calcifications, hemorrhages, features of umbilical cord attachment, its length. The study of morphological features in placentas was carried out using the histological method. Histological examination was carried out after preliminary staining with hematoxylin and eosin.

Results. The age of 19 63.3% of pregnant women in the first main group was from 20 to 26 years. It was observed in 20% of 6 people, between the ages of 26 and 30 years. 16.7% of 5 people were 31 years old and 35 years old. Age of pregnant women in the second control group. 19-25 years old there were 23 patients (76.7), 26-30 years old - 4 (13.3%), 31-35 years old - 3 patients (10%), respectively (1-diagram).

According to the obstetric anamnesis, in 1-MG there were 18 (60) primigravid women, 12 (40%) multipregnant women. in 1-MG, primigravida women predominated (60%) (2-diagram).

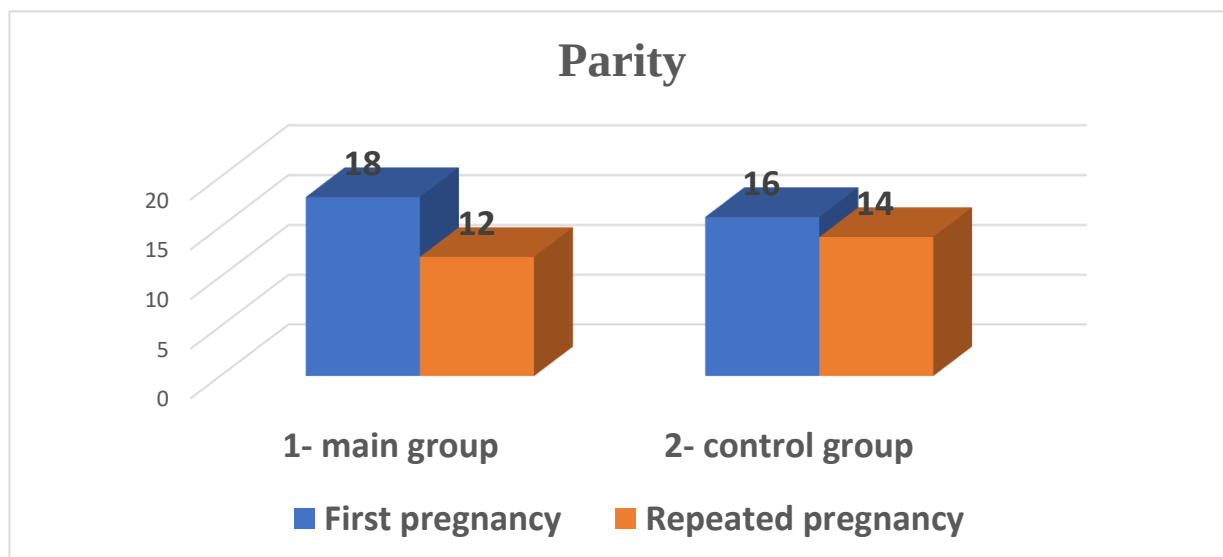
In the 2-CG there were 16 (53.3%) primigravida women, 14 (46.7%) multipregnant women. In 2-CG, the majority of women were multipregnant (53.3%). However, no statistically significant differences were obtained between 1-MG and 2-CG.

1-diagram



In multipregnant women with a burdened obstetric and gynecological history, 1-MG pregnancies ended in artificial abortion in 4 women (13.3%); spontaneous miscarriages - in 1 woman (3.3%); physiological birth - in 18 women (60%); pathological birth in 10 women (30%) and in 1 woman (3.3%) non-developing pregnancy (3-diagram).

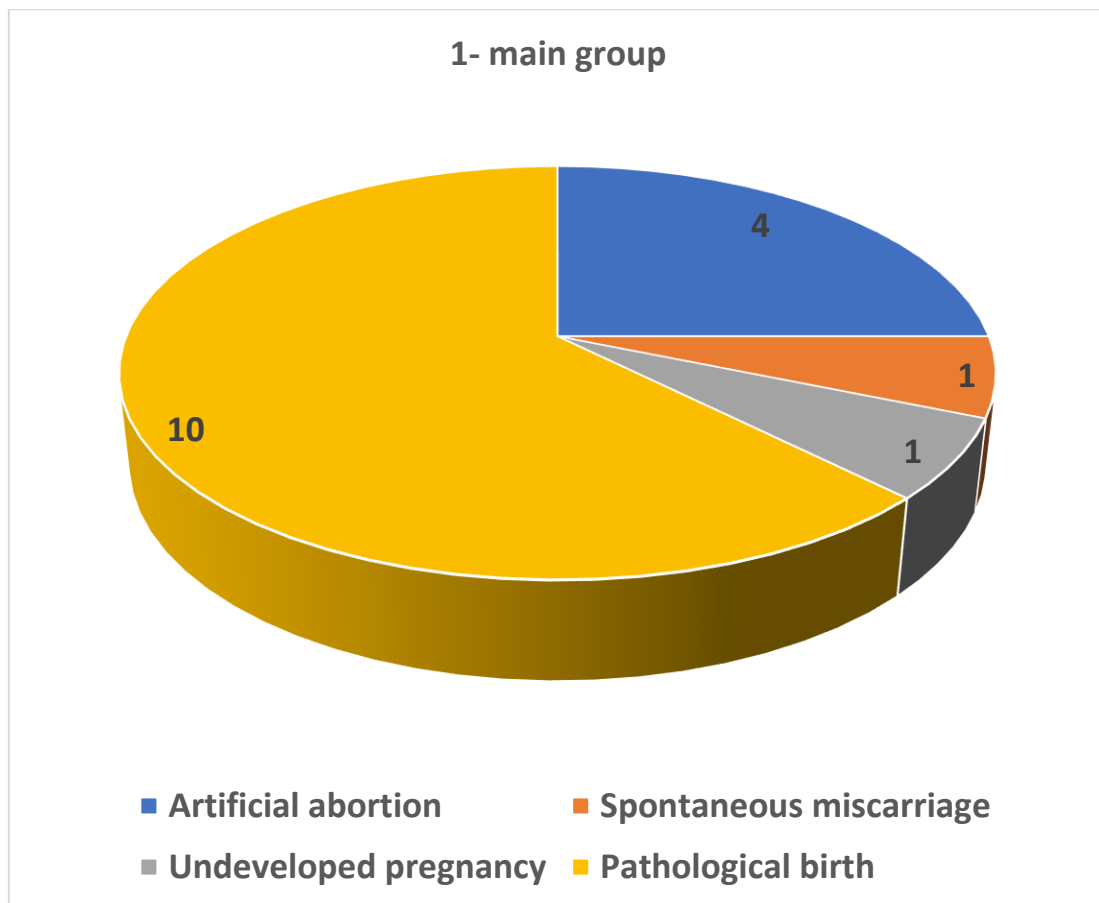
2-diagram



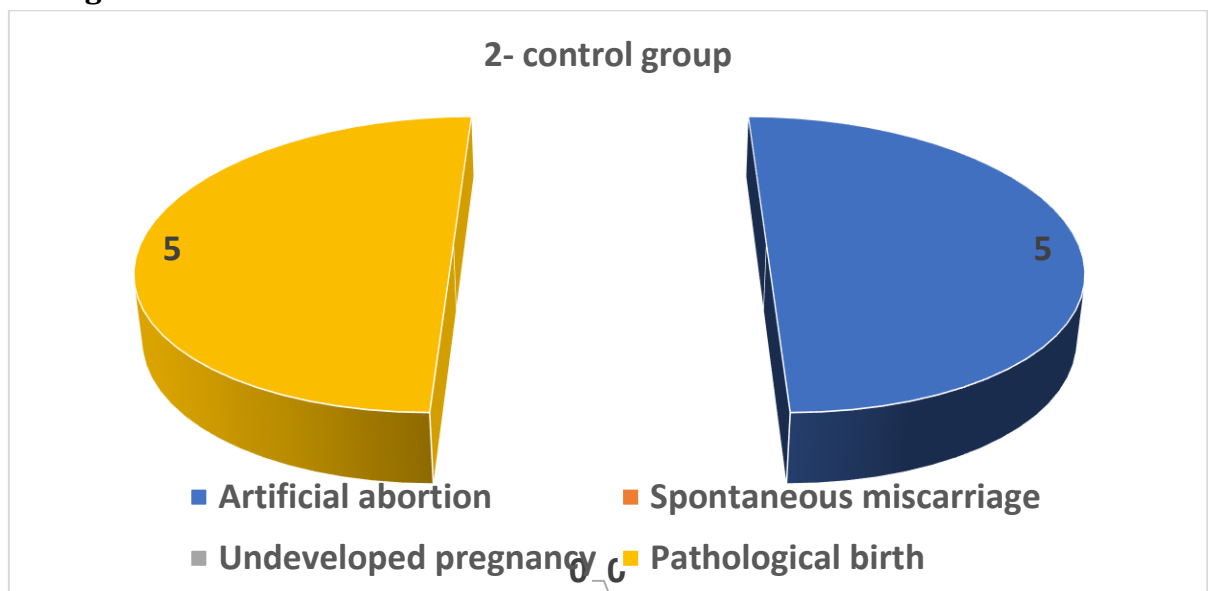
In 2-CG, 5 pregnancies ended in artificial abortion (16.7%); physiological birth - in 25 women (83.3%); pathological births in 5 women (16.7%), (4-diagram).

1- main group

3-diagram



2- Control group
4-diagram

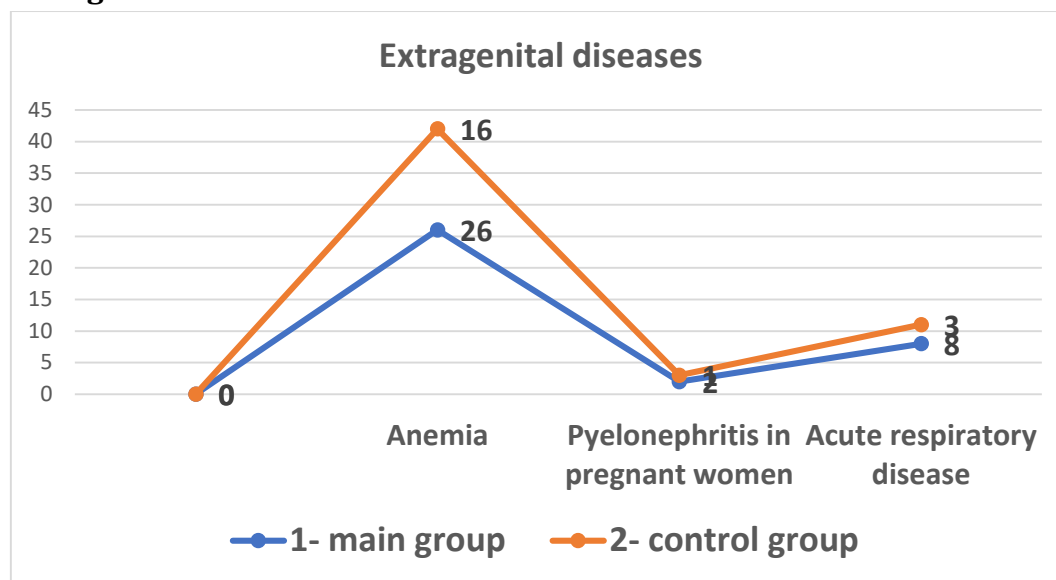


Thus, 1-MG was observed for spontaneous abortions and non-developing pregnancy - 1 each (3.3%); pathological births - 30%. And also than 2-KG, the rate of physiological labor in 1-MG is reduced by 60%.

2-CG, were marked by artificial abortion; pregnancies ended in 5 women (16.7%); physiological birth - in 25 women (83.3%); pathological births in 5 women (16.7%). Spontaneous abortions and non-developing pregnancies were not found to be similar to the outcome indicators of previous pregnancies.

In the history of 1-MG, the structure of extragenital diseases included anemia in 26 (86.7%), pyelonephritis of pregnant women in 2 (6.7%) and acute respiratory infections (ARI) in 8 (26.7%). In 2-CG, there were anemia 16 (53.3%), pyelonephritis of pregnant women 1 (3.3%) and ARI 3 (10%). Thus, extragenital diseases prevailed in 1-MG (5-diagram).

5-diagram

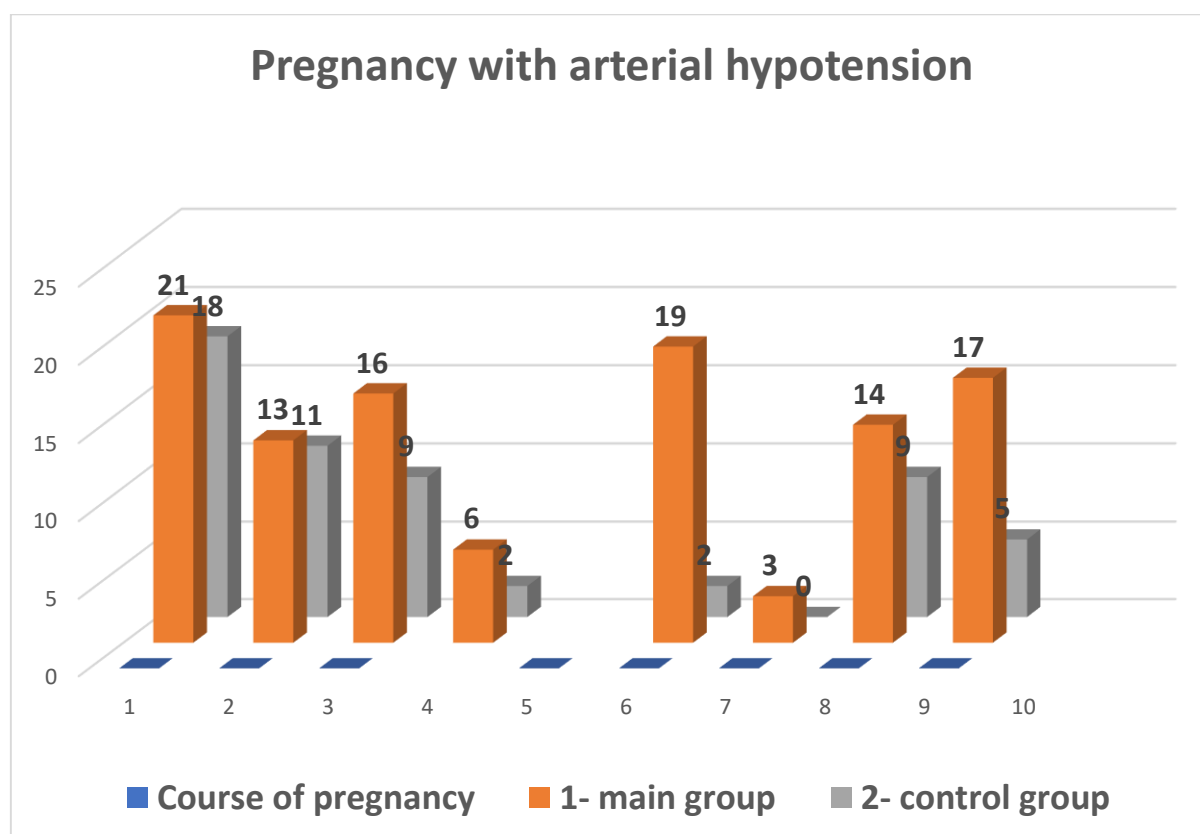


Clinical course of pregnancy. 1-MG, 21 pregnant women had an average level of anemia of 70%. The risk of spontaneous abortion is 53.3% in 16 people. 43.3% of 13 early pregnancy toxicoses. The risk of premature birth is 20% in 6 people. Pathologies of the placental system were found in 19 people, 63.3%. Fetal growth retardation developed in 10% of 3 individuals. ARI in 14 pregnant women (46.7%), pyelonephritis in 17 pregnant women (56.7%).

Thus, the pregnancy was complicated as follows. Pathologies of the placental system were found in 19 people, 63.3%. The risk of spontaneous abortion is 53.3% in 16 people. 43.3% of 13 early pregnancy toxicoses. The risk of premature birth is 20% in 6 people. Fetal growth retardation developed in 10% of 3 individuals. 70% of pregnant women with arterial hypotension had a moderate level of anemia. Pyelonephritis-17 beremennyyx 56.7%. ORI-14 beremennyyx 46.7% .

2-KG, 18 pregnant women had a mean anemia rate of 60%. The risk of miscarriage is 30% in 9 people. 36.7% of 11 early pregnancy toxicoses. The risk of premature birth is 6.7% in 2 people. Pathologies of the placental system occurred in 6.7% of 2 people. ARI-9 pregnant women 30%, pyelonephritis-5 pregnant women 16.7% (5-diagram).

5-diagram.



1. Anemia. 2. Early toxicosis. 3. Threat of miscarriage. 4. Threat of premature birth. 6. Fetoplacental insufficiency. 7. Fetal growth restriction syndrome. 8. Acute respiratory disease. 9. Pyelonephritis in pregnant women. 5 and 10 group.

36.7% of 11 early pregnancy toxicoses and threatened miscarriage in 9 pregnant women (30%). Other complications were the threat of premature birth and placental insufficiency, respectively, in 2 pregnant women (6.7%). The fetus did not lag behind in development. In 2-CG, pregnancy also occurred against the background of anemia (60%). Pyelonephritis in pregnant women (16.7%) also occurred. ARI was observed in 9 pregnant women (30%).

So the results were as follows. The age of 19 63.3% of pregnant women in the first main group was from 20 to 26 years. It was observed in 20% of 6 people, between the ages of 26 and 30 years. 16.7% of 5 people were 31 years old and 35 years old. Age of pregnant women in the second control group. 19-25 years old there were 23 patients (76.7), 26-30 years old - 4 (13.3%), 31-35 years old - 3 patients (10%), respectively.

1-MG, pregnancy was complicated as follows. Pathologies of the placental system were found in 19 people, 63.3%. The risk of spontaneous abortion is 53.3% in 16 people. 43.3% of 13 early pregnancy toxicoses. The risk of premature birth is 20% in 6 people. Fetal growth retardation developed in 10% of 3 individuals.

70% of pregnant women with arterial hypotension had a moderate level of anemia. Pyelonephritis-17 pregnant women 56.7%. ARI-14 pregnant women 46.7%.

2-CG, homiladorlikni kechishini asoratlanishi. Homiladorlikni erta toksikozlari 11 nafarida 36.7%. Threat of miscarriage in 9 pregnant women (30%). Other complications, the threat of premature birth and placental insufficiency, were 6.7% in 2 pregnant women, respectively. Homila rivozhlanishdan

orkada kolishi uchramadi. 2-CG, too, pregnancy proceeded against the background of anemia (60%). Pyelonephritis in pregnant women (16.7%) also occurred. ARI was observed in 9 pregnant women (30%).

Conclusion. It was known that arterial hypotension occurs in 6.2% to 32.4% of pregnant women. The age of occurrence of arterial hypotension was observed from 19 to 26 years. Pregnant women with arterial hypotension experience complications of the gestational period significantly more often than women with normal blood pressure,

Pregnant women with arterial hypotension had more gestational complications than pregnant women with normal blood pressure. It turned out to be important to go through pregnancy on the background of hypotension.

When examining the placenta by ultrasound, the following features were revealed. In the 1st MG, 60% of 18 pregnant women were diagnosed with placenta prematurity. 53.3% of 16 patients were found to have thinning of the placenta. These results show that the more advanced the arterial hypotension clinic, the more advanced the placental insufficiency. In 2-CG, premature maturation of the placenta in 5 pregnant women (16.7%) was significantly less common compared to 1-MG. The normal thickness of the placenta was significantly more often established in 28 pregnant women (93.3%), and a decrease in the thickness of the placenta was less common in 2 pregnant women (6.7%).

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