



## Outcomes Of Pregnancy and Childbirth in Women with Bleeding in Early Pregnancy

Djurabekova S.T.

Candidate of medical sciences, associate professor of the  
Department of Obstetrics and Gynecology, Pediatric  
Gynecology.

Tashkent Pediatric Medical Institute

### ABSTRACT

Miscarriage is still a pressing problem in modern obstetrics. Despite the progress achieved in recent years in the prevention and treatment of this pathology, the frequency of spontaneous miscarriages remains quite high. So, according to various authors, it ranges from 2 to 55%. In turn, as the number of spontaneous miscarriages increases, the risk of interruption of subsequent pregnancies sharply increases

### Keywords:

Gynecology, pregnancy, abortion, miscarriage

**Introduction.** The high incidence of this pregnancy complication indicates the difficulties encountered in the management of women with miscarriage. On the one hand, they are caused by the multifactorial etiology and pathogenetic mechanisms of the disease, on the other hand, by the imperfection of the diagnostic methods used and the lack of an adequate approach to the treatment of spotting in early gestation [1, 2, 9, 11]. The incidence of miscarriage (IoM) is 10-25% of all wanted pregnancies, and this figure is quite stable, despite the use of a variety of complex diagnostic and treatment methods [1, 3, 4]. Every fifth pregnancy is complicated by early gestational bleeding, which is the initial stage of spontaneous miscarriage, which ends in up to 26.6% of such cases, and late complications occur in 17% of women [4, 5, 7, 8, 16, 19]. The causes of miscarriage are varied. An important role is played by unfavorable socio-biological factors. The frequency of spontaneous miscarriage is also influenced by factors such as the age of the first-time mother, the complicated course of the previous pregnancy, the presence of

concomitant diseases (diabetes mellitus, bronchial asthma, pyelonephritis, arterial hypertension).

Genetically determined disorders of embryo development, which can be hereditary in nature or occur under the influence of various factors (infections, hormonal disorders, chemicals, including some medications, etc.) are the most common cause of miscarriage in the first trimester.

Among the causes of miscarriage, one of the first places is occupied by infectious and inflammatory diseases of the pregnant woman, primarily latent ones: pyelonephritis, toxoplasmosis, infections caused by cytomegalovirus, herpes simplex virus, etc. [8].

Many publications have discussed aspects of fetal outcomes and have shown that the occurrence of spotting in the first trimester of pregnancy increases the risk of delivering a fetus with an Apgar score below 7 at 5 minutes, as well as the incidence of death among newborns [19]. Other authors indicate that this category of women has an increased risk of developing fetal growth restriction

syndrome (FGRS) and having children with low body weight [10].

In the scientific literature there is only isolated information on the study of C-reactive protein (CRP) and pregnancy-associated protein (PAPP-A) both during normal pregnancy and during pregnancy complicated by the birth of children with a small gestational age for a given gestational age [9]. High levels of CRP during pregnancy, which is a marker of inflammation, are associated with increased risks of FGRS and neonatal complications, such as low birth weight and short gestational age [14, 17]. Low levels of PAPP-A have been mentioned as biomarkers of FGRS [13, 18].

**Purpose of the study:** outcomes of pregnancy and childbirth in women with bleeding in the first trimester of pregnancy.

**Materials and methods of research:** The study was conducted in the 4th City Clinical Hospital named after I. Irgashev in Tashkent from 2020 to 2023 - in the gynecological and maternity departments. A retrospective analysis of 30 clinical case histories (childbirth) of women with bleeding in the first trimester of pregnancy was carried out.

Medical and childbirth history data, such as anamnestic, laboratory and instrumental data, the course of pregnancy, childbirth and the postpartum period, the health status of newborns, as well as data on perinatal morbidity, were used as research methods for this group.

**Results and discussion:** The diagnosis of incipient spontaneous miscarriage was made on the basis of subjective complaints of pregnant women about pain in the lower abdomen and lumbar region of a pulling or cramping nature, bloody and sanguineous discharge from the genital tract, data from external and internal obstetric examination (increased excitability and tone of the uterus, shortening and softening of the cervix), ultrasound.

The assessment of the onset of spontaneous miscarriage was carried out comprehensively, considering the clinical manifestations and causes of bleeding at the onset of pregnancy.

The age of pregnant women with bleeding in the first trimester of pregnancy ranged from 19 to

41 years. Every 2nd patient was primigravida over 30 years old.

Analysis of the somatic anamnesis showed that a significant number of patients - 24 (80.0%) suffered from various diseases before the onset of this pregnancy. Noteworthy is the presence of a history of frequent acute respiratory viral infections, sore throats, and infectious diseases in the majority - 9 (30.0%) - of patients with prolonged bleeding of early gestation. The largest share in the structure of extragenital pathology had cardiovascular diseases (Cardio psychoneurosis of the hyper- and hypotonic type, varicose veins of the lower extremities and pelvis, mitral valve prolapse) - 22 (73.3%).

Chronic obstructive pulmonary diseases (bronchitis, pneumonia, bronchial asthma) - 11 (36.7%), endocrinopathies (neuroexchange-endocrine syndrome, hypothyroidism) - 13 (43.3%). Among women with bleeding at the onset of pregnancy, foci of chronic infection of the urinary system were more common - 17 (56.7%).

In the structure of past gynecological diseases among patients with bleeding in the first trimester of pregnancy, the first place was occupied by cervical pathologies (ectopia, cervicitis, dysplasia) - in 19 (63.3%), the second - chronic inflammatory diseases of the uterus and its appendages - in 15 (50.0%). Ovarian dysfunction occurred in 5 (16.7%) patients, fibrocystic mastopathy - in 4 (13.3%).

The number of primiparous women prevailed over multiparous women. All patients were repeatedly pregnant.

When examining the reproductive function of patients with bleeding in the first trimester of pregnancy, it is worth paying attention to the high percentage of recurrent miscarriage (a history of two or more spontaneous miscarriages or missed pregnancies) - in 21 (70.0%). The remaining 9 (30.0%) patients had a history of either one spontaneous miscarriage or one non-developing pregnancy.

According to anamnestic data, of all pregnancies in the patients under consideration, 30 resulted in live birth.

This pregnancy occurred spontaneously in 25 (83.3%) patients. At the same time, only 5 (16.7%) underwent preconception preparation.

Signs of RM were diagnosed by Doppler ultrasound, starting from 26-28 weeks of pregnancy in 4 (14.8%) patients, by 38-40 - in 18 (66.7%) patients. Disturbances of uteroplacental blood flow (UPB) - increased systolic-diastolic ratio (SDR) in the uterine (2.4 or more) and spiral arteries (1.85 or more) - with preservation of physiological indicators of the fetal-placental were observed in 6 (22.2%) patients. According to the classification of Strizhakov A.N. (2002), these changes in blood flow in the mother-placenta-fetus system corresponded to IA severity of hemodynamic disorders - in 8 (29.6%) pregnant women. Disturbances of the fetal-placental blood flow (FPBF) - an increase in SDR in the umbilical cord arteries (3.0 or more) and their terminal branches (2.2 or more) - with no changes in the uteroplacental (IIB severity) were noted in 5 (18, 5%) of patients. Simultaneous impairment of UPB and FPBF, not reaching critical values (with preservation of end-diastolic blood flow) (grade II severity) was observed in 6 (22.2%) patients.

In the fetal aorta (5.0 or more)) were observed in 2 (7.4%) pregnant women. Subsequently, these patients were delivered urgently by cesarean section, the indication for which was the development of acute fetal hypoxia against the background of chronic one.

Initial signs of chronic fetal hypoxia during cardiotocography (CTG) (decrease in basal rhythm variability, decrease in the number of accelerations, questionable non-stress test) were determined in 5 (18.5%) patients from 32-34 weeks of pregnancy, in 17 (63.0%) - by 38-40. In case of isolated disturbance of fetal-placental blood flow, signs of chronic fetal hypoxia were diagnosed in 25 (92.6%) pregnant women, uteroplacental - in 22 (81.5%), and in case of combined disturbances of UPB and FPBF against the background of centralized blood circulation of fetal hemodynamics - in 27 (100%). Despite complex therapy, in 2 patients, against the background of disturbances in UPB and FPBF, detected by Doppler measurements, late, long, deep decelerations and prolonged sections of monotonous rhythm appeared on CTG, which was an indication for emergency cesarean section at 36-38 weeks of gestation.

According to ultrasound data, signs of FGRS were determined in 6 (22.2%) patients of severity level - FGRS II-III were diagnosed in 8 (29.6%). Moreover, in all cases, the gestational age at which signs of FGRS were first detected in patients of these groups was up to 32-34 weeks. According to ultrasound data, 9 (33.3%) patients were diagnosed with polyhydramnios. Oligohydramnios was observed in 3 (11.1%) pregnant women, 2 (7.4%) of whom had signs of chronic fetal hypoxia. Analyzing the course of pregnancy in patients with bleeding in the first trimester of pregnancy, attention is drawn to the high incidence of infectious diseases during the gestational period - in 14 (51.9%).

The majority of pregnancies ended in term birth - 23 (85.2%). Premature birth was observed in 4 (14.8%) patients.

Vaginal delivery occurred in 20 (74.1%). The most common complications were: PRM - in 6 (22.2%) patients, weakness of labor forces - in 5 (18.5%), injuries to the cervix, vaginal walls, perineum - in 4 (14.8%). The third stage of labor was complicated by hypotonic bleeding in 3 (11.1%). When examining the integrity of the placenta, 2 (7.4%) postpartum women had a placental defect.

Noteworthy is the high frequency of delivery by cesarean section - in 10 (37.0%) patients. Indications for a planned cesarean section were a complicated obstetric and gynecological history (age of the primigravida over 30 years, absence of living children, etc.) - 2 (7.4%), incompetent scar on the uterus after cesarean section - 1 (3.7%), high myopia - 1 (3.7%), breech presentation - 1 (3.7%); to emergency - acute fetal hypoxia against the background of chronic - 1 (3.7%), premature placental abruption - 1 (3.7%), weakness of labor forces in the absence of effect from stimulation with oxytocin - 1 (3.7%), preeclampsia - 1 (3.7%).

Complications of the postpartum period were observed in every 5th patient with bleeding in the first trimester of pregnancy - in 5 (18.5%).

In this situation, the following pattern was observed: postpartum complications were observed in patients who had infectious diseases during the gestational process.

A total of 30 children were born. Of these, 24 (80.0%) newborns were without FGRS, and 6

(20.0%) newborns were with FGRS. The average weight of newborns with FGRS was 2350 + 287 g, newborns without FGRS - 3390 + 279 g.

When analyzing the distribution of children according to the severity of FGRS, a high frequency of FGRS grade 1 - 3 (50.0%) was noted.

22 (81.5%) children had an Apgar score of 8-10 points. Signs of mild asphyxia (5-7 points) at birth were observed in 5 (22.7%), severe (1-4 points) - in 2 (9.1%) newborns. Of all newborns with signs of asphyxia, every 2nd was born by cesarean section.

11 (40.7%) newborns required mechanical ventilation, 4 (66.7%) of which were newborns with FGRS.

Thus, the results obtained in our study show that spotting in the first trimester occurs against the background of disorders of a woman's somatic and reproductive health and leads to many complications of pregnancy and childbirth and worsens perinatal outcomes.

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