



Optimization of the treatment of pregnant women at risk for miscarriage with thrombophilia of pregnant women

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ABSTRACT

The primary task of Uzbekistan is to protect the reproductive potential of the nation, social and medical support for women during pregnancy and the birth of a healthy child. One of the urgent problems of practical obstetrics, which significantly affects the indicators of perinatal and infant mortality, is miscarriage [1].

Keywords:

Pregnant Women, healthy child

The purpose of this study is to increase the effectiveness of complex treatment of pregnant women with a threat and to determine the risk of thrombophilia factors.

Material and methods: Used to achieve the goal set in the work and solve problems a retro- and prospective study of 80 pregnant women was conducted,

of which 3 groups were formed: the main one, comparisons and control. Group I (main) - 20 pregnant women with the threat of termination of gestation in the second trimester, who, after inpatient treatment, underwent further treatment in a sanatorium; Group II (comparison) - 20 pregnant women with the threat of termination of gestation in the second trimester, who after treatment in a hospital they were discharged for outpatient follow-up treatment under the supervision of a doctor women's consultation; Group III (control) - 40 pregnant women without signs of threat of termination, thanks to which we identified risk factors for development

This complication of gestation was compared by outcomes pregnancy for mother and fetus.

Groups I and II were selected according to the "copy-pair" principle and a randomized method by region of residence, family position, age, parity, and employment. Taking into account the threat of termination in the second trimester

in all pregnant women of the main group and the comparison group in order to identify. Risk factors for the development of this obstetric complication, these groups are as can be seen from the table above, sexually transmitted diseases prevailed among the gynecological pathology in the examined pregnant women, however[2], this nosology was significantly more common in pregnant women with a threat of termination - 37.1%, in the group control - 28% .

The second most common occurrence in the group of pregnant women with the threat of gestation interruption belongs to chronic salpingoophoritis - 26.7%, in the control group - 6.0%. In the studied pregnant women, a high percentage of cervical pathology was noted without statistically significant differences between in groups.

Chronic nonspecific genital infection occurred in

7.6% and 2.0%, respectively, in the group of pregnant women with the threat of termination and without it.

Benign tumors of the uterus and appendages were in the anamnesis in

11.4% of cases were in the group of women with complicated pregnancy and 4.0%

in the group with the physiological course of the gestation period.

Statistically significant difference in other types gynecological pathology between pregnant women of the compared groups it was not revealed.

In the group of pregnant women with the threat of gestation interruption, on average one woman had 0.96 gynecological diseases in the group

The control value is 0.54. We conducted a study of obstetric anamnesis in pregnant women in the study groups. The parity of pregnant women is shown in table 10.

The data shown in the table demonstrate the absence of there was a statistically significant difference in parity between groups I and II of the study, that is, in pregnant women with the threat of gestation termination, termination of pregnancy up to 12 weeks at the woman's request occurred in the anamnesis in 29.5% of pregnant women in the group with the threat of termination and in 24.0% were in the control group with no statistically significant difference[3]. Should

It should be noted that more than 2 abortions took place in the anamnesis of pregnant women with the threat of termination (6.2%), whereas in the control group there were no such number of abortions in women. Spontaneous miscarriage at different dates ended pregnancy in 15.7% and 8.0% of patients, respectively, in the group at risk

and without it. However, more than one early termination of pregnancy was significantly more common in patients with the threat of miscarriage – 4.8% (in the control group – did not occur.

Ectopic pregnancy and subsequent tubectomy on the corresponding party had one pregnant woman in the main group and two are in the

comparison group. In the control group, this pathology is not It was observed. Pre-test training in full (examination for TORCH complex infections, STIs, folic acid intake) took place in in the main group, 26.7±4.3% of pregnant women, in the comparison group – 24.8±4.2% and 34±6.7% in the control group.

They took folic acid in the appropriate dosage and were examined for STIs before pregnancy 49.5±4.7%, 51.4±4.7% and 50±7.0% of patients in I, II and III, respectively. Groups with the threat of termination of pregnancy were complicated by the first trimester in 16.2±3.5% of pregnant women in the main group and 17.1±3.6% in the group comparisons ($p>0.05$). In the control group, there is a threat of interruption in the deadline. Gestation before 12 weeks occurred in 4±2.8% of cases. Pregnant women with the threat of termination of gestation in the second trimester characterized by social disadvantage: pregnancy outside marriage – 18.6% (against 6%), age over 30 – 32.4% (against 24%), occupational hazards – 98.1% (vs. 76%), stress related to the family and work environment - 56.2% (vs. 36%); burdened obstetric and gynecological history (41.4% vs. 24%), as well as a high frequency of somatic (117.1 vs. 56 per 100 pregnant women) and gynecological (95.7 versus 54 per 100 pregnant women) pathology.

2. After the comprehensive treatment of the threat of interruption pregnancy, consisting of inpatient and sanatorium stages, there is an improvement in the laboratory blood parameters of pregnant women (an increase in hemoglobin levels by 6.9 g/l, the number of red blood cells - by $0.36 \times 10^{12}/l$, platelets - by $65.8 \times 10^9 / l$, the level of total protein – by 3.71g/l), relief of anemia symptoms by 83.3%, increased compensatory and protective mechanisms in the fetoplacental complex compared with the results of drug therapy in the conditions of hospital: normalization of CTG indicators by 30.5%, reduction lack of water before delivery by 9.5% and pathological changes of the placenta by ultrasound by 20%, improvement of histological placenta characteristics by 71.4%, improvement of uteroplacental hemodynamics according to UZD

by 19.0% and absence of fetal growth retardation syndrome in group I.

Conclusions: When forming risk groups for the development of the threat of interruption pregnancy should take into account the social and psychological characteristics of pregnant women, in addition to high extragenital, gynecological pathology and burdened obstetric- gynecological history. Pregnant women with the threat of gestation interruption in the second trimester belong to the risk group for the development of placental insufficiency, which necessitates the appointment for such patients, an appropriate examination and, upon confirmation of the diagnosis, treatment. The threat of termination of pregnancy up to 30 weeks after rational drug therapy in a hospital for at least 10 days in the absence of bloody discharge from

The elimination of common contraindications for sanatorium treatment is an indication for referring a pregnant woman for further treatment in local specialized sanatoriums. In order to maximize the effectiveness of treatment of the threat of termination of pregnancy, where the determining link is continuity and consistency in the management of women during gestation, in the practical work of obstetricians and gynecologists of antenatal clinics, departments of pathology of pregnant women, sanatoriums, it is necessary to use the algorithm developed by us to provide assistance to pregnant women with this obstetric complication.

Literature

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