

PROGRESS OF PREMATURE LABOR IN PRIVATE PREGNANTS

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Abstract: The article presents modern views on the problem of preterm birth, various mechanisms of development and approaches to their early diagnosis and prevention. In primiparas, a variety of risk factors are considered that are associated with idiopathic preterm labor, prenatal rupture of amniotic fluid and medical abortion. Premature birth is one of the main causes of perinatal morbidity and mortality in newborns in primiparous, despite the improvement in perinatal outcome in recent years.

Key words: Risk factors, causes, frequency of preterm birth in primiparous.

Introduction

One of the important problems of obstetric science and practice is the reduction of perinatal mortality and morbidity of newborns due to the prevention of premature birth (PB), which are among the medical and social problems that are relevant for most countries. Nursing a premature newborn requires large material costs, the introduction of modern technologies and qualified personnel, and the subsequent maintenance of the health and life support of these children is accompanied by long-term social consequences for the family and society. The effectiveness of preventing PB is low, despite the large amount of scientific research in this area. Their frequency in developed countries ranges from 6 to 12%, and over the past 10 years there has been an upward trend. Premature birth, according to the WHO classification, is considered to be childbirth that occurred from 22 to 37 full weeks of pregnancy with a fetal weight of 500 g (22-27 weeks - very early PR, 28-33 weeks - early PB, 34-37 weeks - simply PB). Early diagnosis and accurate prediction of PB and perinatal outcomes are not possible due to the large number of etiological factors and the lack of a specific diagnostic method. To date, three mechanisms of PB are being considered: idiopathic, prenatal rupture of amniotic fluid (PRAF) and termination of pregnancy for medical reasons - iatrogenic PB. Idiopathic PB is a syndrome with multiple predisposing factors and causes, including infection, fetal hypoxia, endocrine and / or paracrine changes in the placenta and fetal membranes.

PB as a result of PRAF - most often occur as a result of inferiority of the cervix. Iatrogenic PBs occur in situations requiring the termination of pregnancy for medical reasons by the mother and / or the fetus by labor induction, or caesarean section at a gestational age of less than 37 weeks. These mechanisms also imply differences in labor management tactics.

Materials and methods

To achieve the goal of the work, a retrospective analysis of the PB was carried out. The study included 40 primary pregnant women who have known the date of the last menstrual period, confirmed gestational age and singleton pregnancy.

Results

Depending on the PB mechanism, all 40 primary pregnant with one fetus are divided into 3 groups. Group I (n = 12) included spontaneous PBs, group II (n = 15) - PBs as a result of PRAF, and study group III (n = 13) - PBs for medical reasons. In group III, indications for early termination of pregnancy were: preeclampsia of varying severity, prenatal bleeding (previa or placental abruption), indications from the fetus - placental insufficiency (PI), acute hypoxia, growth retardation. For each

group, the following were analyzed: the structure of extragenital pathology, complications during pregnancy.

The structure of extragenital diseases, respectively, by groups:

Anemia 3 (25%) 3 (20%) 6 (41.5%)
 Chronic pyelonephritis 2 (16.7%) 8 (53.3%) 3 (23.1%)
 Arterial hypertension 1 (8.3%) 4 (26.7%) 8 (61.5%)
 Diabetes mellitus 1 (8.3%) 2 (16.6%) 3 (23.1%)
 Myopia - .4 (26.7%) 3 (23.1%)
 Disease of the gastrointestinal tract - - 1 (7.7%)

Complications during pregnancy, respectively, by groups:

Polyhydramnios - 6 (40.0%) 2 (15.4%)
 Chronic fetal hypoxia 1 (8.3%) 1 (6.7%) 1 (7.7%)
 Placental Insufficiency 1 A- 2 (16.7%) 5 (33.3%) 6 (41.5%)
 Fetal growth retardation-1 (8.3%) 1 (6.7%) 5 (38.5%)
 Severe preeclampsia - - 3 (23.1%)
 Placenta previa - 1 (6.7%) 7 (53.8%)
 Premature detachment of a normally located placenta- 1 (6.7%) 2 (15.4%)
 Caesarean section 1 (8.3%) 5 (33.3%) 9 (69.2%)
 The average age of mothers for the entire group was 24.2 ± 5.0 years. The average term of delivery was 32.8 ± 2.9 weeks.

Conclusion: Our study proves the need for timely identification of the PR mechanism, since a combination of several causes of PB is most common in most primary pregnant women. The algorithm for examining pregnant women, including ultrasound screening with an assessment of the cervix, allows us to identify the cause of PB, to prevent PB by prescribing a dose of 200 mg per day and to choose the method of delivery, which will lead to a decrease in perinatal morbidity and mortality in newborns. All this is of paramount importance not only in the formation of a healthy generation from the earliest period of their life, but also have a significant impact on the quality of life, health and reproductive potential of women in the future.

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