GENERAL CLINICAL CHARACTERISTICS OF THE EXAMINED PREGNANT WOMEN

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Annotation. This pathology of the fetus is not considered a primary nosological type, it is caused by various pathological changes of the mother-placental-fetus system. This chapter presents the general clinical characteristics of 38 pregnant women with PI and 20 healthy control pregnant women. The selection of women in the main group was carried out when they applied to the maternity complex of multidisciplinary clinic No. 1 of SamSMU for consultation. By comparing hemostasiogram indicators before and after treatment in women, as an early sign of fetal uterine distress - low hemoglobin level, erythrocytes, platelet count, high leukocyte count in peripheral blood, high bilirubin, urea and creatinine levels, fibrinogen level, platelet aggregation. We found that the indicators and prothrombin index will be high.

Keywords: General clinical examinations to identify complaints, collect anamnesis, placenta influence (PI)

Relevance: In our country, the most common is M.V. Fedorova and E.P. Kalashnikova is a classification of placental insufficiency according to clinical and morphological characteristics, according to which primary (early - occurring before 16 weeks of pregnancy) and secondary (late - after 16 weeks) PI are distinguished.

- primary (early) deficiency (up to 16 weeks) is formed under the influence of genetic, endocrine and other factors when it appears during implantation, early embryogenesis and during placentation. Enzymatic deficiency of the decidual tissue (dysfunction of the ovaries, anatomical disorders of the structure, disorders in the location and attachment of the placenta, including the location of vessels and disorders of chorion maturation) is important in the development of primary PI.

Goal: Analyze the material status, anamnesis and other pathological interventions before pregnancy.

RESEARCH MATERIALS AND METHODS. This chapter presents the general clinical characteristics of 38 pregnant women with PI and 20 healthy control pregnant women. The selection of women in the main group was carried out when they applied to the maternity complex of multidisciplinary clinic No. 1 of SamSMU for consultation.

The age of the patients ranged from 18 to 39 years, with an average of 27.4±4.1 years. The distribution of patients by age group is shown in diagram.

The largest group is women aged 31-35 (5 and 6, 27.8 and 30%, respectively), patients aged 25-30 (4 and 5 women, 22.2 and 25.0%, respectively) and 36-39 years old (6 and 5, which corresponds to 33.3% and 25.0% in the group of women with PI). In each of the groups, the largest percentage of patients was in the age range of 25-34 years: 33 (57%) and 47 (68%). There was no statistical difference in the age of pregnant women between the groups.

No deviations from the population norms were found in the analysis of mass-height ratio in the examined women. Before pregnancy, the average body weight was 61.2+2.5 kg, the average height was 165.3+5.8 cm.

When analyzing the marital status of pregnant women, all women in the studied groups were in a registered marriage.

Characteristics of extragenital pathology and surgical interventions in research groups are presented in table.

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Results: When analyzing the characteristics of pregnancy, its pathological changes in all trimesters attract attention. At the same time, the most frequent complication was early toxicosis: in 7 (38.9%) pregnant women in group 1, in 7 (35%) in group 2. Threatened abortion, clinically characterized by lower abdominal pain, vaginal discharge, increased uterine tone, was detected in 6 (33.3%) women in group 1 and 5 (25%) in group 2 in the first trimester. In the II trimester, from 4 people in groups (22.2% and 20%, respectively). When the groups were compared in terms of pregnancy complications in the first and second trimesters, no significant differences were found ($p>0.05$).

After treatment, regardless of the trimester of pregnancy, there were no statistically significant differences in the clinical presentation of the risk of abortion between the groups.

Anemia was also more common - observed in 13 (72.2%) and 15 (75%) women in the groups, respectively.

Third-trimester pregnancy outcomes, which varied by treatment, are presented.

The results of pregnancy in the patients included in the study were analyzed. A total of 38 births occurred, information about which is presented in diagram 3.4 ($p<0.005$).

The patients had various complications of childbirth, information about which is presented in diagram 3.5. In all groups, the most common complication of labor was premature infusion of amniotic fluid (22.2% and 30% in groups 1 and 2, respectively). Due to the weakness of labor activity, rhodostimulation by intravenous instillation of oxytocin solution was performed in 2 (11.1%) cases in group 1 and in 3 (15%) cases in group 2 ($p>0.05$).

Conclusions: By comparing hemostasiogram indicators before and after treatment in women, as an early sign of fetal uterine distress - low hemoglobin level, erythrocytes, platelet count, high leukocyte count in peripheral blood, high bilirubin, urea and creatinine levels, fibrinogen level, platelet aggregation. We found that the indicators and prothrombin index will be high.

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