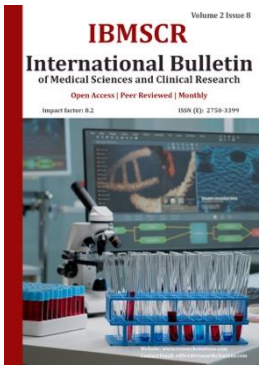


# BRONCHIAL ASTHMA IN PREGNANT WOMEN

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**Annotation.** Bronchial asthma affects about 4-15% of pregnant women. Poor control of the disease during pregnancy leads to the development of serious complications to pregnant women. The article presents modern recommendations for the diagnosis and treatment of bronchial asthma in pregnant women. The peculiarities of the course of pregnancy in patients with bronchial asthma have been the subject of attention of researchers for 70 years. By now, it can be considered a fact that bronchial asthma is not a contraindication to pregnancy, but timely diagnosis, an individualized approach to therapy are a necessary condition for the successful bearing of a child by a mother suffering from this disease.

**Key words:** bronchial asthma, pregnancy, features of the course, diagnosis, treatment.

**Relevance.** The direct causes of complicated pregnancy in patients with BA include changes in the function of external respiration (FER) leading to hypoxia, immune and metabolic disorders, and pathology of hemostasis. Changes in FER are the main cause of hypoxia. They are directly related to the severity of AD and the quality of treatment during pregnancy. Immune disorders contribute to the development of autoimmune processes (e.g., antiphospholipid syndrome-AHS), a decrease in antiviral and antimicrobial Protection. These features are the main causes of frequent intrauterine infection in pregnant women suffering from AD.

During pregnancy, autoimmune processes, in particular APS, can cause lesions of the vascular bed of the placenta by immune complexes. As a result, placental insufficiency and fetal growth retardation occur. Hypoxia and vascular wall damage cause a disorder of hemostatic homeostasis (the development of chronic DIC syndrome) and impaired microcirculation in the placenta. Another important cause of placental insufficiency in women with BA-metabolic disorders. Studies have shown that patients with BA have increased lipid peroxidation, reduced antioxidant activity of the blood, and reduced activity of intracellular enzymes.

**Aim of the study:** To study the features of the course and outcomes of pregnancy in patients with bronchial asthma (BA).

**Materials and methods.** The course of pregnancy and childbirth of 60 women suffering from BA was studied. The patients were observed during the entire gestational period by a pulmonologist and an obstetrician-gynecologist, an examination was carried out, on the basis of the results of which a set of therapeutic and preventive measures was formed, recommendations were given for the primary prevention of allergic diseases in the unborn child. More than 60% of patients were in the age group of 20 to 30 years, and about a third of

patients were over 30 years old. The vast majority of pregnant women had a mild course of BA. 30% of patients (18 patients) were diagnosed with mild intermittent bronchial asthma, and 50% (30 patients) had mild persistent bronchial asthma. In 12 patients, BA was of moderate severity (20%). The allergic genesis of BA prevailed (83.3% of patients). As a The control group analyzed data on the course of pregnancy and childbirth in 30 women who did not suffer from pulmonary and allergic diseases. All patients with BA were divided into two groups: the main group, in which the development of gestosis did not occur in the third trimester of pregnancy, and the comparative group, in which manifestations of this complication were noted.

**Results and discussions.** Among the most common complications of pregnancy in patients with bronchial asthma, we analyzed: toxicosis (a complication characteristic of the first trimester of pregnancy), threat of termination of pregnancy (which can develop during the entire gestational period), gestosis, chronic placental insufficiency.

Early toxicosis was observed in 41.6% of patients, the frequency and severity of which increased with the aggravation of BA. The threat of termination in the first trimester occurred in an average of 25% of cases, but was observed in almost half of pregnant women with BAST. At the same time, in cases of BAST and BATT, the combination of the threat of pregnancy termination and the lack of full-fledged control of BA was observed significantly more often in the group of pregnant women who subsequently developed gestosis (35%) than in the absence of it (10%), and significantly more often than in the controlled course of the disease (20%). In the second and third trimesters, the same trend persisted: in the absence of control, the complication was observed more often than in the controlled course. In the absence of BA therapy, the threat in the first trimester occurred in 35% of cases, the use of ICS significantly reduced its frequency to 25%. More than 80% of pregnant women treated with ICS did not develop this complication in the second trimester, and the threat of interruption was 2.5 times less common (10%) with the use of combined drugs than with the prescription of ICS + short-acting B2-agonists.

Vaginal delivery occurred in 58.3% of patients with BA, cesarean section was performed in 41.7% of the examined. In the control group, 73.3% of patients underwent vaginal delivery, and the caesarean section delivery rate was 26.7%.

**Conclusion.** As a result of the studies, data were obtained that exacerbation of BA in the first and second trimester increases the risk of CPlN by 3 times. A positive correlation was found between the values of DOs in the uterine artery and the severity of BA.

Bronchial asthma, even its severe forms, does not become a contraindication to pregnancy. The main condition for the successful bearing and birth of a child is the timely prescription of a set of preventive and therapeutic measures, and first of all, the basic therapy of bronchial asthma, aimed at achieving control over the disease, which reduces the risk of pregnancy complications.

Among patients delivered by caesarean section, 53.6% had an exacerbation of BA in the first trimester; 54.6% in the second trimester, 46% in the third trimester and 35% before delivery. In case of exacerbation of BALTp in the first trimester, the frequency of operative delivery was significantly higher in both groups. For patients with BAST + BATT, the third trimester was the most critical, in which the caesarean section rate in case of exacerbation reached 26.7% and 46% in the study group and the comparison group, respectively, which amounted to more than 75% of patients in these groups.

Analysis of the effect of BA treatment on the caesarean section rate showed that when ICS therapy was started in the first trimester, the rate of operative delivery was 10% lower compared to the start of treatment in the second and third trimesters.

The average caesarean section rate was 35% and was highest in severe bronchial asthma in combination with gestosis. In patients with BALT, the caesarean section rate was comparable to that in the control group.

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