

MULTIPLE PREGNANCY AS A FACTOR OF OBSTETRIC COMPLICATIONS

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✓ Resume

This article presents data from a retrospective survey of the birth history of 72 pregnant women with multiple pregnancies who applied to the Bukhara regional perinatal center for the period of 2017-2019. Studies show a significant role of multiple births as a causal factor in the development of obstetric complications.

Key words: multiple births, cesarean section, assisted reproductive technologies.

МНОГОПЛОДНАЯ БЕРЕМЕННОСТЬ, КАК ФАКТОР АКУШЕРСКИХ ОСЛОЖНЕНИЙ

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✓ Резюме

В этой статье приведены данные ретроспективного обследования истории родов 72 беременных с многоплодной беременностью, обратившихся за период 2017-2019 год в Бухарский областной перинатальный центр. Исследования показывают весомую роль многоплодия, как причинный фактор развития акушерских осложнений.

Ключевые слова: многоплодие, кесарево сечение, вспомогательные репродуктивные технологии.

КЎП ҲОМИЛАЛИК АКУШЕРЛИК АСОРАТЛАРИНИНГ ОМИЛИ СИФАТИДА

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Ушбу мақолада Бухоро вилоят перинатал марказга 2017-2019 йиллар мобайнида мурोजаат қилган 72 та кўп ҳомилали ҳомиладор аёллар туғруқ тарихининг ретроспектив таҳлили натижалари келтирилган. Тегишлилик акушерлик асоратларининг келиб чиқиш омили сифатида кўп ҳомилаликнинг сезиларли ўрни борлигини кўрсатади.

Калит сўзлар: кўп ҳомилалик, кесар кесиш, ёрдамчи репродуктив технологиялар.

Multiple pregnancies average 1-4% of the total number of births. Currently, iatrogenic multiple pregnancy accounts for 30-80% of multiple pregnancies, which is due to the introduction of modern methods of infertility treatment, including hormonal stimulation of ovulation and in vitro fertilization with embryo transfer. However, the true frequency of multiple pregnancies today in developed countries reaches 1:50, which is 2 times more than 20 years ago 1: 101. The urgency of this problem lies in a significant number of complications during pregnancy and childbirth, an increase in the proportion of caesarean section, complications of the postpartum and postoperative periods, an increased level of antenatal losses at different gestational periods, a high frequency of neurological disorders in surviving children. [3, 4, 6]

Even with the modern development of medicine, perinatal mortality in twin pregnancies is 5 times higher than in singleton pregnancies, intrauterine fetal death is 4 times higher, neonatal - 6 times, postnatal - 10 times higher. The frequency of cerebral palsy in children with twins is 3-7 times higher, with triplets - 10 times. The level of ante- and intrapartum complications from the mother is 2-10 times higher than in patients with singleton pregnancy. [3] 70% of two fetal pregnancies end with a caesarean section.

Purpose of the study: to study the incidence of complications, especially the course of pregnancy and childbirth in multiple pregnancies.

Material and methods

The histories of childbirth of 72 pregnant women with multiple pregnancies, who applied to the Bukhara Regional Perinatal Center for the period 2017-2019, were studied. Anamnestic, clinical, and laboratory data of all examined women were studied.

Results and its discussion

According to the research results, the following were revealed: By age category: The vast majority (60 women- 83%) were women aged 21 to 30 years. 12 (17%) women were over the age of 35. Parity: 20 women (28%) were pregnant, 52 (72%) women were repeatedly pregnant, among whom there were 6 women with frequent births. By place of residence, townspeople were 30 (42%), and the rural population was 42 (58%) surveyed. Table 1 shows the incidence of multiple pregnancies over the past 3 years in the Bukhara regional perinatal center.

The second table shows the picture of multiple pregnancy, taking into account the number of fruits.

By bed occupancy days in the postpartum period: up to 10 days there were 12 women (16%), up to 15 days 14 (19%), up to 25 days 6 (8%), up to 5 days 40 (55%) puerperia's.

Noteworthy is the fact that almost all women had pregnancy against the background of one or another

Table No. 1

Frequency of multiple pregnancies

	2017		2018		2019	
Overall amount of birth	7200		6273		5831	
Multiple pregnancy	abs	%	Abs	%	abs	%
	153	2,1	174	2,7	164	2,8

Table No. 2

The number of fetuses in multiple pregnancies

Multiplr fetation	2017		2018		2019	
	abs	%	abs	%	abs	%
Twin	148	2	167	2,6	158	2,7
Tee	5	0,7	7	0,1	6	0,1
Overall:	153	2,1	174	2,7	164	2,8

extragenital pathology. In terms of frequency of occurrence, anemia ranked first among background conditions. In a woman, pregnancy proceeded against the background of grade 1 anemia - 36 (50%), in 26 (36%) - grade 2 and in 10 (14%) - severe grade. Hydronephrosis was diagnosed in 8 (11%) cases. During pregnancy, 22

(30%) pregnant women suffered from ARI. Moreover, 7 women experienced repeated episodes of viral infection. Varicose veins were diagnosed in 12 (17%) women. 16 (22%) women suffered from urinary tract infection (BMI). BMI manifested itself mainly in the form of pyelonephritis, cystitis. Table 3 shows data on somatic pathologies that accompanied this pregnancy.

Table No. 3

The incidence of somatic pathologies

Nosology	abs	%
Mildanemia	32	64
Moderateanemia	12	24
Severeanemia	6	12
Acuterespiratorydiseases	12	24
Varicoseveins	8	16
Urinarytractinfections	6	12
Hydronephrosis	4	8

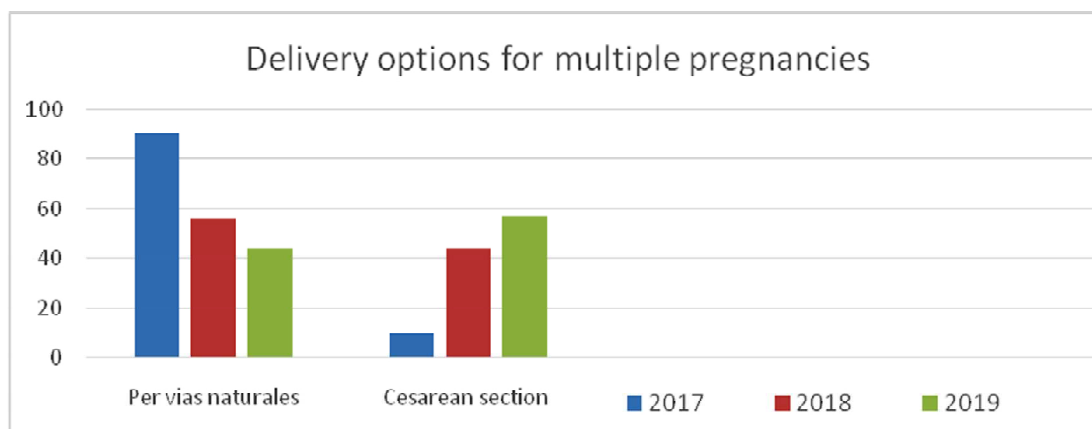
The threat of miscarriage at different stages of pregnancy was observed in 42 (58%) women. 26 (36%) pregnant women suffered from early toxicosis of varying

degrees. The threat of premature birth was observed in 24 (33%) cases. The incidence of obstetric complications in multiple pregnancies are presented in table 4.

Table No. 4

Obstetric complications

№	Nosology	abs	%
1	Threat of miscarriage at different stages of pregnancy	42	58
2	Operationcaesareansection	38	53
3	Bleeding in the early postpartum period	26	36
4	Mildpreeclampsia	9	13
5	Severepreeclampsia	14	19
6	Early toxicosis of various degrees	26	36
7	Threatofprematurebirth	24	33
8	Prematureuptureofmembranes	16	22
9	Prolonged first stage of labor	13	18
10	Subinvolutionoftheuterus	17	23
11	Prolonged second stage of labor	9	12
12	Gestationalhypertension	8	11
13	Chorionamnionitis	4	5



In 43% (31 women) of cases, pregnancy was complicated by hypertensive complications of varying degrees. At the same time, gestational hypertension was observed in 8 (11%) women, 9 (13%) women suffered from mild preeclampsia, and 14 (19%) women suffered from severe preeclampsia. Premature rupture of membranes and rupture of amniotic fluid were diagnosed in 16 cases (22%) and complicated by chorionamnionitis in 4 (5%) cases. The course of labor was complicated by a prolonged first stage of labor in 13 (18%), a prolonged second stage of labor in 9 women (12% cases). Bleeding in the early postpartum period was noted in 26 (36%) parturient women. Cesarean section was performed in 38 pregnant women, which was 53%. Cesarean section was performed in 38 pregnant women, which was 53%. Delivery options for multiple pregnancies in a comparative aspect (2017, 2018, 2019) are presented in table 5

Table No. 5

The indications for a cesarean section were:

- severe preeclampsia 8 (11%);
- flat position of the first fruit 6 (8%);
- pelvic position of the first fetus 14 (19%);
- pelvic head disproportion 10 (14%).

In the postpartum period, complications were also encountered in postpartum women in the form of subinvolution of the uterus, which were characterized by lochiometer and hematometer in 17 (23%) women.

Conclusion

Thus, pregnant women with multiple pregnancies are a risk group for the development of obstetric complications, both during pregnancy and childbirth, and

in the postpartum and postoperative period, as evidenced by such a high incidence of complications such as the threat of termination of pregnancy (58%), hypertensive conditions (43%), bleeding (36%), the frequency of caesarean sections (57%).

The increase in multiple pregnancies in recent years is to some extent associated with the development of assisted reproductive technologies and with an increase in the average age of pregnant women. Patients with multiple pregnancies remain at high risk for perinatal complications.

LIST OF USED LITERATURE:

1. Management of pregnancy and childbirth in multiple pregnancies. Krasnapolsky V.I., Novikova S.V., Tsivtsivadze E.B., Zharova A.A. Almanac of Clinical Medicine. 2015 S-32-40
2. Multiple pregnancy. Modern approaches to pregnancy management tactics. Sichinova L.G. Obstetrics, gynecology and reproduction. 2014 S-131-137
3. Multiple pregnancies after using assisted reproduction methods. Controversial issues. Luchko S.A., Mikhalevich S.I. Medical news. 2018 S-21-23
4. Peculiarities of pregnancy management in patients with induced multiple pregnancy. Luchko S.A., Mikhalevich S.I. Obstetrics and female diseases. 2016 S-54-55
5. Obstetrics. Clinical lectures: study guide \ prof. O. V. Makarova-2007 g-640 s
6. Kusanovic P., Romero R. et al. // Am. J. Obstet. Gynecol. - 2008. - N 4. - P. 382-395.
7. Ashurova NG, Khamdamova MT, Hotamova MT Analysis of the incidence of obstetric complications. Materials of the scientific-practical conference of graduate students and applicants. Days of young scientists. April 8-9, 2008, Tashkent. 19.
8. Bobokulova S.B., Ashurova N.G. Septic complications as a cause of maternal mortality Materials of the XIII scientific-practical conference of young scientists and students. Dushanbe, April 27, 2018 S-152

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