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**ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE**

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RETROSPECTIVE ANALYSIS OF MEDICAL RECORDS OF WOMEN WITH PREMATURE BIRTH COMPLICATED BY OBSTETRIC BLEEDING

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✓ *Rezyume*

Premature birth (PR) is a complex medical and social problem associated with solving problems to improve the quality of subsequent life of children born prematurely and associated material and economic costs. The severity of complications associated with prematurity is proportional to the gestational age of premature birth. Currently, obstetricians face two main tasks: detection of threatening premature birth in order to avoid improper interventions and preparation of the fetus for premature birth with the help of adequate and at the same time safe medications. Most maternal complications develop during pregnancy, and many of them can be prevented or cured

Keywords: Premature birth, amniotic fluid, fetus, placenta, perinatal pathology

РЕТРОСПЕКТИВНЫЙ АНАЛИЗ МЕДИЦИНСКИХ ДОКУМЕНТАЦИИ ЖЕНЩИН С ПРЕЖДЕВРЕМЕННЫМИ РОДАМИ ОСЛОЖНЁННЫЙ АКУШЕРСКИМ КРОВОТЕЧЕНИЕМ

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✓ *Резюме*

Преждевременные роды (ПР) являются комплексной медико-социальной проблемой, связанной с решением задач по улучшению качества последующей жизни детей, родившихся недоношенными и сопряженными материально-экономическими затратами. Тяжесть осложнений, связанных с недоношенностью, пропорциональна гестационному сроку преждевременных родов. В настоящее время перед акушерами стоят две основные задачи: детекция угрожающих преждевременных родов во избежание ненадлежащих вмешательств и подготовка плода к преждевременному рождению с помощью адекватных и одновременно безопасных медикаментозных средств. Большинство материнских осложнений развиваются во время беременности, и многие из них можно предотвратить или вылечить

Ключевые слова: Преждевременные роды, перинатальная патология

AKUSHERLIK QON KETISHI BILAN ASORATLANGAN ERTA TUG'GAN AYOLLARNING TIBBIY HUIJATLARINI RETROSPEKTIV TAHLIL QILISH

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✓ *Rezyume*

Ertar tug'ilish (PR)-bu ertar tug'ilgan va tegishli moddiy-iqtisodiy xarajatlar bilan tug'ilgan bolalarning keyingi hayot sifatini yaxshilash muammolarini hal qilish bilan bog'liq murakkab tibbiy va ijtimoiy muammo. Ertar tug'ilish bilan bog'liq asoratlarning og'irligi ertar tug'ilishning homiladorlik davriga mutanosibdir. Hozirgi vaqtda akusherlar oldida ikkita asosiy vazifa turibdi: noo'rin aralashuvlarning oldini olish uchun xavfli ertar tug'ilishni aniqlash va homilani etarli va shu bilan birga xavfsiz dorilar yordamida ertar tug'ilishga tayyorlash. Onalik asoratlarining aksariyati homiladorlik paytida rivojlanadi va ularning ko'pini oldini olish yoki davolash mumkin

Kalit so'zlar: ertar tug'ilish, amniotik suyuqlik, homila, platsenta, perinatal patologiya

Relevance

The criteria for identifying risk factors for premature birth based on the materials of birth histories were the outcomes of births of a retrospective group, the analysis of which we carried out at the branch of the Republican Specialized Scientific and Practical Medical Center for Maternal and Child Health in Samarkand (chief physician - Khamraeva L.K., Samarkand) for 2016-2020.

Materials and methods

When selecting birth histories, attention was paid to the outcome of birth (complications in the form of bleeding). 171 histories of premature births complicated by pathological blood loss in the gestation period of 28-34 weeks of pregnancy were studied.

The average age of women ranged from 17 to 37 years (Figure 1).

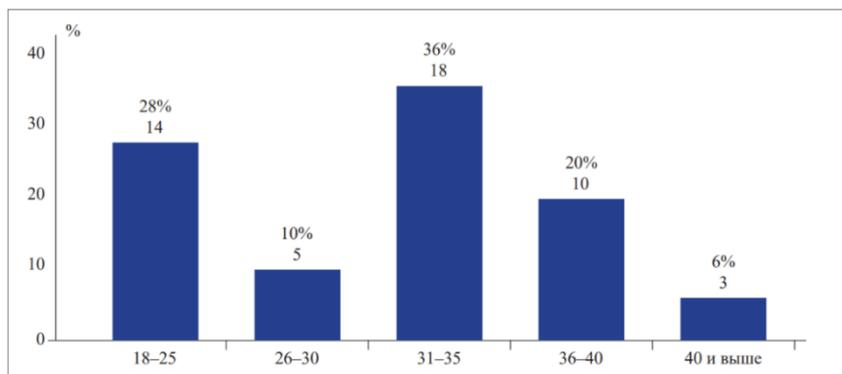


Figure 1 Age of women in the retrospective group

The age of women was: 18–25 years – 14 women (28%), 26–30 years – 5 women (10%), 31–35 years – 18 women (36%), 36–40 years – 10 women (20%), 40 and over – 3 women (6%).

In terms of social status, housewives prevailed (46.0%), while workers made up (39.4%) and students (14.5%).

When studying the nature of menstrual function, it was found that the average age of menarche was 12 ± 3 years, the duration of menstruation was 5.07 ± 2.1 days, and the onset of sexual activity was on average 18 ± 3.1 years [1.3.5.7.9.11.13.15].

The menstrual function of pregnant women was assessed based on the age of menarche, duration of menstruation, amount of blood lost, and complaints of pain (Fig. 2).

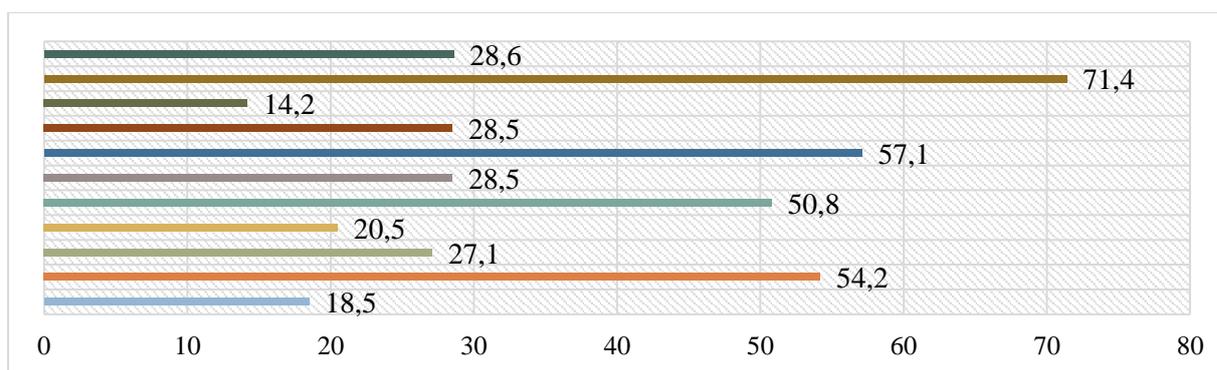


Figure 2. Characteristics of menstrual function.

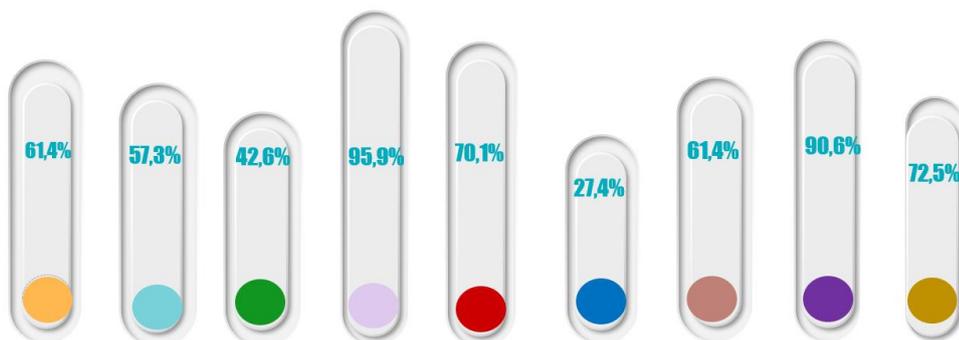
Note: AM – age of menarche, DM – duration of menstruation, NMF – nature of menstrual flow, NC – nature of the cycle

It was found that pregnant women most often reported complaints about the following: frequent stress, bad habits, occupational hazards, a history of threatened miscarriage, a history of preeclampsia, a history of eclampsia, oligohydramnios, polyhydramnios, and somatic pathology (Fig. 3.3). The

presence and frequency of EGZ in the examined women played an important role in the development of complications. Thus, 61% of women had a history of inflammatory diseases in childhood, acute respiratory viral infections (98%), diseases of the respiratory system, ear, throat and nose (85%), kidney disease (56%), anemia (61.4%), which could have a negative impact on the state of various organs and systems during the formation of the reproductive function of the future woman. When collecting the gynecological anamnesis, the main pathology was identified - inflammatory diseases of the genital tract, among which the most common were colpitis (61.4%), inflammatory diseases of the uterus (39.3%), and menstrual dysfunction (16.2%).

The outcomes of previous pregnancies were of no small importance for the current pregnancy.

Figure 3. Risk factor analysis of the retrospective group



A distinctive feature of the obstetric history of pregnant women with UPR is a high frequency of abortions (42.6%), threatened premature birth (95.9%), detachment of a normally located placenta (2.9%), and hypertensive disorders (19.3%) (Fig. 3).

According to parity, among the examined primiparous women there were 30%, multiparous women 70% (Fig. 3.4). When studying the parity of women, it was revealed:

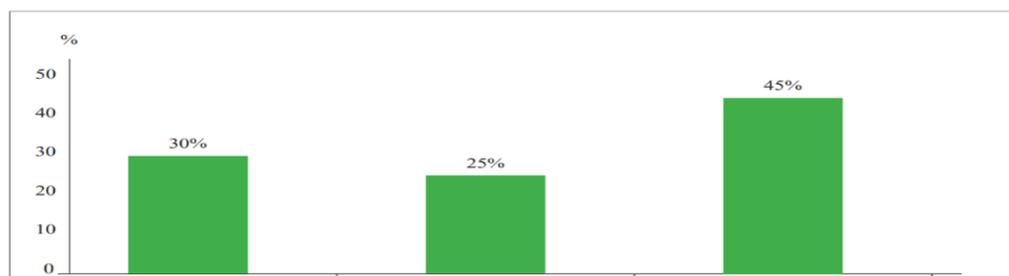


Figure 4. Parity of women with PR complicated by atonic bleeding.

1st birth — (30%), 2nd–3rd birth — (25%), 4th and more births — (45%). Most women with PR complicated by bleeding were multiparous (63.1%), primiparous accounted for 36.9% (Fig. 5).

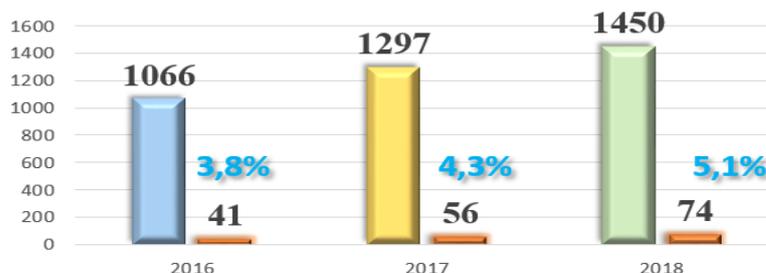


Figure 5. Number of PR and atonic bleeding during PR

In the Samarkand region, according to data, for the period from 2016 to 2018, as well as throughout the country as a whole, the general trend towards an increase in the frequency of premature births and atonic bleeding during preterm labor remains. According to the data presented in Figure 3.5, it is clear that the frequency of atonic bleeding during childbirth and in the postpartum period during premature births increases from year to year. This undoubtedly leads to an increase in the social problem and obstetric complications.

Results and discussions

Analyzing the outcome of births in the retrospective group, it was revealed that births ended through the natural birth canal in 74% (127) of cases and by caesarean section in 26% (44).

According to the literature, it has been established that Physiological blood loss is considered to be blood loss of up to 10% of the BCC (up to 500 ml) during vaginal delivery, and up to 1000 ml during cesarean section, pathological - 10-30% of the BCC (>500 ml) - ERP, >1000 ml - CS, massive - more than 30% of the BCC.

It was found that pathological bleeding occurred in 100% of cases, taking into account the special selection of stories.

The volume of blood loss in the retrospective group, with EP was 1223.04 ± 43.2 ml, with CS it was on average 1199.12 ± 52.1 ml.

When analyzing the causes of bleeding, it was found that the following were common causes of bleeding: placental ectopic pregnancy (3.3%), uterine atony (28.9%), placental defects (9.5%), trauma (11.4%), and changes in the hemostasis system (54.7%). In some cases, combined causes of CP were noted.

For the treatment of PC, medical and surgical interventions were performed (Table 1).

Table 1

Methods of stopping bleeding (according to data from a retrospective group)

Number of patients	Conservative PC shutdown		Surgical PC arrest	
171 – 100%	158	92.4%	13	7.6%

As can be seen from the table, conservative PC arrest was 92.4%, surgical 7.6% of cases. We were faced with the question: What additional measures could prevent PC during labor and in the postpartum period? "To answer the question, we performed additional research methods. Considering that one of the causes of PC is a violation of hemostasis in 54.7% of cases, we studied the hemostatic indicators as a trigger mechanism of PC (Table 2).

Table 2

Analysis of the coagulogram of the retrospective group (before delivery)

Indicator (n=171)	Meaning	%
APTT (sec.)	38.12±4.41	59.1%
Prothrombin index (%)	90.6±7.47	62.5%
Fibrinogen (g/l)	4.1±0.91	57.3%
Prothrombin time (sec.)	14±0.2	53.8%
MNO	1.83±0.1	67.2%

As can be seen from the table, changes in the hemostasis system in the form of coagulation disorders were observed in almost 50% of cases, which in turn proves the opinions stated above.

Pregnant women with premature births have an increased prothrombin level, which indicates excessive activation of the extrinsic coagulation pathway. Shortening of APTT indicates increased activity of the intrinsic coagulation pathway. Increased fibrinogen levels in combination with the above-mentioned activity of coagulation processes leads to the development of hypercoagulation syndrome in pregnant women, which contributes to premature births, which is consistent with literature data [2.4.6.8.10.12.14].

Conclusion

Thus, the study of the pathology of the coagulation system during pregnancy and ways of its correction is a priority area of modern obstetrics.

Studying the data of the hemostasis system in pathological blood loss of women who gave birth prematurely, we can conclude that the study of biochemical markers of the hemostasis system is insufficient, as well as the possible role of endothelial dysfunction in the development of these complications. In addition, the development of effective methods for treating hypercoagulation syndrome in pregnant women in the early stages will allow for the prevention of premature births.

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