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✓ *Resume*

Using standard anthropometric techniques, the relationship between somatotype and fetal formation in pregnant women was revealed. The largest fetus is characteristic of the euriplastic type, and the smallest one - for the leptosomal constitution.

Key words: anthropometry, somatotype, fetus.

СОМАТОТИПЫ И ИХ РОЛЬ В АКУШЕРСТВЕ

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✓ *Резюме*

С помощью стандартных антропометрических методик выявлена связь соматотипа и формирования плода у беременных женщины. Наиболее крупный плод характерно для эурипластического типа, а наиболее маловесный — для лептосомной конституции.

Ключевые слова: антропометрия, соматотип, плод.

СОМАТОТИПЛАР ВА УЛАРНИНГ АКУШЕРЛИКДАГИ ЎРНИ

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✓ *Резюме*

Oddiy antropometrik usullar ёрдамида ҳомиладор аёлларда соматотип ва ҳомила шаклланиши ўртасидаги боғлиқлик аниқланди. Енг катта ҳомила еврипластик типга, енг кичиги еса лептосома тузулишига ҳосдир.

Калит сўзлар: антропометрия, соматотип, ҳомила.

Relevance

In the world of constitutionology, a number of schools (French, German, etc.) can be distinguished, which have developed different schemes of constitutional typology. These schemes are based on different principles and include features that are not biologically equivalent [1,3]. Somatotyping is performed according to various criteria, and there are a significant number of classifications. There are separate studies in obstetrics and gynecology that indicate the influence of the mother's somatotype on the course of pregnancy and childbirth, and the functional state of the fetus [2,4]. Modern visualization techniques allow us to obtain a sufficient amount of information about the anatomometric features of the fetus. However, systematic studies on the relationship between the mother's somatotype and fetometric

parameters of the fetus at the stages of its development have not been conducted.

In this regard, the purpose of our research was: to study the features of the course of pregnancy, childbirth and perinatal outcomes in women of different somatotypes.

Material and methods: To solve the tasks set in the work, 149 pregnant women belonging to the dispensary groups of healthy or practically healthy, who first applied to a women's consultation and were registered for pregnancy at the term of 8-10 weeks, will be examined.

The somatotype was determined by the index in Rees. The Rees index score provides for the identification of three somatotypes, taking into account anthropometric indicators and body component composition: asthenic, normosthenic, and picnic. The examined women were divided into somatotypes as follows: 35 (23.5%) of

pregnant women had an asthenic somatotype, 71 (47.7%)-a normosthenic somatotype, and 43 (28.8%) - a picnic somatotype. According to our data, the course of the present pregnancy in 131 (87.9%) of the examined women was complicated. Iron deficiency anemia was the most common complication of pregnancy (88.9%). The frequency of iron deficiency anemia in the first half of pregnancy was higher in women of the asthenic somatotype, compared with women of both the normosthenic and picnic somatotypes.

At the same time, we found a positive correlation between the prevalence of iron deficiency anemia and the frequency of preeclampsia ($r=0.97$, $p<0.01$). It should be noted that the severity of iron deficiency anemia significantly correlated with the severity of preeclampsia ($p<0.01$, $g=0.95$). The frequency of the threat of termination of pregnancy in women of the picnic somatotype remained high throughout the entire gestational period (42.39%, $p<0.01$).

It was found that the frequency of infectious diseases (ARI, influenza) in women of the asthenic somatotype, registered in the first and second half of pregnancy, was 3 or more times higher than in women of the normosthenic and picnic somatotype.

Also noteworthy is the fact that pregnant women have asthenic the indicator of the frequency of inflammatory diseases of the urogenital sphere was significantly higher than in women of the normosthenic and picnic somatotype both in the first half of pregnancy and in the second half of pregnancy. In 17.5% of women with asthenic somatotype, the gestational process was complicated by acute pyelonephritis.

A violation of adaptation in a normal pregnancy is the cause of many complications of the gestational process, the leading of which is preeclampsia. The frequency of this complication was the highest in women of the picnic somatotype, compared with women of the asthenic and normosthenic somatotype. At the same time, as a consequence of the high frequency of preeclampsia in women of the picnic somatotype, chronic fetoplacental insufficiency was diagnosed in 85.5% of cases, which is significantly more frequent than in women of the asthenic and normosthenic somatotype (14.1% and 14.2%, respectively, $p<0.001$). In women of the asthenic and normosthenic somatotype of preeclampsia, it had a short-term monosymptomatic course in the form of hypertension, occurring at the gestation period of 37-38 weeks.

For the morphological study, 149 placentas of women of different somatotypes were used. The mass, volume, and area of the maternal surface in the placentas of the studied groups did not differ significantly from each other. However, there is a tendency in the placentas of women of the asthenic somatotype and, especially, in the placentas of women of the picnic somatotype to increase these indicators, compared with the placentas of women of the normosthenic somatotype.

Thus, it is advisable to allocate pregnant women of asthenic and picnic somatotype to the risk group for the development of anemia and to conduct anti-anemic therapy for this group throughout pregnancy, starting from the early stages.

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