

FEATURES OF THE COURSE OF POSTPONED PREGNANCY

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Annotation: Postterm pregnancy is of both scientific and practical interest in the field of obstetrics-gynecology and pediatrics. Its relevance is associated with frequent complications in childbirth on the part of the mother and fetus, high perinatal morbidity and mortality, and a high rate of operative delivery [1, 2, 5, 7, 25]. The article discusses the factors that contribute to the prolongation of pregnancy, the course of pregnancy, childbirth and the early neonatal period with delayed childbirth. In this connection, a retrospective analysis of 25 birth histories and 25 neonatal development histories in women with post-term pregnancy was carried out. maturity of the placenta), as well as complications that arose during pregnancy and childbirth. To assess the condition of the fetus, the data of the screening examination of pregnant women, including ultrasound fetometry with an assessment of signs of fetal maturity, were taken into account. In newborns, records of the neonatologist's examination of the weight, body length of the newborn, their assessment on the Apgar scale at the 1st and 5th minutes were taken into account; showed signs of maturity. As a result of this study, the factors contributing to the prolongation of pregnancy were identified. The effect of gestational age on the course of labor and the neonatal period was confirmed. It was found that with a gestational age of more than 40 weeks, the frequency of chronic intrauterine hypoxia, leading to cerebrospinal depression, increases.

Key words: post-term pregnancy, trigger factors, complications, signs of post-maturity, neonatal period, intrauterine hypoxia.

ОСОБЕННОСТИ ТЕЧЕНИЯ ПЕРЕНОШЕННОЙ БЕРЕМЕННОСТИ

Аннотация: Переношенная беременность имеет как научный, так и практический интерес в сфере акушерства-гинекологии и педиатрии. Актуальность её связана с частыми осложнениями в родах со стороны матери и плода, высокой перинатальной заболеваемостью и смертностью, высокой частотой оперативного родоразрешения [1, 2, 5, 7, 25]. В статье рассматриваются факторы, способствующие перенашиванию беременности, течение беременности, родов и раннего неонатального периода при запоздалых родах. В связи с чем проведен ретроспективный анализ 25 историй родов и 25 историй развития новорожденного у женщин с переношенной беременностью У женщин учитывались данные соматического и акушерско-гинекологического анамнеза, данные физикальных методов исследования, данные инструментальных методов исследования (оценка количества и качества околоплодных вод; оценка степени зрелости плаценты), а также осложнения, возникшие во время беременности и родов. Для оценки состояния плода учитывались данные скринингового обследования беременных, включающего ультразвуковую фетометрию с оценкой признаков зрелости плода. У новорожденных учитывались записи произведенного неонатологом осмотра массы, длины тела новорожденного, их оценка по шкале Апгар на 1-й и 5-й минутах; выявлялись признаки перезрелости. В результате данного исследования были выявлены факторы, способствующие перенашиванию беременности. Было подтверждено влияние срока

беременности на течение родов и периода новорожденности. Было выявлено, что при сроке беременности более 40 недель увеличивается частота хронической внутриутробной гипоксии, приводящей к цереброспинальной депрессии.

Ключевые слова: переносная беременность, триггерные факторы, осложнения, признаки переносности, неонатальный период, внутриутробная гипоксия.

INTRODUCTION

Due to the lack of consensus on what kind of pregnancy should be considered post-term, there are very conflicting data in the literature on the frequency of post-term pregnancy. However, according to the data of most authors, the frequency of overmaturity ranges from 1.4 to 14%, averaging 10% [8, 10, 19, 22].

The description of pregnancy overgrowth is already found in ancient medical treatises dating back to the era of Hippocrates and Galen. The beginning of a scientific approach to this problem dates back to 1902, when for the first time Ballantyne, and then Runge (1948) described signs of overmaturity in a newborn, and this syndrome was called the Bellentine-Runge syndrome. Despite this history, many issues related to this pathology have not yet been resolved [3, 9, 11, 22, 23].

Postponement of pregnancy means a belated occurrence of labor activity. Distinguish between true (biological) pregnancy prolongation and imaginary (chronological) prolongation or prolonged pregnancy. A truly postterm pregnancy lasts more than 10-14 days after the expected delivery date (290-294 days) and ends with the birth of a child with signs of biological overmaturity, which determines the high risk of developing anti-intranatal distress syndrome and difficult neonatal adaptation [14, 16, 17, 20, 24]. With its development, violations of the contractile activity of the uterus are often observed, which leads to an increase in surgical interventions and to intrauterine suffering of the fetus. A post-term pregnancy should be correctly considered as a pathological phenomenon due to the influence of various factors [12, 13, 15, 18].

Purpose of the study. The purpose of this study is to identify factors contributing to the development of post-term pregnancy, as well as to study the characteristics of the course of pregnancy, childbirth and the early neonatal period in delayed childbirth.

MATERIALS AND RESEARCH METHODS

A retrospective analysis of 25 birth histories and 25 newborn development histories in women with a post-term pregnancy was carried out on the basis of the maternity department of the Regional Perinatal Center for 2018–2020. In women, the data of the somatic and obstetric-gynecological anamnesis, the data of physical methods of research, the data of instrumental methods of research (assessment of the quantity and quality of amniotic fluid; assessment of the degree of maturity of the placenta), as well as complications that arose during pregnancy and childbirth, were taken into account. To assess the condition of the fetus, the data of the screening examination of pregnant women, including ultrasound fetometry with an assessment of signs of fetal maturity, were taken into account. In newborns, records of the neonatologist's examination of the weight, body length of the newborn, their assessment on the Apgar scale at the 1st and 5th minutes were taken into account; showed signs of maturity.

RESEARCH RESULTS

According to the study in post-term pregnancy, the age of women ranged from 25 to 38 years. The average age of women was 32.36 years. Of these, primiparas under the age of 30 accounted for 28%, primiparas over the age of 30 accounted for 48%, multiparous - 24%. From

the anamnesis, 19 women (76%) lived in rural areas, the remaining 6 (24%) lived in urban areas. 14 women (56%) are housewives, 3 women (12%) are teachers, 2 women (8%) are dressmakers, 2 women (8%) are hairdressers, 1 woman (4%) is an accountant, 1 woman (4%) is a programmer, 1 woman (4%) is a nurse. The study of the somatic history revealed the presence of chronic diseases in 19 women (76%). Of these: chronic pyelonephritis - in 12 women (63.1%), chronic cholecystitis - in 9 women (47.3%), overweight - in 9 women (47.3%), chronic hepatitis - in 1 woman - (5.26%), goiter in 2 women - (10.5%).

When studying the obstetric and gynecological history, pathology was detected in 12 women (48%). Of the most common pathologies, inflammatory diseases of the pelvic organs can be noted - in 9 women (75%), spontaneous miscarriage - in 3 women (25%), menstrual irregularities - in 3 women (25%), polycystic ovaries - in 2 women. x women (16.6%), abortions - in 5 women (41.6%). The course of pregnancy was complicated - in 92% of women: gestational diabetes mellitus - in 5 women (21.7%), anemia - in 17 women (73.9%), umbilical cord entanglement - in 10 women (43.4%), chronic fetoplacental insufficiency - in 9 women (39.1%), the threat of termination of pregnancy - in 7 women (30.4%), toxicosis - in 10 women (43.4%), oligohydramnios - in 5 women (21.7%).

Childbirth was complicated - in 12 women (48%). Among the complications of childbirth, premature rupture of the membranes was revealed - in 5 women (41.6%), ruptures of the perineum and vagina - in 7 women (58.3%). A caesarean section was performed in 13 women (52%). The most common reason for surgery is a large fetus and threatening fetal hypoxia.

An ultrasound examination of pregnant women revealed a decrease in the thickness of the placenta and the presence of petrificates in 36% of women; amniotic fluid index < 70 mm - in 19.2% of women. The early neonatal period in 15 newborns (60%) proceeded against the background of hypoxia, 44% were born in moderate asphyxia, intrauterine infections in 16 newborns (64%), cephalohematoma was observed in 4 newborns (16%). Analysis of the weight distribution of newborns showed that 4 newborns (16%) have a body weight of 2501–3000 g, 9 newborns (36%) have 3001–3500 g, and 12 newborns (48%) have 3501–4000 g.

At birth, the Apgar score was used to assess the condition of the newborn. Newborns with post-term pregnancy had different values on the Apgar scale - from high to the lowest, which indicated moderate and severe hypoxia.

Signs of postmaturity (Clifford's syndrome) were observed in 22 newborns (88%): a decrease in turgor - in 19 newborns (86.3%), dense bones of the skull (narrow sutures and fontanels) - in 17 newborns (77.2%), a decrease in subcutaneous fat and skin folds - in 11 newborns (50%).

DISCUSSIONS

As a result of this study, the influence of gestational age on the course of labor and the neonatal period was confirmed. As a result, the factors contributing to the prolongation of pregnancy were identified: the age of pregnant women is over 30 years old and, in general, they are primiparous; living in the countryside; housewives more often; chronic diseases of infectious and non-infectious nature; lipid metabolism disorders, thyroid disease; the presence of spontaneous miscarriages and abortions; irregular menstrual cycle; dystrophic changes in the placenta (decrease in thickness, compaction with the presence of petrificates); oligohydramnios.

As a result of the study, it was found that at a gestational age of more than 40 weeks, against the background of the maturation of the CNS structures and their greater need for oxygen, the frequency of chronic intrauterine hypoxia, leading to cerebrospinal depression, increases. In

almost half of the newborns, the birth weight was more than 3500 g. Signs of postmaturity (Clifford's syndrome) in newborns, as well as cephalohematoma, were revealed.

CONCLUSIONS

From the foregoing, it can be concluded that delayed births are characterized by a large number of complications in childbirth and adverse perinatal outcomes, which requires the need for early diagnosis and identification of women at risk of post-term pregnancy for timely hospitalization in the antenatal unit and preparation for childbirth at 40 weeks. Due to the fact that postmaturity was more common in rural areas, it is necessary in the patronage of pregnant women to pay attention to the prevention of prematurity, especially among women in rural areas and housewives. Newborns with a post-term pregnancy are at high risk for general morbidity and neurological complications, which requires dynamic monitoring of them by pediatric neurologists and pediatricians.

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