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DETERMINATION OF THE EFFECTIVENESS OF PROSTAGLANDINS IN PRETERM LABOR IN PREGNANT WOMEN

Resume: Childbirth against the background of pathology is accompanied by an increase in the frequency of surgical delivery, as well as various obstetric complications.

However, with all the variety of tactics, techniques, and clinical recommendations devoted to the actions of a doctor in the management of patients with PIOV, the question of their choice depends on many factors. For more than 20 years of studying the problem of PIOV, a technique for preparing the cervix has not been developed that gives 100% results.

With all the variety of methods to choose from, none of them is without drawbacks (contraindications to use, cost-effectiveness, patient compliance, etc.). In this regard, the optimal choice of tactics for conducting childbirth during childbirth is the key to preserving the health of the future generation.

Keywords: prostoglandin, amniotic fluid, premature birth.

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ОПРЕДЕЛЕНИЕ ЭФФЕКТИВНОСТИ ПРОСТАГЛАНДИНОВ ПРИ ПРЕЖДЕВРЕМЕННЫХ РОДАХ У БЕРЕМЕННЫХ ЖЕНЩИН

Резюме; Роды на фоне патологии сопровождаются увеличением частоты оперативного родораз-решения, а также различных акушерских осложнений.

Однако при всем многообразии тактик, методик, клинических рекомендаций, посвящённых действиям врача при ведении пациенток с

ПИОВ, вопрос их выбора зависит от многих факторов. За более чем 20 лет изучения проблемы ПИОВ не разработана методика подготовки шейки матки, дающая 100% результат.

При всем многообразии выбора методов ни один из них не лишён недостатков (противопоказания к применению, экономическая эффективность, комплаентность пациента и др.). В связи с этим оптимальный выбор тактики ведения родов при ПИОВ является залогом сохранения здоровья будущего поколения.

Ключевые слова: простогландин, околоплодная вода, преждевременная роды.

Introduction. The transition to new criteria for live birth requires the definition of a perinatal risk strategy for preterm birth [3]. Spontaneous PR initiated by rupture of the amniotic membranes is one of the most important problems of modern obstetrics and is associated with a high level of perinatal and infant morbidity, disability and mortality [4]. The strategy of perinatal risk in late (22.0-27.6 weeks) and early (28.0-33.6 weeks) preterm labor primarily provides for the identification of risk groups of women whose pregnancy may be complicated by premature rupture of the amniotic membranes (PRPO), the frequency of which in extremely premature pregnancy reaches 90-92% [1]. The adverse effects on the fetus are caused to the greatest extent by complications associated with immaturity and intrauterine infection (IUI), which is an additional specific risk factor for neonatal mortality (NS), respiratory and neurological complications [5]. Currently, the international standard for the management of pregnant women with uncomplicated prenatal and early prenatal pregnancy is recommended to prolong pregnancy in order to increase the gestational age of the fetus and achieve a greater degree of morphofunctional maturity [6]. However, in this case, the risk of infectious and inflammatory complications not only of the mother, but also of the newborn increases

significantly - with a frequency of 16% to 71% [2]. For the choice of rational tactics of labor management in PRPO, an important point is the prediction of VUI. Existing highly informative techniques require amnio- and cordocentesis, and therefore their use is limited [3]. Performing available laboratory tests, such as determining the level of white blood cells, the rate of erythrocyte sedimentation, the shift of the leukocyte formula, allow us to state the already existing inflammatory process and are not prognostic [4]. The search for objective predictors of intrauterine infection and a safe time of prolongation of pregnancy in PRPO is especially relevant due to the need for antenatal corticosteroid therapy (ACT), the proven protective effect of which lasts from 1 to 7 days [3].

Due to the limited prognostic effectiveness of individual predictors, multifactorial mathematical modeling, taking into account a comprehensive assessment of anamnestic, clinical and laboratory criteria, is advisable to increase the sensitivity and specificity of the VUI forecast. An objective and reliable prognosis of PRPO, VUI and a safe period for wait-and-see tactics make it possible to carry out therapeutic and preventive measures at all stages of care and allow improving perinatal outcomes.

The purpose of the study. To develop a method for predicting prenatal pregnancy, intrauterine infection and a safe period of wait-and-see tactics in early and early preterm labor to justify the strategy of perinatal risk.

Materials and methods of research. To achieve this goal and solve the tasks in the period 2020-2021, 75 women of the Andijan region were examined at the clinical bases of the Department of Obstetrics and Gynecology No. 2 with the course of DPO.

The results of the study. In case of early pregnancy initiated by rupture of the amniotic membranes, prolongation of pregnancy for 7.2 days reduces the risk of neonatal mortality by 2.4 times (OR 0.42; 95% CI: 0.18-0.99), early neonatal by 2.9 times (OR 0.34; 95% CI: 0.13-0.86), deaths due to RDS by 3.3

twice (OR 0.3; 95% CI: 0.1-0.86), also reduces the incidence of severe RDS in newborns (59.7%, $p=0.023$) and the risk of grade II-III IVF by 2.9 times (OR 0.34; 95% CI: 0.14-0.83). In early PR complicated by PRPO, prolongation of pregnancy for 5.0 days reduces the frequency of deaths due to VVC ($p=0.018$) and increases the proportion of children without RDS (12.9%, $p=0.035$).

Prolongation of pregnancy for 7.2 days is associated with a higher frequency of chorioamnionitis (35.3%, $p=0.031$) in women with the same PR. In the absence of prolongation conditions, spontaneous labor that began in the first 2.0 hours in the late and 6.0 hours in the early PR is complicated by their rapid and rapid course (24.2%, $p = 0.048$ and 28.4%, $p = 0.038$).

As factors increasing the risk of PRPO in the period of early and early PR, it should be taken into account: preterm birth in the anamnesis, increasing the risk – by 7.6 times (OR 7.6; 95% CI: 2.2-25.3), nicotine dependence of the mother – by 5.8 times (OR 5.82; 95% CI: 2.4-14.1), incomplete secondary education – 5.6 times (OR 5.6; 95% CI: 1.9-16.3); complications of current pregnancy: ICN – 10 times (OR 10.1; 95% CI: 4.2-24.3), recurrent threat of termination of pregnancy – 7.9 times (OR 7.9; 95% CI: 3.6-17.1), acute bacterial infections – 7.1 times (OR 7.1; 95% CI: 1.1-59.9), multiple pregnancy – 5.9 times (OR 5.9; 95% CI: 1,3-26).

When forming a risk group for IUI, it is necessary to use the following factors that increase the chances of intraamniotic infection: gestational pyelonephritis – 7 times (OR 7.01; 95% CI: 2.48-19.81), acute inflammatory diseases of ENT organs suffered during pregnancy – 6 times (OR 6.13; 95% CI: 2.14-17.5), recurrent threat of termination of pregnancy – 5.6 times (OR 5.6; 95% CI: 2.4-12.7), gestation period ≤ 27.5 weeks at the time of PRPO (Se 89.2%, Sp 77.2%, AUC 0.84); ultrasound markers: fetal growth retardation – 17 times (OR 17.4; 95% CI: 1.77-171.3), simultaneous combination of signs of infection of the placenta, amniotic fluid and fetus – 7 times (OR 7.19; 95% CI:

1.85-28.05); as a laboratory criterion – the concentration in the blood of women hs-CRP ≥ 6.33 mg/l (Se 80.0%, Sp 66.7%, AUC 0.75).

To substantiate the strategy of perinatal risk in late and early PR, on the basis of mathematical modeling, the scales of prognosis of PRPO and fetal IUI have been developed, which allow determining the volume of therapeutic and preventive measures at the pre-gravidar and antenatal stages, as well as a model for predicting a safe period of wait-and-see tactics for choosing the optimal time for performing ACT and neuroprotective therapy.

Conclusion. The research consists in further study of risk factors for early and early preterm labor, increasing the possibility of objective prognosis of complications and scientific justification of technologies that increase the prolongation of pregnancy and reduce perinatal pathology caused by immaturity and infection of the fetus.

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