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THE OUTCOME OF PREGNANCY AND CHILDBIRTH IN WOMEN WITH IMPAIRED VAGINAL BIOCENOSIS

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Abstract:

Dysbiotic disorders of vaginal microbiocenosis increase the risk of various complications from the mother and fetus, determine the course of pregnancy and its outcome. In this article, a study of the biocenosis of the vagina of 96 pregnant women from early pregnancy was conducted. It is shown that timely detection of pregnant women with a high risk of infectious and inflammatory complications and their proper management will reduce the frequency of complications in the mother, fetus and newborn.

Keywords: Normocenosis, dysbiosis, microflora, trimester, bacterial vaginosis, candidiasis colpitis, aerobic colpitis.

RELEVANCE OF THE STUDY Local anti-infective resistance is provided by a complex set of protective devices, but they sometimes turn out to be insufficient [2,3,5,8]. The first trimester of pregnancy is the most important in the formation and further development of the fetus. since it is during this period that the fetoplacental system is formed, the laying of organs and tissues of the embryo, which in most cases determines the course of pregnancy and its outcome (T.A. Melnikova, M.M. Padrul, E.S. Horowitz, G.I. Rabotnikova– 2017). The majority of gestational losses (71.4-74.5%) occur precisely in the first trimester of pregnancy - the terms from 5 to 12 weeks, while it is known that bacterial vaginosis occurs in 42.64% of women [1,9].

The purpose of our study is to study the violation of vaginal biocenosis in pregnant women and to analyze the outcome of pregnancy for the mother and fetus in women with impaired vaginal biocenosis during pregnancy.

MATERIALS AND METHODS OF RESEARCH

A prospective study of 96 pregnant women from three obstetric sections of the family polyclinic No. 3 in Samarkand was conducted . The women were examined when they were registered for pregnancy according to accepted standards .Particular attention was paid to the analysis of vaginal smears taken at different gestation periods. The analysis of the course of pregnancy in the I, II, III trimesters, the course of childbirth, as well as the assessment of newborns were carried out.

RESEARCH RESULTS AND THEIR DISCUSSION

The average period of registration of women, in our studies of 96 pregnant women, was 7 ± 1.2 weeks. in the interval of 5-9 weeks of pregnancy. The gestation period for all pregnant women was determined from the first day of the last menstruation.

The average age of pregnant women was 27.0 ± 3.1 years.

Gynecological history was burdened in most patients: chronic salpingoophoritis - in 6 (6.25%): cervical erosion - in 6 (6.25%); uterine fibroids - in 7 (7.29%); genital herpes with periodic exacerbations - in 10 (10.4%).

According to the reproductive history: infertility in the anamnesis - in 8 pregnant women (8.3%); pregnancy after IVF - in 2 (2.08%); non-developing pregnancy in the anamnesis - in 9 (9.37%); spontaneous miscarriages in the anamnesis - in 7 (7.2%); premature birth in the anamnesis - 12 (12.5%).

The majority of patients were re-pregnant (66.4%). Previous pregnancies ended with artificial abortion - in 40 (41.6%) women, spontaneous termination of pregnancy in the first trimester of pregnancy - in 8 (8.3%). Physiological childbirth ended the previous pregnancy in 38 (39.5%). Severe extragenital diseases were not detected in any patient.

Of 96 women in the first trimester of pregnancy, normocenosis was detected in 23 (23.9%); intermediate smear type - in 20 (20.8%); bacterial vaginosis - in 15 (15.6%); candidiasis colpitis - in 29

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(30.2%); aerobic colpitis - in 11 (11.4%); STI - in 5 (5.2%).

In the second trimester of 82 women, in 16 (19.5%) women pregnancy was terminated in the first trimester), normocenosis was diagnosed in 14 (17.07%); intermediate type of smear - in 13 (15.85%); bacterial vaginosis - in 15 (18.29%); candidiasis colpitis - in 16 (19.5%); aerobic colpitis - in 3 (3.6%); STI - in 1 (1.2%).

In the third trimester of pregnancy out of 80 (two women had a late miscarriage in the second trimester of pregnancy), microcenosis met the normal criteria in 33 (41.5%); intermediate smear type - in 25 (31.5%); bacterial vaginosis - in 7 (8.75%); candidiasis colpitis - in 35 (43.75%); aerobic colpitis - in 8 (10%); STIs were not detected.

The analysis of the course of pregnancy and childbirth was carried out in all the observed women. A frequent complication of the first trimester of pregnancy was threatening abortion in 58 (60.4%). 45 women received appropriate treatment in a hospital setting.

In the II and III trimesters of pregnancy, the threat of termination of pregnancy occurred in 29 (30.2%) women, and in 6 patients repeatedly. Toxicosis in the first trimester of pregnancy was diagnosed in 26 pregnant women (27.0%), and gestosis of the second half of pregnancy - in 19 women (19.7%).

Of 96 pregnant women who were under observation, 86 (89.5%) had urgent spontaneous labor, the rest (10.5%) pregnancy ended with delivery by cesarean section.

Childbirth was complicated in 11 (11.4%) by premature outpouring of amniotic fluid. 16 (16.6%) women dropped out of further follow-up due to termination of pregnancy. 2 (2.0%) women had unfavorable pregnancy outcomes: one had a miscarriage at 25 weeks with a dead fetus without visible malformations, the other had antenatal fetal death at 32 weeks of pregnancy.

Of all children born at full-term pregnancy - 9 (12%) children with low body weight. It has been established that women with impaired vaginal biocenosis significantly increase the risk of developing chronic placental insufficiency, premature birth, birth of children with low body weight, postpartum endometritis, wound infection.

Conclusions:

* Vaginal infections entail violations of women's reproductive health, complicate the course of gestation.

* The leading role in the violation of the development of the embryo is played by the gestation period, at which the damaging agent acts. So, in the first trimester, the risk of infection is 15%, in the second - 45%, and in the third - 70%.

* The conducted studies demonstrate the role of violation of the biocenosis of the vagina, in particular, bacterial vaginosis in the development of pathology of pregnancy, childbirth and postpartum infectious complications.

• According to our research, the high frequency of bacterial vaginosis (15.6%) was in the first trimester, therefore, it is with ascending infection that early pregnancy losses are possible.

PRACTICAL RECOMMENDATIONS:

1. The study of the biocenosis of the vagina from the early stages of pregnancy will help to identify pregnant women with a high risk of infectious and inflammatory complications in a timely manner

2. Rational management of such pregnant women will reduce the frequency of complications in the mother, fetus and newborn.

LITERATURE.

1. Analysis of the course of pregnancy in women infected with Ur.urealyticum, depending on the degree of colonization of the genital tract.A. Melnikova, M.M. Padrul, E.S. Horowitz, G.I. Rabotnikovaperm Medical Journal. - 2017.- Vol. 34, No. 2. - pp. 26-30.
2. Karapetyan, T.E. Aerobic Vaginitis and pregnancy T. E.Karapetyan, V. V.Muravyeva, A. S.Ankirskaya Obstetrics and gynecology. - 2013.- No. 4.- pp. 25-28.
3. Kostin, I.N. The significance and results of the international research project "Human Microbiome" I.N.Kostin, L.Yu.Kuvankina, H.Yu. Simonovskaya Status Praesens. – 2013. – №5(16). – Pp.9-15.
4. Kuzmin, V.N.The place and role of mycoplasma infection in
1. the structure of inflammatory diseases of the pelvic organs V.N.
5. Kuzmin Gynecology. - 2015.- No. 2.- pp. 21-26 Laboratory diagnostics of bacterial vaginosis:methodological recommendations of A.M. Savichev, M.A. Bashmakov, T.V. Krasnoselskikh. - St. Petersburg: Publishing House N-L, 2011.-28 p.
6. Tavo, V. Prevalence of Mycoplasma hominis and Ureaplasma urealyticum among women of reproductive age in Albania V. Tavo Med.arch. - 2013. - Vol. 67, No. 1. - pp. 25-26. doi:10.5455 medarch.2013.67.25-26
7. Temporal and spatial changes of the human microbiota during pregnancy D.B. DiGiulio, B.J. Callahan, P.J. Mcmurdy PNAS. -2015. - Vol. 112, No. 35. -pp.11060-11065. doi:10.1073pnas.150287511

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8. The composition and stability of the vaginal microbiota of normal pregnant women differ from the composition of the microbiome of non-pregnant women R. Romero, S.S. Hassan, P. Hajer. - 2014. - Vol.2, No. 1. - p.4. doi:10.1186/2049-2618-2
9. Interaction between the vaginal microbiota, the length of the cervix and treatment with vaginal progesterone for reducing the risk of premature birth L.M. Kindinger, P.R.Bennett, Y.S. Lee [et al.] Microbiome. - 2017. - Volume 5, 1. - p.6.doi:10.1186/s40168-016-0223
10. The role of infection in miscarriage S. Giakoumelou, N.Wheelhouse, K. Cuschieri [et al.] Hum. Reprod. Update. – 2016. – Vol. 22,№ 1. – P.116-133. doi:10.1093/humupd/dmv041
11. The vaginal microbiome and preterm birth J.M. Fettweis, M.G.Serrano, J.P. Brooks [et al.] Nat. Med. – 2019. – Vol. 25, № 6. – P.1012-1021. doi:10.1038/s41591-019-0450
12. Ismatova M., Yuldasheva F., Alimova O. The effect of hibiscus and oral medications on blood glucose levels //Society and innovation. – 2021. – Vol. 2. – No. 8/S. – pp. 333-338.
13. Kuchimova Ch. A. I dr. Specific features of drug dependence and phase-depressive disorders in dysthymic Disorders //journal biomedicine I praktiki. – 2021. - T. 6. – №. 1.