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PREVENTION OF CHANGES IN THE HEMODYNAMICS OF THE UTERUS AND PLACENTA WITH INTRAUTERINE INFECTION

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Abstract:

Intrauterine infection of the fetus is an antenatal risk, and modern preventive measures serve to reduce the frequency of negative perinatal complications caused by intrauterine infection of the fetus.

Keywords: Fetoplacental insufficiency, intrauterine infection of the fetus, immunoprophylaxis.

Intrauterine infection of the fetus is considered a high obstetric and perinatal risk, with complications of pregnancy. The risk of miscarriage is 76.3%, fetoplacental insufficiency 79.1%, premature discharge of amniotic fluid 49.8%, premature birth 23.1%, chorioamnionitis 25% and newborns according to the presence of danger. The high frequency of perinatal losses leads to the development of congenital malformations in 10-15% of fetuses. [1,3,6]

Fetoplacental insufficiency, which develops as a result of hemodynamic disorders of the uterus, placenta and fetal system due to intrauterine infection of the fetus, is a clinical syndrome manifested by placental morphofunctional changes and violation of compensatory and adaptive mechanisms. As a result of pathological changes in the fetoplacental system, there is a loss of transport, endocrine and metabolic functions of the placenta due to complex disorders. [13]

As a result of infectious and inflammatory diseases suffered by a pregnant woman, she becomes a risk factor for fetal malformation, fetal death, premature birth of the fetus and the formation of fetoplacental insufficiency. 25% of pregnant women are at risk of intrauterine infection of the fetus, and 27-75% of newborns from this group of pregnant women have a high risk of infection. [15,17,18]

According to the data, the frequency of intrauterine infection of the fetus is 29.2%. Placental dysfunction plays an important role in the pathogenesis of infectious complications in fetuses and newborns. Circulatory and metabolic disorders in the fetoplacental system during intrauterine development can cause secondary complications and perinatal pathology [11,16].

One of the effective measures to prevent intrauterine infection of the fetus is the development of a program for dynamic monitoring of pregnant women who are at increased risk of infection during pregnancy.

In order to carry out prenatal diagnostics, planned preventive examination of pregnant women is carried out in 3 stages. The first stage is carried out at 10-14 weeks of pregnancy, the second stage at 20-24 weeks of pregnancy and the third at 30-34 weeks of pregnancy. [2,4,9]

In order to prevent intrauterine infection of the fetus, gynecological consultation and a step-by-step approach in inpatient obstetrics are necessary: [5,9,12]

I. Stage: Analysis of the anamnesis data of pregnant women with a high risk of infection.
II. Stage: Clinical objective assessment of the manifestation of the infection process of the mother and fetus.
III. Stage: Study of exogenous signs of the fetoplacental system against the background of intrauterine infection of the fetus by instrumental methods.
IV. Stage IV: Control of the development of risk factors using clinical and laboratory diagnostic methods.

Prevention of pregnancy complications due to intrauterine infection of the fetus should begin with the pre-pregnancy period. The complex of medical procedures includes correction of the state of the body, early diagnosis and treatment of women under the influence of chronic viral infection. Rehabilitation of chronic focal infections, increased activity of the immune system, immunoprophylaxis against viruses that cause infectious diseases, prevention of anemia and other preventive measures are carried out.

In the treatment of fetoplacental insufficiency, first of all, it is necessary to correct hemodynamic disorders of the placental-fetal system, restore pathological changes in rheological and coagulation properties of blood, improve microcirculation and vascular tone, optimize arterial and venous blood flow. Prevention of fetoplacental insufficiency should be carried out in the antenatal period of 14-16, 28-34 weeks of pregnancy in pregnant women, the duration of such a course should be 3-4 weeks. [6,14]

Treatment of fetoplacental insufficiency, which is caused by hemodynamic disorders of the uterus, placenta and fetal system due to internal infection of

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the fetus, is considered a complex task, given the development caused by many factors, treatment should be characterized by preventive measures of the type, togenetic and complex therapy. [4,14,19]

1. Improvement of blood circulation, microcirculation, rheological and coagulation properties of blood of uterine and placental vessels.
2. Normalization of gas exchange between mother and fetus.
3. Improvement of the metabolic functions of the placenta.
4. Restoration of damaged functions of the placental cell membrane.

The fetoplacental system includes the elimination of factors caused by hemodynamic disorders, drug and physiotherapy treatment.

Therapeutic measures should be aimed mainly at normalizing contractility and uterine tone, strengthening antioxidant protection, optimizing metabolic processes, improving blood circulation in the utero-placental-fetal system. To restore the tone of the uterus, antispasmodics and tocolytics are recommended. Anticoagulants and antiplatelet agents are used to improve blood circulation in the mother-placenta-fetus system. When antiplatelet agents are used in practice, microcirculation in the fetoplacental complex is restored, the interstitial volume decreases, interstitial hemorrhages and placental infarction are prevented. To combat fetal hypoxia, antioxidants, antihypoxants, vitamins are used, and intoxication infusion therapy is also used. Antibacterial therapy is also carried out with intrauterine infection of the fetus. [7,8,17]

Complex diagnostic methods include cytological examination of the pathogen, fetal biophysical profile, placental structure, specific markers of antigens and antibodies, histological studies, as well as additional diagnostic methods and preventive treatment in the early neonatal period.

REFERENCES:

1. Буданов П.В., Стрижаков А.Н. Этиология, патогенез, диагностика и лечение внутриутробной инфекции // Вопросы гинекологии, акушерства и перинатологии. – М., 2010. – Т. 9. №3. – С.61-71.
2. Белоцерковцева Л.Д., Каспарова А.Э., Коваленко Л.В., Мордовина И.И. Перинатальные инфекции: настоящий взгляд на проблему. Современные методы профилактики вертикального пути передачи ВИЧ: Учеб. пособ. – Сургут: Изд-во СурГУ, 2008.
3. Бочарова И.И., Аксенов А.Н., Башакин Н.Ф. и др. Итоги и перспективы научных исследований по проблеме внутриутробной инфекции новорожденных // Рос. Вест. акушера-гинек. – 2007. – № 5. – С. 60–63
4. Долгушина Н.В. Патогенез и профилактика плацентарной недостаточности и синдрома потери плода у беременных с вирусными инфекциями. Автореф. Дис. Д-ра мед. Наук. М. 2009. 40.
5. Игнатко И.В., Рыбин М.В., Дуболазов В.Д. Профилактика плацентарной недостаточности у беременных группы высокого риска // Вопросы гинекологии, акушерства и перинатологии. – 2006. – № 5(1). – С. 11-20.
6. Качалина Т.С. и др. Хроническая плацентарная недостаточность: учеб.-метод. пособие. – Н.Новгород: изд-во Нижегород. гос. мед. академии, 2008. – 72 с.
7. Кривчик Г.В. Диагностика и прогнозирование внутриутробной инфекции современные возможности и перспективы. Акуш и гин. 2018. 10-12.
8. Новикова С.В., Шугинин И.О., Малиновская В.В., Паршина О.В., Гусева Т.С. Иммунокоррекция как компонент фармакотерапии плацентарной недостаточности // Фармакотерапия. – 2008. – № 2. – С. 10–12.
9. Матвиенко Н. А. Профилактика внутриутробных инфекций. Вопр гин акуш и перинатол. 2016. 53-58.
10. Самсыгина Г.А. Современные проблемы внутриутробных инфекций. // Педиатрия. 2010. С. 34-35.
11. Серов В.Н. Плацентарная недостаточность // Трудный пациент. – 2005. – Том 3. – № 2. – С. 17-20.
12. Серов В.Н. Современные принципы диагностики и лечения плацентарной недостаточности // Акушерство. – 2006. – № 1. – С. 30-
13. Сидорова И.С., Макаров И.Ю., Матвиенко Н.А. Внутриутробные инфекции. – М.: МИА, 2006. – 176 с.
14. Стрижаков А.Н., Игнатко И.В. Ранняя профилактика и лечение плацентарной недостаточности у беременных высокого риска перинатальной патологии // Вопросы гинекологии, акушерства и перинатологии. – 2005. – Том 4. – № 3. – С. 1-13.
15. Стрижаков а.Н., Тимохина Т.Ф., Баева О.Р. Фетоплацентарная недостаточность: патогенез, диагностика, лечение //Вопросы гинекологии,

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акушерства и перинатологии. – 2003 – Т.2 – №.– С.2-11
16. Costerton W., Veeh R., Shirtliff M. The application of biofilm science to the study and control of chronic bacterial infections. Clin Invest 2003; 112: 1466–1477.
17. Murth V., Kennea N.L. Antenatal infection inflammation and fetal tissue injury // Clin. Obstet. Gynaecol. – 2007. – Vol. 21. №3. – P.479-489.
18. Piazze J. et al. // Int. J. Gynaecol. Obstet. 2005. Vol. 91. № 3. P. 233–237.
19. Park Y.W. et al. // Yonsei Med. J. 2005. Vol. 31. № 46 (5). P. 652–657.