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PREGNANCY AND BIRTH OUTCOMES IN WOMEN WITH HEMORRHAGE IN EARLY PREGNANCY

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Abstract:
Pregnancy failure is still an urgent problem of modern obstetrics. Despite the recent successes in the prevention and treatment of this pathology, the frequency of spontaneous miscarriages remains quite high. Thus, according to different authors, it ranges from 2 to 55%. In turn, as the number of spontaneous miscarriages increases, the risk of termination of subsequent pregnancies increases sharply [9, 12, 15, 19].

Keywords:. gynecology, pregnancy, abortion, miscarriage

INTRODUCTION. The high frequency of this complication of pregnancy indicates the difficulties encountered in the management of women with non-pregnancy. On the one hand, they are caused by the multifactorial etiology and pathogenetic mechanisms of the disease, on the other hand, by the imperfection of the diagnostic techniques used and the lack of an adequate approach to the therapy of bloody discharge in early gestation [1, 2, 9, 11]. The incidence of non-pregnancy (NP) is 10-25% of all desired pregnancies, and this figure is quite stable despite the use of various complex methods of diagnosis and treatment [1, 3, 4]. One in five pregnancies is complicated by early gestational hemorrhage, which is the initial stage of spontaneous miscarriage, resulting in up to 26.6% of such cases, and 17% of women have late complications [4, 5, 7, 8, 16, 19].

The causes of non-pregnancy are diverse. An important role is played by unfavorable socio-biological factors The frequency of spontaneous miscarriage is also influenced by such factors as the age of the first-born mother, complicated course of the previous pregnancy, the presence of concomitant diseases (diabetes mellitus, bronchial asthma, pyelonephritis, arterial hypertension).

Genetically determined disorders of embryo development, which may be hereditary in nature or arise under the influence of various factors (infections, hormonal disorders, chemical, including some drugs, etc.) are the most common cause of pregnancy failure in the first trimester**.**

Among the causes of non-pregnancy, infectious and inflammatory diseases of the pregnant woman, primarily latent ones: pyelonephritis, toxoplasmosis, infections caused by cytomegalovirus, herpes simplex virus, etc., occupy one of the first places. [8].

Many publications have discussed aspects of labor outcomes for fetuses and have shown that the occurrence of bloody discharge in the first trimester of pregnancy increases the risk of fetal birth with an Apgar score below 7 at 5 minutes, as well as the incidence of fetal deaths among newborns [19]. Other authors indicate that this category of women has an increased risk of fetal growth restriction syndrome (FGS) and low birth weight (10).

In the scientific literature, there is only sparse information on the study of C-reactive protein (CRP) and pregnancy-associated protein (PARP-A) both in normal pregnancies and in pregnancies complicated by low birthweight babies [9]. High levels of CRP during pregnancy, a marker of inflammation, are associated with increased risks of SORP and neonatal complications such as low birth weight and low gestational age at term [14, 17]. Low levels of PAPP-A have been mentioned as biomarkers of SORP [13, 18].

Aim of the study: pregnancy and labor outcomes in women with hemorrhage in the first trimester of pregnancy.

Materials and methods of the study: The study was conducted in 4-GKB named after I. Irgashev in Tashkent city in the period from 2020 to 2023 in gynecological and maternity departments. A retrospective analysis of 30 clinical case histories (births) of women with hemorrhage in the first trimester of pregnancy was conducted.

Data of medical and labor histories, such as, anamnestic, laboratory and instrumental, course of pregnancy, labor and postpartum period, health status of newborns, as well as data on perinatal morbidity were used as methods of research of this group.

Results and their discussion: The diagnosis of spontaneous miscarriage was made on the basis of subjective complaints of pregnant women about pain in the lower abdomen and lumbar region of a pulling or contraction-like character, blood and bloody

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discharge from the genital tract, data of external and internal obstetric examination (increased excitability and tone of the uterus, shortening and softening of the cervix), and ultrasound.

The evaluation of spontaneous miscarriage was carried out comprehensively, taking into account the clinical manifestations and causes of bleeding in the debut of pregnancy.

The age of pregnant women with bleeding in the first trimester of pregnancy ranged from 19 to 41 years. Every 2nd patient was a first-born woman over 30 years of age.

Analysis of somatic anamnesis showed that a significant number of 24 patients (80.0%) had various diseases before the present pregnancy. The presence of frequent acute respiratory viral infections, sore throats, and infectious diseases in the majority - 9 (30.0%) - of patients with prolonged bleeding in early gestation is noteworthy. Cardiovascular diseases (hyper- and hypotonic type NCD, varicose veins of the lower limbs and small pelvis, mitral valve prolapse) accounted for the largest share in the structure of extragenital pathology - 22 (73.3%).

Chronic obstructive pulmonary diseases (bronchitis, pneumonia, bronchial asthma) - 11 (36.7%), endocrinopathies (neuro-obstructive-endocrine syndrome, hypothyroidism) - 13 (43.3%). Among women with hemorrhage at the debut of pregnancy, there were more frequent foci of chronic infection of the urinary system - 17 (56.7%).

In the structure of gynecologic diseases among patients with bleeding in the first trimester of pregnancy, the first place was occupied by cervical pathologies (ectopia, cervicitis, dysplasia) - 19 (63.3%), the second - by chronic inflammatory diseases of the uterus and its appendages - 15 (50.0%). Ovarian dysfunction occurred in 5 (16.7%) patients and cystic fibrosis mastopathy in 4 (13.3%).

The number of first-time mothers prevailed over repeat mothers. All patients were repeatedly pregnant.

Studying the reproductive function of patients with hemorrhage in the first trimester of pregnancy, we should pay attention to the high percentage of habitual miscarriage (history of two or more spontaneous miscarriages or frozen pregnancies) - in 21 (70.0%). The remaining 9 (30.0%) patients had a history of either one spontaneous miscarriage or one unintended pregnancy.

According to anamnestic data, of all pregnancies in the patients under review, 30 ended in live birth.

This pregnancy occurred spontaneously in 25 (83.3%) patients. Only 5 (16.7%) had pregravidarial preparation.

Signs of PN were diagnosed by Dopplerometry starting from 26-28 weeks of pregnancy in 4 (14.8%) patients, and by 38-40 - in 18 (66.7%). Utero-placental blood flow disorders (MPC) - increased systolodiastolic ratio (SDR) in uterine (2.4 or more) and spiral arteries (1.85 or more) - with preservation of physiologic parameters of fetal-placental blood flow were observed in 6 (22.2%) patients. According to A.N. Strizhakov's classification (2002), these changes in blood flow in the mother-placenta-fetus system corresponded to the IA degree of severity of hemodynamic disorders in 8 (29.6%) pregnant women. Fetal-placental blood flow disorders (FPG) - increased SOD in the umbilical arteries (3.0 or more) and their terminal branches (2.2 or more) - with no changes in uteroplacental blood flow (IIB severity) were observed in 5 (18.5%) patients. Simultaneous impairment of MPC and PPC not reaching critical values (with preservation of end-diastolic blood flow) (II degree of severity) was observed in 6 (22.2%) patients.

In the fetal aorta (5.0 and more)) - were noted in 2 (7.4%) pregnant women. Subsequently, these patients were delivered by emergency cesarean section, the indication for which was the development of acute fetal hypoxia against the background of chronic hypoxia. The initial signs of chronic fetal hypoxia with cardiotocography (CTG) (decrease in basal rhythm variability, decrease in the number of accellerations, questionable stress test) were determined in 5 (18.5%) patients from 32-34 weeks of pregnancy, in 17 (63.0%) - by 38-40. With an isolated violation of the fetal-placental blood flow, signs of chronic fetal hypoxia were diagnosed in 25 (92.6%) pregnant women, uteroplacental - in 22 (81.5%), and with combined violations of BMD and ACC against the background of centralization of blood circulation of fetal hemodynamics - in 27 (100%). Despite complex therapy, in 2 patients, against the background of violations of BMD and ACC detected by Dopplerometry, late prolonged, deep deceleration and prolonged areas of monotonous rhythm appeared on CTG, which was an indication for emergency cesarean section at 36-38 weeks gestation.

According to ultrasound data, signs of SORP were detected in 6 (22.2%) patients of severity - SORP II-III was diagnosed in 8 (29.6%). At the same time, in all cases, the gestation period at which signs of SORP were first detected in patients of these groups was up to 32-34 weeks.

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According to ultrasound data, 9 (33.3%) patients were diagnosed with polyhydramnios. Lack of water was observed in 3 (11.1%) pregnant women, 2 (7.4%) of whom had signs of chronic fetal hypoxia. Analyzing the course of pregnancy in patients with bleeding in the first trimester of pregnancy, attention is drawn to the high incidence of infectious diseases during the gestational period - in 14 (51.9%).

The majority of pregnancies ended with an emergency delivery - 23 (85.2%). Premature birth was observed in 4 (14.8%) patients.

Childbirth through the natural birth canal occurred in 20 (74.1%). The most common complications were: DRPO in 6 (22.2%) patients, weakness of labor forces in 5 (18.5%), injuries to the cervix, vaginal walls, perineum in 4 (14.8%). The third period of labor was complicated by hypotonic bleeding in 3 (11.1%). When examining the integrity of the afterbirth, 2 (7.4%) of maternity patients had a placenta defect.

Attention is drawn to the high frequency of cesarean section delivery in 10 (37.0%) patients. Indications for elective caesarean section were a burdened obstetric and gynecological history (age of the first-time mother over 30 years old, absence of living children, etc.) - 2 (7.4%), an incompetent scar on the uterus after cesarean section - 1 (3.7%), high-grade myopia - 1 (3.7%), pelvic presentation - 1 (3.7%); emergency - acute fetal hypoxia on the background of chronic - 1 (3.7%), premature placental abruption - 1 (3.7%), weakness of labor forces in the absence of the effect of oxytocin stimulation - 1 (3.7%), preeclampsia - 1 (3.7%).

Complications of the postpartum period were observed in every 5th patient with bleeding in the first trimester of pregnancy - in 5 (18.5%).

In this situation, the following pattern was observed: postpartum complications were observed in patients who had infectious diseases during the gestational process.

A total of 30 children were born. Of these, 24 (80.0%) newborns without SORP and 6 (20.0%) newborns with SORP. The average weight of newborns with SORP was 2350 + 287 g, newborns without SORP - 3390 + 279 g. When analyzing the distribution of children according to the severity of SORP, a high incidence of grade 1 - 3 SORP was noted (50.0%).

22 (81.5%) children had a score of 8-10 points on the Apgar scale. Signs of mild asphyxia (5-7 points) at birth were observed in 5 (22.7%), severe (1-4 points) - in 2 (9.1%) newborns. Of all newborns with signs of asphyxia, one in 2 was born by caesarean section.

11 (40.7%) newborns needed ventilation, 4 (66.7%) of whom were newborns with SORP.

CONCLUSIONS: Thus, the results obtained in our study show that spotting in the first trimester occurs against the background of violations of a woman's somatic and reproductive health and leads to many complications of pregnancy and childbirth, worsens perinatal outcomes.

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