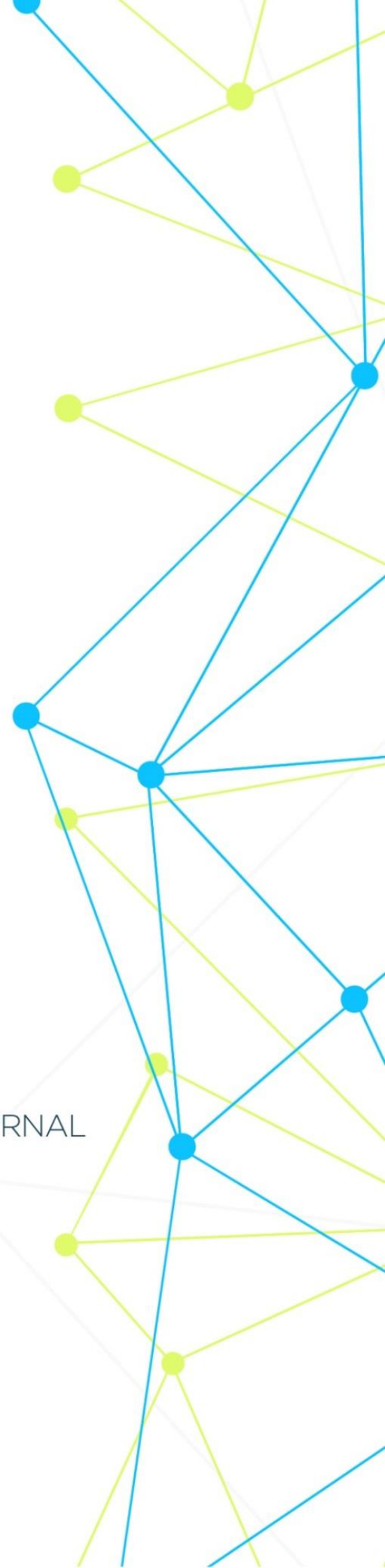


INTERNATIONAL MEDICAL SCIENTIFIC JOURNAL

ART OF MEDICINE



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ISBN: [978-0-578-26510-0](https://www.isbn-international.org/product/9780578265100)

NATURE AND FREQUENCY OF PREGNANCY COMPLICATIONS IN WOMEN WITH SEVERE PRE-ECLAMPSIA

Kamilova I.A., Umirzakova S.Sh.

Tashkent Medical Academy

Abstract: Early detection of high-risk pregnant women will prevent the formation of the main forms of obstetric pathology and reduce perinatal losses. The strategy for identifying markers that indicate the possibility of developing preeclampsia in the future should become fundamental in the work of an obstetrician-gynecologist.

Keywords: preeclampsia, pathogenesis, complications.

The incidence of preeclampsia ranges from 2.3 to 28.5% of cases of the total number of pregnant women in different countries of the world. Over the past 10 years, this indicator has not shown a downward trend. With a high level of medical technology in the world, about 50 thousand women die every year from causes related to pregnancy and childbirth. Unfortunately, despite modern advances in prevention, diagnosis and treatment, perinatal mortality in preeclampsia is 3-4 times higher than the population and ranges from 18 to 30% [1].

Maternal mortality associated with preeclampsia is more than 50,000 maternal deaths per year. The World Health Organization estimates that at least one woman dies every 7 minutes from complications of preeclampsia.

Material and research methods . The research was based on a clinical and laboratory examination - 42 pregnant women with severe preeclampsia of comparable age admitted in the period from 2020 to 2021, which made up the main group. For an adequate comparison of the degree of complication of the course of labor in pregnant women with severe preeclampsia, we included 15 pregnant women with a physiological course of pregnancy in the study, which made up the comparison group.

Statistical processing of the results of the study was carried out using the statistical software package "Statistica 7.0". The difference between the two compared values was considered statistically significant at $P < 0.05$.

Results and discussion. The average age of pregnant women in the comparison group was 25.6 ± 0.5 , in the main group - 26.1 ± 0.4 .

Among the examined pregnant women of the comparison group, there were 6 (40.0%) primigravidas, 9 (60.0%) recurrent pregnancies. In the comparison group, respectively, 12 (28.6%) and 30 (71.4%).

Among pregnant women of the comparison group, 1 (6.7%) women had a history of menstrual dysfunction, in the main group - 13 (30.9%); inflammatory diseases of the genital organs in the comparison group - in 3 (20.0%), in the main group - in 31 (83.8%); benign tumors of the genital organs were not observed in the comparison group, and in the main group - in 3 (7.1%). Of the somatic pathology, chronic diseases of the urinary tract were noted in the comparison group - in 1

(6.7%), in the main group - in 12 (26.2%) pregnant women, there were no diseases of the gastrointestinal tract in the comparison group, and in pregnant women the main groups - 5 (11.2%).

Previous pregnancies in pregnant women with preeclampsia ended in childbirth in 13 (30.9%), spontaneous miscarriages in 15 (35.7%), abortions in 13 (30.9%); in pregnant women of the comparison group, 15 (100.0%) pregnant women had healthy children.

Complicated course of previous pregnancies (threatened miscarriage, anemia, threatened preterm birth, preeclampsia, gestational pyelonephritis, placental dysfunction, fetal distress) was observed in 28 (66.7%) pregnant women with preeclampsia, and in the comparison group these complications were not observed. Among patients with preeclampsia, 37 (60.6%) patients had complications in childbirth (premature rupture of amniotic fluid, anomalies of labor activity, premature detachment of a normally located placenta, uterine hypotension), 27 (44.3%) patients underwent operative delivery (caesarean section, obstetric forceps, vacuum extraction).

Preeclampsia in a previous pregnancy was noted in 6 (8.3%) women, both as the only complication of pregnancy and in combination with anemia, placental dysfunction, and fetal distress.

Thus, the anamnestic data indicated the presence of clinical risk factors for the development of preeclampsia in this pregnancy .

In severe preeclampsia, the most common complications were anemia in pregnancy, placental insufficiency, fetal distress, and threatened preterm birth.

An analysis of the nature and frequency of complications of this pregnancy in the examined pregnant women showed that complications of a different nature occurred in 32 (76.2%), which confirmed clinical observations in which the severity of preeclampsia correlated with the number and severity of complications.

The nature and frequency of complications of this pregnancy in the examined pregnant women are presented in the table.

Table

The nature and frequency of complications of this pregnancy in the examined pregnant women

Types of complications	Comparison group (n=15)		Main group (n=42)	
	abs	%	abs	%
Threat of interruption	0	0.0	5	11.9*
Anemia	one	one	9	21.4
Placental dysfunction	0	0.0	four	9.5*
Fetal distress	0	0.0	7	16.7*
Threat of preterm birth	0	0.0	3	7.1

Note: * - differences relative to the data of the comparison group are

significant (* - $P < 0.05$)

Conclusion . Thus, the anamnestic data identified in a previous pregnancy indicated the presence of clinical risk factors for the development of preeclampsia in this pregnancy.

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