MEASURES AIMED AT REDUCING THE PERINATAL RISK OF PREMATURE BIRTH

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Annotatsiya: Homiladorlik davrida tibbiyotda xavf guruhlari haqidagi ushbu tushuncha homiladorlik paytida erta tug'ilish va tug'ma patologiyalarga olib kelishi mumkin bo'lgan asoratlar rivojlanish ehtimolini minimallashtirish uchun zarurdir. Ba'zida xavf ostida bo'lgan bo'lajak onalarni shifokorlar ularni kuniga 6-8 soat davomida kuzatib borishlari, zarur tibbiy yordam ko'rsatishlari va ba'zi muolajalarni bajarishlari uchun kunduzgi kasalxonaga yotqizilishi kerak. Faqat davolovchi ginekolog tomonidan taqdim etilgan ma'lumotlar asosida ayolga kun davomida klinikada qolish tayinlanishi mumkin.

Kalit so'zlar: Oldindan mavjud bo'lgan holatlar, Jismoniy xususiyatlar va ijtimoiy sharoitlar (masalan, yosh), Oldingi homiladorliklardagi muammolar (masalan, preeklampsiya tarixi).

Аннотация: Концепция групп риска во время беременности в медицине необходима для минимизации вероятности развития осложнений, которые могут привести к преждевременным родам и врожденным патологиям во время беременности. Иногда беременным женщинам, находящимся в группе риска, требуется госпитализация в дневной стационар, где врачи могут наблюдать за ними 6-8 часов в сутки, оказывать необходимую медицинскую помощь и проводить некоторые процедуры. Только на основании информации, предоставленной лечащим гинекологом, женщине может быть назначено пребывание в клинике в течение дня.

Ключевые слова: Сопутствующие заболевания, Физические характеристики и социальные условия (например, возраст), Проблемы в предыдущих беременностях (например, анамнез преэклампсии).

Abstract: This concept in medicine of risk groups during pregnancy is necessary to minimize the possibility of developing complications that can lead to premature birth and congenital pathologies during pregnancy. Sometimes mothers-to-be who are at risk need to be admitted to a day hospital, so that doctors can monitor them for 6-8 hours a day, provide the necessary medical care and perform some procedures. Only on the basis of information provided by the attending gynecologist, a woman can be assigned to stay in the clinic during the day.

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Keywords: Pre-existing conditions, Physical characteristics and social conditions (eg, age), Problems in previous pregnancies (eg, history of preeclampsia).

Introduction

A woman who for some reason finds herself in a special group should not be afraid and despair, because under the proper supervision of specialists, the probability of developing a certain pathology is minimized. Conducted studies and analyzes identify all threats, and experienced doctors draw up a suitable plan for a woman in future childbirth.

Pregnant women who are not at risk and do not know about their diseases suffer more than mothers under the care of gynecologists. Therefore, consulting a doctor is a sacred duty of every woman who is expecting a baby and is concerned about her health.

Research during pregnancy

When pregnancy occurs, a woman must register at a clinic in her place of residence. Examination during pregnancy includes examination of a woman by a gynecologist, a series of laboratory tests and an ultrasound examination. All this is necessary to assess the health of the woman, the pregnancy process and the development of the fetus. All examinations are carried out in accordance with the order of the Ministry of Health of Russia dated October 20, 2020 No. 1130n "On approval of the procedure for providing medical care in the field of obstetrics and gynecology". The first trimester (0 - 12 weeks of pregnancy) is the most important for the development of the fetus (organs and systems are formed). During the first visit to the antenatal clinic, a woman's medical history, gynecological and obstetric anamnesis is studied, a gynecologist will conduct an examination, and a consultation with a therapist and specialists (ophthalmologist, endocrinologist, dentist, otorhinolaryngologist) will be scheduled.

The following tests should be performed at these stages of pregnancy:

- general blood and urine tests;
- blood test for glucose; - blood chemistry;
- blood test for ferritin;
- coagulogram (test for blood clotting);
- determination of blood group and Rh factor (to prevent Rh-conflict);
- studying the flora of the urogenital tract;
- cytological examination of cervical canal and cervical fragments (Pap test);
- research on identifying the causes of sexually transmitted diseases (Chlamydia trachomatis, Trichomonas vaginalis, Neisseria gonorrhea, genital mycoplasma, herpes virus, human papillomavirus) and bacterial vaginosis;
- blood test for syphilis, HIV, hepatitis C virus (aHCV) and B virus (HBsAg);

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- blood test for TORCH
- infections (IgM and IgG antibodies for toxoplasma, cytomegalovirus, rubella and herpes);
- determination of thyroid hormones (T3, TSH and AT - TPO);
- determination of hormone levels to detect possible malformations: human chorionic gonadotropin (hCG), pregnancy-associated protein A (PAPP-A) and free estriol.

During the ultrasound examination, the pregnancy itself, the number of fetuses, the heart activity of the fetus, the structural characteristics of the uterus and appendages are determined. The first screening test for chromosomal disorders is also being conducted.

In the second trimester (13-24 weeks of pregnancy), all organs and systems are formed and fetal growth begins. During this period, the general condition of the expectant mother and child is assessed: weight, blood pressure, heart rate, size and position of the uterus, fetal heart rate. The second screening is done between 18 and 21 weeks of pregnancy.

From laboratory tests, during this period, a woman should submit the following: - general blood and urine tests; - blood test for glucose; - blood test for ferritin;
- coagulogram.

In the third trimester (24-40 weeks of pregnancy), depending on the condition of the woman, the growth and development of the fetus, the doctor can increase the number of visits to the antenatal clinic. As in the second trimester, during the meeting with the doctor, the progress of the pregnancy and the health of the future mother and child are evaluated. During this period, psychological preparation for childbirth is carried out.

Laboratory tests that a woman should undergo at these stages of pregnancy:
- general blood and urine tests;
- blood test for glucose;
- coagulogram;
- blood test for syphilis, HIV, hepatitis C virus (aHCV) and B virus (HBsAg);
- studying the flora of the urogenital tract;
- according to the indications, additional studies may be prescribed to identify STI triggers

2-3 weeks before delivery, it is necessary to re-transmit blood for syphilis, HIV, hepatitis C viruses (aHCV) and B viruses (HBsAg).

During this period, ultrasound examination during pregnancy includes determining the condition of the placenta and the intensity of blood flow, the

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development and mobility of the fetus, its position (appearance of the head or pelvic organs), the presence of malformations and the estimated weight. is a fetus.
Clinical signs that require immediate contact with an obstetrician-gynecologist
You should consult a gynecologist 2-3 weeks after you miss your period during pregnancy. There is no point in visiting the doctor earlier, but the visit should not be delayed either. A timely visit to the gynecologist reduces the risk of possible complications.

Sometimes, if necessary, a pregnant woman can be kept.

If you observe the following symptoms, this is a reason to contact specialists for advice and timely help:

- early and late toxicosis (gestosis);
- low level of hemoglobin in the blood
- anemia;
- pain in the lower abdomen and lower back;
- pyelonephritis, cystitis, cardiac arrhythmia in the mother;
- bleeding, regardless of intensity.

If one or more symptoms from this list appear, you should visit a gynecologist as soon as possible during pregnancy.

Intrauterine development of the child

Almost every mother-to-be wants to know at such a special time as pregnancy: what is happening in her body? How does a tiny embryo develop into a baby with eyes, arms, and legs ready to be born? How does this amazing and interesting process called intrauterine development happen?

Intrauterine development is the most important part of human life. During this process, the development and formation of the body takes place, which, as a rule, lasts 9 months from the moment of conception to the peak of birth.

If the baby is born prematurely, it is placed in a special box, where the child develops in supported conditions and catches up with other babies in development. Nowadays, when medicine is developing more and more, doctors can deliver babies born in the seventh and eighth months of pregnancy.

The process of intrauterine development can be divided into trimesters, each of which has its own characteristics:

The first trimester lasts from conception to the thirteenth week.

Trimester, during this period, the real magic happens: almost a person emerges from a set of cells, in which most organs are formed during infancy - the brain, a small heart, the nervous system and even the basics of the muscular system.

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And at the same time, the mother begins to experience the first changes in her body, sometimes not the most pleasant. Most women consider the first trimester the most difficult due to toxicosis, hormonal changes and general stress.

The second trimester lasts from the thirteenth week to the twenty-seventh week. Organs and systems that appeared earlier continue to develop. The child already begins to hear sounds due to the development of senses, the urinary system and intestines begin to work, the hematopoietic system produces red and white blood cells. And when the baby gradually begins to learn the world around him, the mother continues to experience changes in her body. Toxicosis that appeared in the first trimester gradually disappears, but other symptoms may appear. During this period, a woman is recommended to "eat for two" and do not forget about the necessary vitamins, minerals and nutrients.

The third trimester lasts from the twenty-eighth week until birth.

The baby is already ready for birth - he is actively gaining weight, begins to see, taste, the child has noticeable first reflexes, for example, sucking, his lungs are already fully formed.

Mom is already waiting for her baby - the last weeks are the most difficult, and also because of impatience. It becomes more and more difficult to lift a big belly - the child has already gained weight, which causes back pain and pressure on the bladder and lungs.

These three trimesters are one of the most important periods in every mother's life. The main thing is to monitor your health, eat well, give your baby all the necessary vitamins and minerals, and follow the recommendations for each trimester, and this nine-month wait will reward you with a healthy child.

About the high probability of infertility after an induced abortion

A sudden pregnancy can ruin your plans. Sometimes the only way out is artificial interruption. In such a situation, the issue of maintaining reproductive function in the future becomes acute. What are the chances of infertility after an abortion, how to make it safer and help the body recover. A high class gynecologist with more than 15 years of experience will answer these questions.

Does abortion cause infertility?

Artificial termination of pregnancy often leads to serious, sometimes irreversible consequences. Infertility is not the only complication in which pregnancy disorders, menstrual disorders and chronic inflammatory processes of the genital organs can also occur; The probability of adverse consequences is especially high after the end of the first pregnancy at a young age. The risk of complications in such women ranges from 50 to 60%.

Therefore, gynecologists recommend choosing an optimal method of contraception that reliably protects against unwanted pregnancy. If a sudden

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unplanned conception occurs, do not delay a visit to the doctor. The shorter the duration of pregnancy at the time of artificial termination, the lower the risk of possible complications. The opposite statement is also true.

Why is this happening?

Infertility after abortion can develop due to various pathogenetic mechanisms. In some cases, the basal layer can be damaged, which ensures the renewal of the endometrium with each menstrual period. In such a situation, gynecologists usually have to deal with a thin endometrium in which the fertilized egg cannot be implanted. As a result, although conception has occurred, pregnancy does not occur (very early reproductive losses).

In other cases, the process of proliferation of connective tissue in the uterine cavity may begin - adhesions are formed. This condition is called Asherman's syndrome. These connecting cords deform the uterine cavity and also disrupt the implantation.

The third cause of infertility after abortion can be chronic inflammatory processes that develop in the genitals. Chronic endometritis does not allow the mucosa to be fully prepared for pregnancy. This leads to very early losses or missed abortions that are not biochemically detectable.

Causes of infertility after abortion

Among the reasons that lead to infertility after the end of pregnancy are the following problems: 1. Inflammatory processes (often they begin after the curettage of the fetus, when the infection enters the damaged tissues - it is very easy to spread)

2. Adhesions and scars (often they are formed in the fallopian tubes and other pelvic organs and then prevent the normal passage of spermatozoa to the egg).

3. Endometriosis (pathological proliferation of endometrial tissue, possible after curettage or multiple abortions)

4. Vaginal dysbiosis (result of drug therapy after surgical abortion).

5. Disruption of hormonal balance and menstrual cycle (after any method of termination of pregnancy, it leads to obligatory, but in some cases irreparable, consequences).

Many women who have experienced even one abortion are forced to enter the query "abortion infertility" in Internet search engines in order to find ways to solve this difficult problem.

In addition, it should be remembered that a woman can feel the consequences of an abortion even after she conceives a child again. Due to abortion, it can have a negative effect on the fetus during the next pregnancy. Possible risks include abortions (the body remembers the mechanism of abortion and does not know how to behave during the natural 9-month pregnancy),

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abnormalities in the development of the placenta (as well as its location), early rupture of pregnancy. membranes etc.

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