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ANALYSIS OF THE COURSE OF PREGNANCY AND BIRTH, PERINATAL OUTCOMES IN LARGE FETUS

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ABSTRACT

The article provides for the problem of childbirth with a large fetus in recent years has become increasingly relevant, which is explained not only by the increase in the frequency of macros, but also by the high level of complications of pregnancy and childbirth, perinatal morbidity, maternal injury.

Keywords: antenatal, in vitro fertilization, hereditary anamnesis, somatic anamnesis, obstetric and gynecological anamnesis, the course of pregnancy, childbirth, examination data.

АНАЛИЗ ТЕЧЕНИЯ БЕРЕМЕННОСТИ И РОДОВ, ПЕРИНАТАЛЬНЫХ ИСХОДОВ ПРИ КРУПНОМ ПЛОДЕ

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ANNOTATSIYA

Maqolada so'nggi yillarda katta homila bilan tug'ilish muammosi tobora dolzarb bo'lib bormoqda, bu nafaqat makrolar chastotasining ko'payishi, balki homiladorlik va tug'ruq asoratlarining yuqori darajasi, perinatal kasallanish va onalik travması bilan ham izohlanadi.

Kalit so'zlar: antenatal, urug'lantirish, irsiy tarix, somatik tarix, akusherlik va ginekologik tarix, homiladorlik, tug'ish jarayoni, tekshiruv ma'lumotlari.

АННОТАЦИЯ

В статье предусмотрена проблема родов крупным плодом в последние годы приобретает все большую актуальность, что объясняется не только увеличением частоты макросами, но и высоким уровнем осложнений беременности и родов, перинатальной заболеваемостью, материнским травматизмом.

Ключевые слова: антенатальном, экстракорпорального оплодотворения, наследственный анамнез, соматический анамнез, акушерско-гинекологический анамнез, течение беременности, родов, данные осмотра.

Relevance. Protecting the health of mother and child is one of the urgent tasks of public health. However, perinatal mortality and adverse maternal outcomes remain major obstetric problems [2].

One of the causes of perinatal pathology is a large fetus (KF). In our country, a fetus with a birth weight of 4000 g or more (up to 5000 g) is considered large, and a fetus weighing 5000 g or more is called giant [2].

The problem of childbirth with a large fetus in recent years has become increasingly important, which is explained not only by an increase in the frequency of macrosomia (from 8 to 18.5% according to different authors), but also by a high level of pregnancy and childbirth complications, perinatal morbidity, and maternal traumatism [3, 8-10, 13-16].

The frequency of maternal complications in fetal macrosomies in the ante-, intra- and postnatal periods significantly exceeds that in patients who gave birth to children with an average body weight. In the antenatal period with a large fetal weight, a high percentage of complications of the gestational period was noted, starting from the early stages. The course of the intranatal period is often complicated by such severe obstetric complications as labor anomalies, a clinically narrow pelvis, and bleeding [1, 7, 12].

High rates of asphyxia, birth traumatism with a large newborn mass, undoubtedly, are of great medical and social importance [4, 5, 11]. In the early neonatal period, large children often experience changes in the neurological status, acid-base and electrolyte imbalances, and hypoglycemia. In addition, every fifth child in the first three years of life has various neurological disorders and a lag in physical development [2, 6].

Purpose: to analyze the features of the course of pregnancy, childbirth and perinatal outcomes in fetal macrosomia at the present stage.

Material and research methods. On the basis of the regional clinical maternity hospital, 131 pregnant women who gave birth to a child weighing 4000 g or more were examined. Patients with diabetes mellitus, isoserological incompatibility of maternal and fetal blood, as well as pregnancy after in vitro fertilization were not included in the study.

The course of pregnancy and childbirth, perinatal outcomes in fetal macrosomia were analyzed. The analysis was carried out using a specially designed card, which included passport data, hereditary history, somatic history, obstetric and gynecological history, course of pregnancy, childbirth, examination data, data from laboratory and instrumental studies.

Results of the study and their discussion. When analyzing the birth histories of patients who gave birth to large children, we found that the age of patients varied from 17 to 43 years and averaged 28 ± 5.6 years. 3% of patients were between 17 and 20 years old, 60% were between 20 and 30 years old, and 37% were 30 years or more.

When analyzing the course of pregnancy in patients with a large fetus, we found that a complicated course of pregnancy occurred in 73% of patients. Preeclampsia - 60%, anemia - 49%, threatened miscarriage - 37%, fetoplacental insufficiency - 34% and toxicosis of pregnant women - 25% were the most common among pregnancy complications.

When analyzing the course of labor in fetal macrosomia (Table 1), we found that in 99% of the patients the delivery was urgent, and in 0.8% of the patients it was late. Despite the fact that delayed labor was observed in 1 (0.8%) woman in labor, the frequency of induced labor was 18%. It should be noted that although the method of delivery was dominated by spontaneous childbirth 64%, the proportion of caesarean section operations was a significant percentage (36%). The high frequency of caesarean section with a large fetus is also confirmed by the literature data [7]. In the structure of complications of the intranatal period, episiotomy 39%,

trauma of the birth canal 29.8%, untimely rupture of amniotic fluid (OPV) 28.2% prevailed, anomalies of labor activity 19.8%, shoulder dystocia 2.3% were less common.

Table 1.

Characteristics of the course of labor in parturient women with fetal macrosomia

The course of the intranatal period	Frequency
Term delivery	99.2%
belated birth	0,8%
Spontaneous childbirth	64%
induced labor	18%
C-section	36%
Untimely discharge of OPV:	28.2%
• prenatal effusion of OPV	23,7%
• early discharge of OPV	4,6%
Anomalies of labor activity:	19.8%
• pathological preliminary period	0.8%
• primary weakness of labor activity	9,9%
• secondary weakness of labor activity	9,9%
Epis Iotom IA	39%
Birth canal injuries:	29,8%
• vulva	2,3%
• perineum	6,1%
• vagina	7,6%
• cervix	17,5%
Shoulder dystocia	2,3%

Since a significant percentage of caesarean operations was established in the study group, we analyzed the indications for caesarean section in case of fetal macrosomia. In the study group, cesarean section was performed in 47 women in labor (36%). The structure of indications for caesarean section in the study group is presented in Table. 2. Among the indications for emergency caesarean section, the clinically narrow pelvis was the leader (9.2%). Elective caesarean section was more often performed for a scar on the uterus after a previous caesarean section 9.2%.

We also analyzed perinatal outcomes in children born weighing 4000 g or more (Table 3). The proportion of large newborns born in a satisfactory condition was 63.4%. Among the complications in the study group, birth injuries were more common - 32%. The structure of birth injuries was dominated by hypoxic-traumatic lesions of the central nervous system 26%, fractures of the clavicle and cervical spine were less common in 2.3%, cephalohematoma 0.8%. Malformations were noted in 19.8% of newborns. 1.5% of children were born with signs of prematurity and postmaturity.

Table 2. Indications for caesarean section in patients with large fetuses

Показания	Частота
Emergency caesarean section: clinically narrow pelvis labor anomalies acute fetal hypoxia or worsening of intrauterine fetal hypoxia	 9,2% 7% 0,8%
Planned caesarean section: operated uterus extragenital pathology primiparous age over 30 years pelvic position	 9,2% 3% 2,3% 0,8%

Table 3 Perinatal outcomes in fetal macrosomia

Perinatal outcomes	Frequency
Satisfactory condition	63,4%
Birth injury: hypoxic-traumatic lesions of the central nervous system clavicle fracture cervical spine fracture cephalohematoma	32% 26% 2,3% 2,3% 0,8%
Malformations	19,8%
Prematurity	1,5%
Postmaturity	1,5%

CONCLUSIONS

Thus, the study allows us to state that the problem of a large fetus is extremely relevant at the present stage. In the study group, a high percentage of maternal and perinatal morbidity was noted. A significant percentage of operative delivery by caesarean section was revealed. In the structure of perinatal morbidity, birth traumatism prevailed, namely, hypoxic-traumatic lesions of the central nervous system, fractures of the clavicle and cervical spine, cephalohematoma.

The data obtained, in our opinion, substantiate the need for a deeper study of this problem.

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