PREMATURE BIRTH, MORPHOLOGY OF PLACENTA

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The purpose of our work was to study the features of the course of pregnancy, childbirth, the morphological condition of the afterbirth of women who gave birth prematurely to children with developmental delays; to develop a method for the prevention of IGR, perinatal complications. Materials and methods of research. From a total of 2962 births, the course of pregnancy, childbirth, and the morphology of the afterbirth of 50 mothers and their children born prematurely with developmental delay (major RPP) was retrospectively studied. Retarded fetal development was determined according to the table of G.M. Dementieva [4], in which the weight-height coefficient of pregnancy was read. There were 131 (4.4%) premature births. FGR was detected in 50 (38.1%) premature newborns. Comparison groups were 297 (10.5 %) of women and their children with developmental delays, born during a premature pregnancy. The main point of comparison was united by the presence of FGR. The main difference between them was that the main difference between births was premature, while the comparison was timely. This set the task of identifying the effect of miscarriage on the development of FGR. Morphological studies of the afterbirth were carried out using generally accepted methods using mercury and chemical reactions. When comparing the obtained data, methods of variation statistics were used [1]. Results of the study and discussion. In the studied groups of pregnant women, the number of first-time and repeat-bearing women had no significant differences. The average age of first-time mothers was 66.0 and 64.6%, of repeat-bearing women - 34.0 and 35.4%. The average age of first-time mothers was 24.5 and 22.8 years ($p > 0.05$), of repeat women - 32.7 and 29.1 years. Age of multiparous women who gave birth to premature babies, was significantly more than women who gave birth to children early ($p < 0.001$). Of great interest is the frequency and severity of estraenital diseases of pregnant women studied. That, mainly estraenital pathology was detected in 31 (62.0%) without variable, vs. comparison – 138 (46.5%) – $p < 0.04$. Among the three genital complications in both groups, chronic genital infection, ipochromic anemia, veto-distal dystonia, thyroid goiter, and other diseases predominated. Pregnancy was complicated by estosis 14 (28.0% of pregnant women of the main type and 25 (8.4%) - comparison types ($p <$

0.01). It should be noted that the main type of estosis was observed in 9 (18.0%) pregnant women, compared to - 8 (2.7%) - p < 0.02 . Pregnancy with twins was observed only in the main disease - 5 (10.0%) women (p < 0.03). Against the background of severe forms of mastosis, 5 (10.0%) women of the main disease and 1 (0.3%) pregnant woman of comparison occurred premature separation of the normally located placenta - p < 0.03. Prenatal rupture of amniotic fluid occurred 5 (10.0 %)women main group and 22(7.4%) - comparison points. Probably, the stage of pregnancy is caused by the presence of chronic genital infection, leading to amnionitis and premature rupture of the membranes. Chronic and fetal position during the trimester, determined using ardiothoorrhaphy and Doppler measurements of the volume and sorosity of the fetus in the uterine valves, was noted 19 (38, 0%) of pregnant women with the main disease and 45 (15.1%) – with the comparison group (p <0.001). severe forms of stasis – 9 (18.0%) pregnant women, premature separation of an abnormally located placenta – 5 (10.0%) women, chronic roenital infection and antepartum rupture of amniotic fluid due to this background – 11 (22.0%) women in labor, maternal development – 2 (4.0%) women, other reasons – 4 (8.0%), 0%) pregnant women. It was possible to identify the probable causes of preterm birth for 31 (62.0%) pregnant women, the remaining women (38.0%), the cause of preterm birth remained unknown. According to indications of the fetal tissue, abdominal labor was performed in 19 (38.0%) pregnant women of the main rp and 68 (22.9%) - rp of comparison (p <0.05). co-situation. Perineal incisions based primarily on the side of the fetus (iposis) were made in 13 (26.0%) parturient women of the main case and 34 (11.5%) of the comparison group (p <0.04). Mostly, 55 children (5 twins) were born. 4 (72.7% of) newborns were born antenatally and were born macerated. In comparison, 278 children were born, 3 (10.7% of) newborns were born in the antenatal period. The differences in antenatal mortality between births are not significant – p>0.05. Postpartum morphology was studied in 43 postpartum women of the main puerpera and 278 – puerperas for comparison. Postpartum inflammatory changes in the form of serous-painful membranitis, fnilitis, amnionitis, deciditis were identified in 5 postpartum women, serous basal deciditis in 7, focal essative intervillitis, amnionitis in 2 postpartum women; all 14 (32.6%) women. These lesions were subsequently identified in 41 (14.7%) postpartum women in comparison, i.e. e.2.2 times less; differences are significant – p<0.03. In addition to inflammatory lesions of the placenta, fetoplacental insufficiency (FPI) was manifested by a number of myrocirculatory disorders in the form of medistrophic, sclerotic changes, thrombosis of the intervillous space, expansion of the syncytio-apillary space, emorrhea and heart failure. With compensated and ideompensated FPN, 9 (20.9%) women of the main disease and 15 (5.4%) postpartum women of the comparison group were diagnosed (p

< 0.03). The placental-fetal coefficient of puerperas with the main cancer was 0.18 ± 0.005, compared with 0.13 ± 0.003 (p < 0.001).

Conclusions: With preterm birth, fetal growth retardation occurs 3.6 times more often than with

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