

ВЛИЯНИЕ АЛИМЕНТАРНО-КОНСТИТУЦИОНАЛЬНОГО ОЖИРЕНИЯ НА ТЕЧЕНИЕ БЕРЕМЕННОСТИ И РОДОВ

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ВЛИЯНИЕ АЛИМЕНТАРНО-КОНСТИТУЦИОНАЛЬНОГО ОЖИРЕНИЯ НА ТЕЧЕНИЕ БЕРЕМЕННОСТИ И РОДОВ ЖКМП.-2023.-Т.1-№1.-С

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Резюме: Среди экстрагенитальных видов патологии в акушерской практике немаловажное значение придается ожирению у беременных. Частота акушерских и перинатальных осложнений и удельный вес данной патологии продолжают оставаться на высоком уровне. Частота распространения ожирения среди женщин детородного возраста составляет, по данным разных авторов, от 1,8% до 25,3%.
Ключевые слова: ожирение, беременность, преждевременные роды.

ALIMENTAR-KONSTITUTION SEMIZLIKNING HOMILADORLIK VA TUG'ISH TA'SIRI

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Xulosa: tug'ruq amaliyotida patologiyaning ekstragenital turlari orasida homilador ayollarda semizlikka muhim ahamiyat berilgan. Tug'ma va perinatal asoratlarning chastotasi va bu patologiyaning ulushi yuqori darajada qolishda davom etmoqda. Tug'ish yoshidagi ayollar orasida semizlikning tarqalishi, turli mualliflarga ko'ra, 1,8% dan 25,3% gacha.
Tayanch so'zlar: semizlik, homiladorlik, muddatidan oldin tug'ilish.

THE IMPACT OF ALIMENTARY-CONSTITUTIONAL OBESITY ON THE COURSE OF PREGNANCY AND CHILDBIRTH

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Annotation: Among the extragenital types of pathology in obstetric practice, important importance is attached to obesity in pregnant women. The frequency of obstetric and perinatal complications and the proportion of this pathology continue to remain at a high level. The prevalence of obesity among women of childbearing age is, according to various authors, from 1.8% to 25.3%.

Key words: obesity, pregnancy, premature birth.

The problem of obesity in pregnant women is of no small importance among extragenital types of pathology in obstetric practice. Despite advances in modern medical science, the incidence of obstetric and perinatal complications in obese patients continue to occupy a high level. To this day, obesity is considered one of the main causes of reproductive system dysfunction in women [1, 3, 6]. It is known that in patients with obesity of the 2nd and 3rd degrees, the following diseases are more common: vegetative-vascular dystonia of the hypertonic type, varicose veins of the lower extremities, diseases of the liver and gastrointestinal tract. In patients with obesity, more often than in women with normal body

weight, infertility, menstrual disorders, ovaries occur [2,4]. The most common complication of gestation in obese pregnant women is miscarriage [5,8]. It should be borne in mind that excess body weight is also a risk factor for abortion, due to the developing hyperandrogenism and hyperinsulinemia. Miscarriage and spontaneous miscarriages in obese women range from 25–37% [1,4]. The incidence of preterm birth and miscarriage in obese women is also increased. Due to the incomplete formation of the birth dominant in obese women by the end of pregnancy, 10-15% of pregnant women tend to over-carry pregnancy and develop weakness of labor.

The severity of the development of anomalies of labor is directly related to the degree of obesity, which contributes to an increase in the rates of operative delivery through the operation of cesarean section. [4, 5, 7]. Objective of the study: To analyze the effect of alimentary-constitutional obesity on the course of pregnancy. Material and research methods: We conducted a prospective analysis of 35 individual pregnancy maps and birth histories of women with an alimentary-constitutional type of obesity who did not undergo pregravid preparation (in the period from 2017 to 2021). The course of the present pregnancy was analyzed on the basis of anamnesis, data from an individual medical record of pregnancy, as well as the history of childbirth. Results obtained: The average age of women was 27.1 ± 3.8 years with variations from 22 to 36 years. According to the degree of obesity, the distribution in the comparison group was as follows: 20 patients with 1 degree of obesity (BMI from 30 to 34.9), 15 women with 2 degree of obesity (BMI 35-39.9).

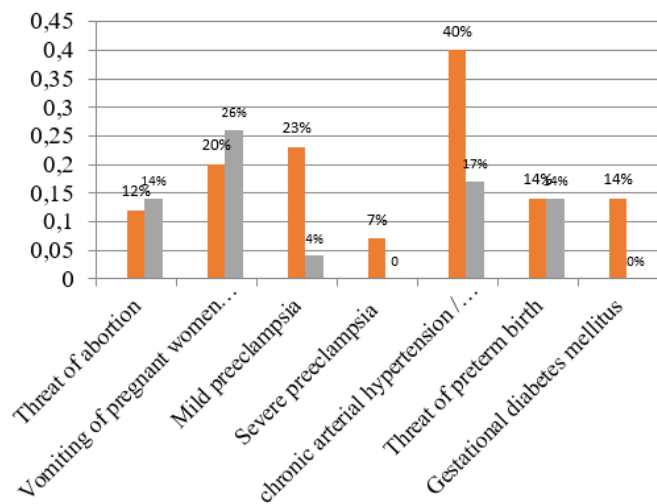
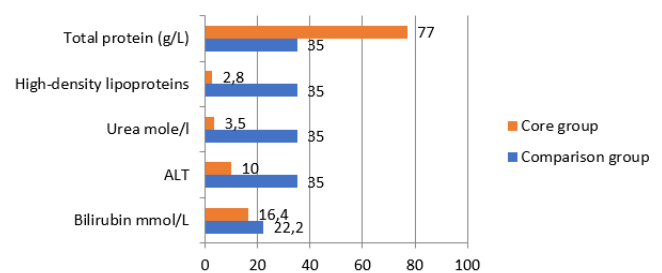


Figure 1. Complications of gestation in this pregnancy. Obesity of the 3rd degree in the study group was not observed. Among them were 6 - first-time pregnant, 29 - re-pregnant. Among the re-pregnant women, 8 were multiparous. Everyone was registered at the antenatal clinic. When analyzing the course of this pregnancy in the first half of the comparison group, it was revealed that 11 (31%) women had a threat of termination of this pregnancy, 7 of them received inpatient treatment, 4 outpatient. Vomiting of mild to moderate pregnancies occurred in the comparison group in 7 (20%). In the second half of pregnancy, the following complications occurred: in 24 (68%) patients of the comparison group, hypertensive disorders occurred: chronic arterial hypertension / Pregnancy-induced hypertension was

observed in 14 cases (40%), mild preeclampsia was observed in 8 (23%), severe preeclampsia was observed in 2 (7%) cases.

The frequency of the threat of premature birth in women with an alimentary-constitutional type of obesity occurred in 8 (23%) cases. When studying the results of a biochemical blood test in the examined women, it was revealed that in pregnant women of the comparison group there was a moderate increase in the level of liver enzymes, compared with the indicators in women of the control group. Data on the biochemical picture of blood is presented in Figure 2.

Figure 2. Some biochemical parameters of the blood of patients of the comparison group.



Analysis of the carbohydrate spectrum of the blood in the surveyed women showed that in women of the comparison group, the results exceeded the standards, this is especially noticeable when compared with the data of the control group. Thus, the glucose level in the comparison group was in the range of 12-14 mmol / l mm / l, which made it possible to suspect the development of gestational diabetes mellitus in these women. All women of the study groups were examined for some coagulological blood parameters. Analysis of the results showed the presence of moderate hypercoagulation in the coagulogram in women of the comparison group. The data are presented in Table 1.

Table 1 Resource requirements by component.

Indicator under study	Control group (n= 35)	Comparison group (n= 35)
Fibrinogen (g/l).	5,6±0,3	6,4±0,2
Platelet count (thousands).	280 +/- 50	318 ±20
APTT (sec).	28 ±3	28±3

Some coagulological indicators of blood in women with alimentary-constitutional type of obesity.

All examined women underwent ultrasound of the uterus with dopplerometry of uterine-placental-fetal blood flow. The data is shown in Figure 3.

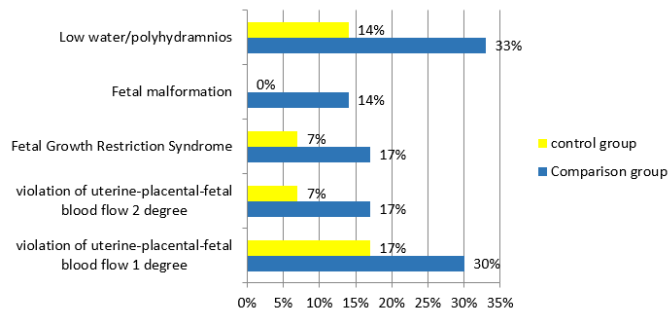


Figure 3. Ultrasound data with dopplerometry of MPPK of the examined women.

When analyzing these results, it was found that the frequency of complications such as violation of uterine-placental-fetal blood flow, polyhydramnios, low water, Fetal Growth Restriction Syndrome, fetal malformations were more common than in the control group.

An analysis of data regarding the timing of gestation at delivery in women of the main group showed that the majority of women - 77% had full-term pregnancies. delivery before 28 weeks was not observed, in the gestation period from 29 to 36 weeks - in 8 (23%), in the gestation period from 37 to 40 weeks - in 20 (57%), in the gestation period from 41 weeks and above - in 7 (20%) women. In the control group, the data are as follows: there was no birth before 28 weeks.

In the gestation period from 28 to 36 weeks, childbirth occurred in 4 women (12%), in the gestation period of 37-40 weeks - in 28 women (80%), in the period of 41 weeks and above - in 3 (9%) women.

When analyzing the data on the method of delivery, it was revealed that through the natural birth canal, childbirth occurred in the majority - 23 (65%) women, cesarean section was performed in 12 (35) for obstetric indications (inconclusive state of the fetus - in 3, pelvic disproportion - in 4, failure of the postoperative scar on the uterus - in 1, 4 - according to combined indications). Conclusions: Thus, among women with obesity during

pregnancy, re-pregnant women predominate. The contingent of patients with obesity during pregnancy is a group of increased risk of developing hypertensive disorders, disorders in the uterine-placental-fetal vascular blood flow, gestational diabetes mellitus. Obesity contributes to an increase in the frequency of cesarean section in the population.

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