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Features Of The Anamnesis Of Women With The Threat Of Miscarriage And Their Role In Determining The Risk Group

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ABSTRACT

Determine the role of studying socio-biological factors and obstetric-gynecological history in predicting and early diagnosis of the threat of termination in the first trimester of pregnancy. We analyzed 210 case histories of patients who were treated in the gynecological department of the Perinatal Center in Bukhara and were observed in antenatal clinics No. 6 and No. 11 of the same city for the period of 2019. All pregnant women were divided into two groups. The main I-group consisted of 110 women, whose pregnancies with the threat of termination with clinical symptoms - pain in the lower abdomen with the onset of the 1st trimester at gestation periods from 5 to 12 weeks. The control group included 100 patients with the physiological course of pregnancy II – group.

KEYWORDS

Miscarriages, pregnancy, threat.

INTRODUCTION

Miscarriage is a common pathology throughout the world during gestation.

According to WHO, despite the progress achieved in the obstetric and gynecological

service, the frequency of miscarriage remains stable and reaches 25% of the number of births; recurrent miscarriage accounts for 5-7% of all pregnancies. It is extremely important to remember that repeated miscarriages can reduce the chance of successfully carrying the next pregnancy, but even after numerous losses, this chance remains.

The likelihood of a favorable prognosis, depending on the cause, is almost always higher than the risk of recurrence. The reasons for any loss of pregnancies, including repeated ones, are random (spontaneous) and non-random (regular). This sorting is important for assessing the risk of recurrence, but not always possible. The frequency of miscarriage is influenced by many different factors. On this issue, scientific studies were carried out that demonstrated the polyetiological nature of miscarriage: from socio-biological factors and anamnestic data to the characteristics of the course of pregnancy at different stages.

This pathology has a polygenous etiology, and therefore, the study of social - anamnestic data is of great importance in determining and establishing a risk group. In modern obstetrics, many causes of miscarriage remain far from being resolved.

PUPROSE OF STADY

Determine the role of studying socio-biological factors and obstetric-gynecological history in predicting and early diagnosis of the threat of termination in the first trimester of pregnancy.

MATHERIALS AND RESEARCH METHODS

We analyzed 210 case histories of patients who were treated in the gynecological department of the Perinatal Center in Bukhara and were observed in antenatal clinics No. 6 and No. 11 of the same city for the period of 2019. All pregnant women were divided into two groups. The main I-group consisted of 110 women, whose pregnancies with the threat of termination with clinical symptoms - pain in the lower abdomen with the onset of the 1st trimester at gestation periods from 5 to 12 weeks. The control group included 100 patients with the physiological course of pregnancy II – group.

In the age aspect, the average age of patients with clinical manifestations of the threat of termination of pregnancy was significantly higher compared to women with the physiological course of pregnancy, amounting to 24.5 ± 0.5 versus 21.6 ± 0.4 LER ($p < 0.05$). Both groups of patients were identical in terms of height - weight ratio, age of sexual debut, age at menarche, use of COCs.

At the same time, women with the threat of termination of pregnancy were significantly more lonely ($18.5\% \pm 2.3\%$) and were significantly less likely to be in a civil marriage ($25 \pm 6\%$ versus $6.5 \pm 3\%$ $p < 0.001$) ... Women in group -1 had a greater number of pregnancies (2.48 ± 0.2 versus 1.75 ± 0.2 , $p < 0.05$). The patients of the study group had a history of spontaneous miscarriages by 10 times more than in the control group.

CONCLUSION

In the general analysis of blood in women of group 1, a significantly greater number of erythrocytes 3.84 ± 0.05 versus 3.12 ± 0.06 p

<0.05) and leukocytes (8.0 + -0.20 versus 6 , 12 + -0.18 p <0.05). In the general analysis of urine in women of the main group, 3 times more leukocytes were found, but these indicators, nevertheless, do not go beyond the generally accepted norms. Women with a threat of miscarriage were less likely to use barrier contraception, 50% less than the physiological course of pregnancy.

Thus, all of the above factors and signs will manifest themselves in a pregnant woman, then she can be attributed to the risk group for the development of the threat of miscarriage, which makes it possible to predict this pathology and diagnose its early stages and take timely preventive measures to improve.

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