

RISK FACTORS FOR PREGNANCY AND CHILD IN PRINCIPAL WOMEN OF OLDER REPRODUCTIVE AGE

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Introduction. In all countries, there is a growing number of women who are 35 years of age or older at the time of their first birth. [1,4]. According to the literature data, there is the fact that the age of a woman during the first pregnancy and childbirth is directly related to the influence of extragenital pathology on the course of the gestational process, delivery [5]. The negative impact of extragenital diseases on the course of pregnancy is manifested by characteristic complications of pregnancy and childbirth, and also affects perinatal morbidity and mortality [2,3].

Key words: perinatal morbidity, pregnancy, perinatal outcomes, epidemiological case-control, reproductive period.

ФАКТОРЫ РИСКА БЕРЕМЕННОСТИ И РОЖДЕНИЯ РЕБЕНКА У ОСНОВНЫХ ЖЕНЩИН СТАРШЕГО РЕПРОДУКТИВНОГО ВОЗРАСТА

Введение. Во всех странах мира отмечается рост числа женщин, достигших на момент первых родов возраста 35 лет и старше [1,4]. Согласно данным литературы, возраст женщины при первой беременности и родах напрямую связан с влиянием экстрагенитальной патологии на течение гестационного процесса и родов [5].

Негативное влияние экстрагенитальных заболеваний на течение беременности проявляется характерными осложнениями беременности и родов, а также влияет на перинатальную заболеваемость и смертность [2,3].

Ключевые слова: перинатальная заболеваемость, беременность, перинатальные исходы, эпидемиологический случай-контроль, репродуктивный период.

Therefore, the issue of planning pregnancy after 35 years must be taken very seriously, it is necessary to undergo thorough examinations, including all kinds of genetic studies, consult a geneticist and be ready for constant medical supervision throughout pregnancy.

Mandatory passage of all special tests and analyzes in order to identify fetal pathologies and ultrasound diagnostics of fetal development [4]. No studies have been conducted that determine a significant correlation between the age of the primipara, the degree of perinatal risk and the frequency of perinatal morbidity, therefore, there are no clear age limits at which a pregnant woman can be reliably attributed to a high-risk group.

Despite the huge interest in the course of pregnancy and childbirth, as well as perinatal outcomes in primiparas older than 35 years, the problem is far from being understood and resolved. The foregoing determined the relevance of this article.

Purpose of the study. To study the anamnesis, the course of pregnancy and childbirth and identify risk factors in nulliparous older reproductive age.

Materials and methods. The study was conducted on the basis of the city perinatal center. The city perinatal center is a large medical institution with an annual number of births of more than 3500. For the study, the method of a retrospective clinical and epidemiological case-control study was chosen (analysis of archival materials for 2015-2019). Statistical data processing was carried out using the integrated system of complex statistical analysis and data processing "SPSS-23 version".

A retrospective analysis of the history of pregnancy, childbirth and individual cards of newborns from a woman of the late reproductive period over the age of 35 years ($n=100$), a comparison group ($n=80$) of pregnant women of a favorable reproductive age (20-25 years) was carried out. The criteria for inclusion of patients were indicators such as residence in the city of Shymkent, voluntary informed consent. Anamnestic data were studied; the levels of physical and sexual development of adolescents, as well as the course of pregnancy, somatic and gynecological health of patients were assessed.

Results of the study and their discussion. Marital status of the majority of age primiparas: “married” (73%). Most of them were working. Their age was 35.5 ± 1.87 years, in group II: 24.1 ± 1.27 years. According to our data, the average age of menarche for group I is 14.02 ± 1.23 years for group III and 13.9 ± 1.52 years for group II. The average age at the beginning of sexual activity: in the group of girls 20- 25 years old (II) = 18.9 ± 1.1 years, in the group of women 35 years and older (I) = 18.9 ± 1.26 years. Alas, 73.3% of age-related primiparas had a history of extragenital pathology. A quarter of all women were infertile, and 85% of women still conceived naturally, and only 15% of them had to resort to assisted reproductive technology programs. A high percentage of gynecological diseases was also noted - 73%. At the same time, cervical ectopia was more common in 34%, uterine fibroids in 15%, various types of inflammatory diseases - in 27%, ovarian cysts were in 8% of women.

The most common pathology in all groups were diseases such as anemia: in group I 58%, in group II 50%; in groups I and II: kidney disease 38.3% and 28% of cases, respectively; vegetative-vascular dystonia (VVD) in 25% and 22% of cases, respectively; in group I, the cardiovascular system prevailed, mainly arterial hypertension 44%, obesity 39%, diseases of the liver and biliary system 18%.

Among the complications of pregnancy, the threat of abortion in group I was noted in 48% of cases, in group II - 20%, severe preeclampsia in group I - 30%, group II - 6%, placental insufficiency in 18% and 14% of cases, respectively.

An analysis of the history of childbirth showed that natural childbirth was observed in 40% of pregnant women of older reproductive age (group I), in 54% of cases in pregnant women of a favorable reproductive age (group II). The frequency of operative delivery is statistically significantly higher in the group of women of the late reproductive period - 60%, in group II - 46%. One case of antenatal fetal death was recorded.

Children born from age-related primiparas did not quantitatively differ by gender among women in labor of a favorable reproductive age, so girls were born in 40%, and boys in 60%. The Apgar score in the majority of children corresponded to the norm and most had more than 7 points at the end of 1 and 5 minutes after birth. About 12% of newborns had an Apgar score of less than 7 points. As a result, 85% of them were diagnosed with “Newborn”, 12% were born in asphyxia, 13% had other pathologies in the form of: intrauterine growth retardation, bronchopulmonary dysplasia, interstitial pneumonia that occurred in the perinatal period, extreme immaturity of 26 weeks, cysts choroid plexuses of the fetal brain. 83% of full-term newborns were born with normal body weight and only 2.5% with large birth weight.

Conclusion. Thus, this study confirms the presence of a high incidence of obstetric and perinatal complications in pregnant women of older reproductive age. The course of pregnancy and childbirth is accompanied by characteristic complications in the form of hypertensive conditions and placental insufficiency.

It should be noted that extragenital pathology, which in most cases accompanies pregnancy at the age of 35 years or more, is predisposing to complications. Optimization of pregnancy management in age-related primiparas should be based on earlier advisory follow-up and planned hospitalization for targeted treatment of complications, as well as careful intranatal risk reassessment.

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