ResearchBib IF-2023: 11.01, ISSN: 3030-3753, Valume 1 Issue 8/

TACTICS FOR CARRYING WOMEN AT HIGH RISK OF RECURRENT MISCARRIAGE

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https://doi.org/10.5281/zenodo.13982730

Abstract. This article covers the correct diagnosis and management of women at high risk of recurrent miscarriage.

Key words: pregnancy, menstrual period, spontaneous abortion, reproductive system, hyperandrogenism, thyroid dysfunction, infectious, steroid hormones, basal temperature.

ТАКТИКА ВЫНАШИВАНИЯ У ЖЕНЩИН С ВЫСОКИМ РИСКОМ ПРИВЫЧНОГО НЕВЫНАШИВАНИЯ БЕРЕМЕННОСТИ

Аннотация. В статье рассматриваются вопросы правильной диагностики и ведения женщин с высоким риском привычного невынашивания беременности.

Ключевые слова: беременность, менструальный цикл, самопроизвольный аборт, репродуктивная система, гиперандрогения, дисфункция щитовидной железы, инфекционные, стероидные гормоны, базальная температура.

Relevance: One of the first places among the most important problems of practical obstetrics is the problem of miscarriage. Miscarriage is the spontaneous termination of pregnancy between conception and 37 weeks, counting from the first day of the last menstrual period.

Termination of pregnancy between conception and 22 weeks is called spontaneous abortion (miscarriage). A recurrent miscarriage is a spontaneous termination of pregnancy two or more times in a row. Every fourth wanted pregnancy ends in spontaneous miscarriage. The frequency of recurrent miscarriage is 0.6–2.3%. Recurrent miscarriage is a polyetiological complication of pregnancy, which is based on dysfunction of the reproductive system.

In the structure of habitual pregnancy losses, there are anatomical (they cause, according to various sources, 15% of all cases of miscarriage), endocrine (luteal phase insufficiency (LPF) of any origin, hyperandrogenism, thyroid dysfunction, diabetes mellitus, etc.), infectious, genetic and immunological factors. Timely identification of risk groups contributes to the formation of tactics for managing a woman during pregnancy.

Purpose of the study: Optimization of preconception preparation and treatment of miscarriage in women with recurrent pregnancy loss syndrome.

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Materials and methods of research: At the Regional Perinatal Center in Bukhara, 70 women were examined at 6-12 weeks of pregnancy.

The women were divided into 2 groups: the main group consisted of 50 women with recurrent pregnancy loss syndrome and threatened miscarriage at the time of the examination, the control group included 20 women without RPL.

We conducted a comparative assessment of clinical and anamnestic data, functional research methods (basal temperature control) and significant laboratory parameters (determination of gonadotropic and steroid hormones in the blood (LH, FSH, T, E2, progesterone, DHEA-S, cortisol, TSH, free T3 and T4, AMH) on days 3-5 of phase I of the menstrual cycle). Ultrasound examination: on days 5-7 of the menstrual cycle and days 11,13,15 (folliculometry).

Results and discussions: clinical and anamnestic data showed that the total number of births in the control group was 6 term births, in the main group - 5, 2 term births and 3 premature births, the total number of abortions in women of the main group was 124 of which 3 were medical abortions, and 121 are early spontaneous abortions, while in the control group there are only 4 medical abortions.

The results of measuring basal temperature as the most informative test of functional diagnostics, confirming the presence of ovulation and the full functioning of the corpus luteum, indicated that women in the main group had disturbances in the regulation of the menstrual cycle before treatment.

Next, we carried out laboratory tests. The results of which showed that in women of the main group before treatment, testosterone levels (4.8) and the LH/FSH ratio (2.5) were high, and in the control group they were within normal limits. The average endometrial thickness in women of the main group before treatment on days 6-8 was 5.4 mm, on days 13-16 - 6.6 mm, on days 21-23 - 9.4 mm, which indicates that the endometrium is not ready for implantation.

After a complete examination and identification of existing disorders (3 menstrual cycles), treatment and preconception preparation were carried out for women with recurrent pregnancy loss syndrome.

The results after the treatment showed that the disorders were eliminated; according to the measurement of basal temperature, the duration of the secretory phase and the thickness of the endometrium (on days 13-16 - 11.1 mm, on days 21-23 - 12.2 mm) by the end of the menstrual cycle became sufficient for implantation and pregnancy maintenance.

Conclusions: In the history of women with SPPB, there is a high proportion of inflammatory diseases of the reproductive system, in particular inflammatory diseases of the

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cervix in 21 patients (42%) in the main group and oopharitis in 16 (32%) and 2 (10%) in the control group.

All women with SPPB with absence of ovulation also had relative endometrial hypoplasia.

The use of estrogens in pre-gestational preparation over three menstrual cycles makes it possible to restore the normal thickness of the endometrium and ensure subsequent successful pregnancy in cases of NLF.

The main goal of preconception preparation, which is necessary for absolutely all women of reproductive age, is to plan pregnancy during the period of best readiness to conceive and carry a pregnancy to term. Preconception assessment of risk factors and their timely correction is the main condition for preventing obstetric and perinatal complications.

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