

To Determine the Features Of Pregnancy and Children During Antenature Rupture Of Ambient Fluid

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Summary: The relevance of the problem is significant not only in obstetrics, but also in neonatology: amniotic fluid is a biologically active environment surrounding the fetus [1], and premature rupture of membranes in the structure of causes of premature birth reaches 35–60% [2], is the cause of neonatal morbidity and mortality [3,]. According to statistics, about a million prematurely born people die from complications every year (mortality rate up to 28%); 8-10% of surviving children develop cerebral palsy, 5-8% - mental retardation, 3-5% - decompensated hydrocephalus, 2-3% - epilepsy, 3% - blindness, 1 % – hearing loss; on average, disability is about 44%. The frequency of premature rupture of membranes before the onset of labor, according to various authors, varies widely from 1 to 19.8% of cases. Childbirth against the background of premature rupture of membranes is often accompanied by anomalies of labor, hypo and atonic bleeding, high rates of trauma to the soft tissues of the birth pathways, impaired uteroplacental circulation and the development of fetal hypoxia. premature rupture of amniotic fluid occurs in 3% of cases of the total number of all pregnancies. And when it's too late in more than 50% of cases, PIOV leads to premature birth [1-3]. A significant proportion of unexplained pregnancy complications may be associated with an aggressive maternal immune response towards the fetus. According to the data of domestic authors, estradiol and progesterone are involved in both specific and nonspecific reactions of the body. Thanks to the balanced action of these hormones, antifetal immune reactions are prevented and a sufficient level of antimicrobial resistance of the mother's body is ensured [4].

Purpose of the study: to determine the features of the course of pregnancy and childbirth during prenatal rupture of amniotic fluid and to develop models for its prediction. Material and research methods. To achieve the goal of the study and solve the problems posed in the work, 120 women who gave birth in the Bukhara city maternity complex for the period 2019-2020 were examined. All patients were divided into the following groups. The main group consisted of 102 women whose pregnancy was complicated by rupture of the membranes before the onset of labor. Depending on the gestational age, the patients were divided into two groups: Group 1 included 87 women with full-term pregnancy (38 - 40 weeks), the average duration of the anhydrous period was 10.62 ± 0.7 hours; The 2nd group included 15 patients with premature pregnancy (25-37 weeks), the average duration of the anhydrous period was 74.73 ± 18.2 hours. The control group was represented by 18 pregnant women in whom the amniotic fluid was discharged during labor. Depending on the gestational age, these women were also divided

into two groups: the 3rd group included 10 pregnant women with term birth (38[±]10 weeks), the average duration of the anhydrous period was 3.83 ± 0.4 hours; the 4th group included 8 parturient women with premature birth (25-37 weeks), the average duration of the anhydrous period was 1.97 ± 0.2 hours. Results of the study: When analyzing socio-demographic factors, we found that every fifth woman in the groups with prenatal rupture of amniotic fluid was aged from 31 to 40 years (group 1 - 20.23%, group 2 -24.6%), which is significantly more often ($p < 0.05$) than in groups with rupture of amniotic fluid during labor (group 3 - 10.0%, group 4 -3.33%) When studying belonging to an urban or rural population, it was noted that in the group of urgent births with rupture of the membranes before the onset of labor, every third patient lived in a village - 36.71%, which is significantly more ($p < 0.05$) than in the group of urgent births with rupture of amniotic fluid on background of labor - 22.50%. Having assessed the nature of education, it was revealed that there were 1.5 times more pregnant women (67.28%) in the group of urgent births with prenatal rupture of amniotic fluid (67.28%) than in the group of urgent births with rupture of amniotic fluid on background of labor (45.0%), the differences are significant ($p < 0.05$). Most of the studied patients did not have somatic pathology. In the structure of identified extragenital diseases in all groups, chronic pyelonephritis predominated - group 1 - 23.12%, 2 1st - 12.28%, 3rd - 27.50% and 4th - 26.67%. Interesting data were obtained from the analysis of diseases of the upper respiratory tract. In groups with prenatal rupture of amniotic fluid, almost every second pregnant woman suffered from chronic tonsillitis (group 1 - 56.65%, group 2 - 43.86%), which is significantly more common ($p < 0.05$) than in groups with rupture of amniotic fluid during labor (group 3 - 27.50%, 4th -16.67%) However, among patients with rupture of amniotic fluid during labor, significantly more often ($p < 0.05$) indications of a history of acute respiratory disease were recorded (group 3 - 72.50%, group 4 - 83.33%) than in groups with prenatal rupture of amniotic fluid (group 1 - 43.35%, 2nd -56.14%). In the group of urgent births with rupture of the membranes before the onset of labor, there were 1.5 times more ($p < 0.05$) women (54.05%) who had complicated obstetric history than in the group of urgent birth with rupture of amniotic fluid during labor (35.00%) History of artificial termination of pregnancy was 2 times more likely (40.35%) in the group of premature births complicated by antepartum rupture of amniotic fluid, than in the group of premature birth with rupture of water during labor (16.67%) These differences between the groups were significant ($p < 0.05$).

Thus, the leading risk factors for the development of prenatal rupture of amniotic fluid during pregnancy are inflammatory diseases of the pelvic organs in the anamnesis, previous abortions, as well as acute respiratory diseases, exacerbation of chronic pyelonephritis and vaginitis during this pregnancy. Childbirth against the background of antenatal rupture of amniotic fluid with full-term and premature pregnancies are most often complicated by labor anomalies (52.31% and 40.35%), weakness of labor (40.75% and 24.56%), fetal distress (27.46% and 38.60%), respectively.

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