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THE CONSEQUENCES OF POLYHYDRAMNIOS FOR THE MOTHER AND FETUS

Submission Date: April 20, 2023, Accepted Date: April 25, 2023,

Published Date: April 30, 2023

Crossref doi: <https://doi.org/10.37547/ijmscr/Volume03Issue04-20>

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ABSTRACT

Polyhydramnios is an obstetric pathology, which is characterized by an increase in the volume of amniotic fluid (amniotic fluid) of more than 1500 ml. The purpose of the study was to study the frequency of causes, the course of pregnancy, the outcome of childbirth and the condition of the newborn with polyhydramnios. To achieve this goal, a retrospective analysis of the history of childbirth of 72 women with polyhydramnios who delivered in the obstetric department of the Samara State Medical University clinic in 2022 was carried out. The course of pregnancy in women with polyhydramnios is complicated by: preeclampsia of the first and second half of pregnancy, miscarriage and premature birth. Perinatal outcomes are characterized by: intrauterine retention syndrome, prematurity, malformations of the central nervous system, cerebrovascular accidents and intrauterine infections.

KEYWORDS

Polyhydramnios, diagnosis of polyhydramnios, course of pregnancy, perinatal outcomes.

INTRODUCTION

Polyhydramnios is an obstetric pathology, which is characterized by an increase in the volume of amniotic fluid (amniotic fluid) of more than 1500 ml. The frequency of this pathology ranges from 1 to 1.5%,

which increases perinatal pathology and mortality, reaching high numbers, up to almost 50% due to impaired placental insufficiency, in particular hemostasis, which causes the risk of this pathology.

The causes of polyhydramnios are not fully understood, but more often this pathology is observed in pregnant women with multiple pregnancies, as well as with maternal diseases, such as inflammatory processes of the pelvic organs, heart disease, diabetes mellitus, abnormal development or damage to the placenta, genetic diseases that cause malformations. On the part of the fetus, the causes of polyhydramnios can be hemolytic disease or fetal abnormalities with the inability to swallow amniotic fluid with gastrointestinal malformations (esophageal atresia, duodenal atresia, CNS malformations hydrocephalus, anencephaly, chromosomal abnormalities, Down syndrome, as well as fetal renal disorders, leading to increase urine production.

In this regard, the management of pregnant women with polyhydramnios is an urgent problem of modern obstetrics.

The purpose of the study: to study the frequency of causes, the course of pregnancy, the outcome of childbirth and the condition of the newborn with polyhydramnios.

Material and methods of research: To achieve this goal, a retrospective analysis of the history of childbirth of 72 women with polyhydramnios who delivered in the obstetric department of the Samara State Medical University clinic in 2022 was carried out.

By age, women were distributed in the following order: up to 20 years old - 12 (16.66%) women, 21-25 years old - 28 (38.8%), 26-30 - 21 (29.16%), 31-35 - 10 (13.88%), and over 40 years - 1 (1.38%). The diagnosis of polyhydramnios was based on complaints - shortness of breath, nagging pain in the abdomen, edema, anamnesis data, external and internal obstetric research methods - an increase in the abdomen, the size of the uterus that does not correspond to the

duration of this pregnancy, shiny skin of scars, ultrasound (which determined the volume (amniotic liquid), as well as the determination of prolactin in the amniotic fluid, its low content, which does not correspond to the gestational age, which is the most informative for the diagnosis of this pathology... The final diagnosis was confirmed after childbirth - examination of the placenta, followed by histological examination, the state and amount of amniotic fluid.

Results of the study: The causes of polyhydramnios in the observed group were: maternal diseases, infections - viral, bacterial in 55.6% of women according to microbiological and serological studies. In the 2nd trimester, the following types of infection were detected in pregnant women before the start of treatment - bacterioscopy revealed an increased content of leukocytes in 72 (100%) women, the presence of cocci - 62 (86.1%), fungal 58 (80.5%) flora, gardenerella 40 (55.6%). Bacteriological examination revealed various anaerobic infections - chlamydia - 49 (68%), mycoplasmas - 10 (13.8%), ureplasma - 7 (9.7%) and CMV - in 6 (8.3%) cases. A combination of two or more infections occurred in 9 (12.5%) pregnant women.

Before pregnancy, 24 (33.33%) women suffered from inflammatory diseases of the female genital organs, ARVI suffered; 42 (58.3%) women who had polyhydramnios during this pregnancy received appropriate treatment. Gynecological diseases suffered: primary infertility - primary in 4 (5.55%) and secondary - in 4 (5.55%) women, endometritis - 6 (8.33%), posterior perimetritis - 6 (8.33%), pyovar was observed in 5 (6.9%), diffuse toxic goiter in one patient. The course of this pregnancy - in 24 (33.3%) cases proceeded without complications, in 23 (31.9%) cases there was a threat of premature birth, in 16 (22.2%) cases there was early preeclampsia and in 10% (13.8%) -

preeclampsia of the second half of pregnancy, in particular, mild and severe preeclampsia.

Term delivery was in 15 (20.8%), premature - in 22 (30.5%) women. Prolonged pregnancy was observed in 12 (16.6%) women, post-term pregnancy in 2 (2.77%) women. Of these, in 6 (8.33%) births ended with a caesarean section. The indications for surgery were a scar on the uterus, breech presentation of the fetus, a large fetus, incorrect insertion of the head (posterior view of the facial presentation), disproportion of the head with the size of the pelvis (functional narrow pelvis) and premature detachment of a normally located placenta.

Childbirth was complicated by: early rupture of amniotic fluid in 8 (11.1%) women, shoulder dystocia was in 4 (5.5%), malformation of the fetus - transverse in 3% of cases, prolapse of umbilical cord loops - in 2 puerperas with prenatal rupture waters with pronounced polyhydramnios. Postpartum hemorrhage, in particular uterine hypotension, occurred in 6 (8.33%) puerperas.

Born - 37 newborns, of which weighing from 1000-1500-1 (1.38%), from 1500-2000-1 (1.38%), from 2001-2500-4 (5.55%), 2201-3000 -19 (26.4%), from 3001 to 3500 - 6 (8.33%), from 3501 and over 4000 - in 6 (8.33%). -11 (15.2%) newborns, 7-8 points in 11 (15.2%), 5-4 points in 4 (5.55%), 4-0 points in 11 (15.2%) 1 child died.

According to the literature, the prognosis for the fetus is not favorable with polyhydramnios, in 50% of cases it causes perinatal mortality, the main cause is prematurity and malformations.

In our studies, polyhydramnios also had a pathological effect on the intrauterine development of the fetus. So, chronic fetal hypoxia was observed in 22 cases, fetal retention syndrome in -5 cases, cerebrovascular

accident of the 1st degree in -3 cases, the 2nd degree in -4 cases, partial atelectasis of the lungs occurred in -3 cases, respiratory distress syndrome in -4 cases, the risk of intrauterine infection - in 22 newborns. Almost half of the born newborns - due to increased fetal mobility due to the presence of polyhydramnios, entanglement of the umbilical cord was noted, which amounted to 16.6%. cases. 31 (43%) children were discharged, 5 (6.94%) newborns were transferred to acute renal failure with symptoms of incipient pneumonia, pneumopathy and fetal weight deficiency.

CONCLUSIONS

1. Polyhydramnios is a serious complication of pregnancy and childbirth, women with this pathology should be classified as a high-risk group.
2. Currently used methods for diagnosing polyhydramnios at the preclinical stage are reliable. This once again confirms the need for early diagnosis of polyhydramnios, which provides early and, possibly, prenatal preparation of pregnant women with a high risk of polyhydramnios to reduce perinatal complications in the mother and fetus.
3. The course of pregnancy in women with polyhydramnios is complicated by: preeclampsia of the first and second half of pregnancy, miscarriage and premature birth.
4. Perinatal outcomes are characterized by: intrauterine fetal retention syndrome, prematurity, malformations of the central nervous system, cerebrovascular accidents and intrauterine infections.

REFERENCES

1. Ветрова А.В.// Особенности анамнеза, течения беременности и родов при многоводии//

- Смоленский медицинский альманах. 2018.С. 47-48
2. Закирова Н.И., Закирова Ф.И.// Репродуктивное здоровье женщин Самаркандской области// Проблемы биологии и медицины- 2021- №1.1(126) с. 101-103
 3. Закирова Н.И., Закирова Ф.И., Абдуллаева Н.Э. // Достижения и перспективы развития акушерско-гинекологической службы в узбекистане// Эффективная фармакотерапия// ТОМ 19- № 7 - 2023 – С. 95-96
 4. Игитова М.Б., Мегрелидзе Е.В., Пьякова И.В., Богомолова И.В.// Идиопатическое многоводие: факторы риска и некоторые аспекты патогенеза// « Бюллетень медицинской науки». 2018
 5. Мудров В.А., Мочалоа М.Н., Мудров А.А.// Особенности определения объема околоплодных вод на современном этапе// « Журнал акушерства и женских болезней». 2018. Т. 67. № 5. С. 74-78
 6. Сидоренко В.Н., Бугров В.Ю., Кленций С.К., Сахаров И.В.// Современный взгляд на этиопатогенез маловодия и многоводия и пути их решения при многоводии инфекционной природы// « Медицинские новости. С. 53-57. 2018
 7. Zakirova N.I., Abdullaeva N.E., Zakirova F.I.// Women`s health and modern contraceptive technology after childbirth // Bulletin of fundamental and clinic medicine- 2022 № 3(3) P.82-83
 8. Zakirova N.I., Abdullaeva N.E., Zakirova F.I.// Features of pregnancy management and birth outcomes in women with fetal macrosomia with active and expectant tactics// Journal of reproductive health and uro-nephrology research - Volume 3 № 4 2022 P.77-79

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