



"INNOVATIVE ACHIEVEMENTS IN SCIENCE 2024"

WAYS TO PROLONG PREGNANCY IN FETAL GROWTH RESTRICTION SYNDROME AGAINST THE BACKGROUND OF ARTERIAL HYPERTENSION

Ilyasov Azizbek Bakhtiyarovich
Mansurova Hilola Anvarovna
Tursynbaeva Asiya Abdikadir qizi
Turdieva Gulirano Bahromzhon qizi

Republican Specialized Scientific and Practical Medical Center of Obstetrics and Gynecology, Tashkent, Uzbekistan.

Relevance. Fetal growth restriction syndrome (FGRS) is a typical clinical manifestation of major obstetric syndromes, being responsible for a high degree of perinatal morbidity and mortality, a reliable indicator of stratification of pregnant women by risk groups, which determines the extreme relevance of this problem for obstetrics and perinatology.

According to WHO, the number of newborns with growth retardation ranges from 6.5% in developed countries of Europe to 31.1% in Central Asia. In Russia, the figures vary widely - from 3 to 17%. In the USA 10-15%.

In 2013, fetal growth restriction was named "the most common and complex problem of modern obstetrics" by the American College of Obstetricians and Gynecologists (Crease Robert K., Resnik R., Iams J. D., 2014).

Perinatal morbidity of children born with FGRS ranges from 47 to 70%. Moreover, the perinatal mortality rate is 5-10 times higher compared to healthy people in the general population.

Objective: To study the role of the venous duct as a criterion for prolongation of pregnancy in stage III uteroplacental blood flow disorder.

Material and methods: A retrospective analysis of 45 cases of pregnant women diagnosed with FGRS was conducted according to the data of the Russian Scientific and Practical Medical Center of the Russian Academy of Medical Sciences for 2022.

Clinical and laboratory studies, ultrasound + Doppler, CTG were conducted. Results and discussion: Clinical methods for diagnosing FGRS include anamnestic risk factors, pregnancy course characteristics, measurement of fundal height and uterine circumference with subsequent assessment of the estimated fetal weight.

Currently, ultrasound fetometry can rightfully be considered the "gold standard" for diagnosing FGRS. Doppler blood circulation study in diagnosing FGRS is based on changes in the nature of blood flow velocities in the "mother - placenta - fetus" system.



"INNOVATIVE ACHIEVEMENTS IN SCIENCE 2024"

For the analysis, pregnant women were divided into groups by gestational age: Group I - 22-27 weeks (24). Group II - 28-33 weeks (12). Group III - 34-36 weeks (9). The degree of hemodynamic impairment in the "mother - placenta - fetus" system was assessed according to Strizhakov's classification. According to the classification, there were 3 degrees of FGRS: I - a delay in fetometric indicators by 2 weeks, II - by 3-4 weeks, III - by 4 weeks or more.

FGRS I in group I was - 6, in group II - 7, in group III - 4.

FGRS II in group I - 6, group II - 8, group III - 6.

FGRS III group I - 1, group II - 5, group III - 2. The age of the examined patients varied from 20 to 39 years and did not differ significantly between the observation groups.

All pregnant women had hemodynamic disorders during ultrasound: I-20, II-10, III-15.

In the first group of pregnant women with stage III uteroplacental blood flow disorder with pulsating disorder, 2 were detected, with reverse - 1, zero - 0.

In the second group, pulsating - 3, reverse - 2, non-left - 1.

In the third group, pulsating - 4, reverse - 1, zero - 1.

In the group of women with FGRS with stage III uteroplacental blood flow disorder, it was possible to prolong pregnancy with: pulsating for 1-2 weeks during ultrasound and CTG monitoring with a time interval of every 2-3 days. With reverse for 1 week during ultrasound and CTG monitoring every other day. In the development of FGRS, the conditions for prolongation of pregnancy are the absence of zero and retrograde values of blood flow in the venous duct during atrial systole. In this case, daily monitoring of CTG and fetal hemodynamics is necessary. Delivery before 28 weeks is associated with high perinatal losses. Indications for emergency delivery in FGRS depending on the gestational age are: up to 29 weeks of pregnancy according to Doppler data - reverse diastolic component of blood flow in the venous duct, according to CTG data - fixation of pathological indicators of short-term variability.

Conclusion: 1. The value of the venous duct velocity is a significant criterion in fetal Doppler.

2. Ultrasound indices of the venous duct allow prolonging pregnancy against the background of FGRS in stage III uteroplacental blood flow disorder.

3. The survival rate of deeply premature and premature newborns increases proportionally with the duration of pregnancy prolongation.

4. Reduction of perinatal mortality and diseases.



"INNOVATIVE ACHIEVEMENTS IN SCIENCE 2024"

5. Further development of tactics of management and differential approach to prolongation of pregnancy taking into account (morbidity) of assessment of venous duct indices.

REFERENCES:

1. Lees C, Marlow N, Arabin B, Bilardo CM, Brezinka C, Derks JB, et al. Perinatal morbidity and mortality in early-onset fetal growth restriction: cohort outcomes of the trial of randomized umbilical and fetal flow in Europe (TRUFFLE). *Ultrasound Obstet Gynecol* 2013;42: 400-8.
2. Damhuis SE, Ganzevoort W, Gordijn SJ. Abnormal Fetal Growth: Small for Gestational Age, Fetal Growth Restriction, Large for Gestational Age: Definitions and Epidemiology. *Obstet Gynecol Clin North Am.* 2021 Jun;48 (2):267-279.
3. Fetal Growth Restriction: ACOG Practice Bulletin, Number 227. *Obstet Gynecol.* 2021 Feb 01;137(2):e16-e28.