INTRAPARTUM HEMOSTASIS COMPLICATIONS AND GENETIC FACTORS

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Pregnancy, being one of the most important moments in a woman's reproductive life, requires special attention in the management of pregnancy and childbirth. Pregnancy in high-risk women is often complicated by hemostatic disorders of the coagulation system, particularly during childbirth, which in turn leads to postpartum hemorrhage.

The most common complications include frequent threats of miscarriage in early gestation, placental preeclampsia, fetal growth retardation syndrome, and bleeding in the second half of pregnancy. However, one of the biggest challenges during childbirth in these women is intraoperative hemostatic complications, which are often genetic in nature.

The aim of the study was to investigate the role of genetic risk factors for intrapartum hemostatic complications in high-risk women. We analyzed data from 35 women with a history of coagulation disorders. All women were screened for acquired and genetic forms of hemostasis disorders.

A review of the study women's data revealed that 13 pregnant women had acquired hyperhomocysteinemia, and seven had a mutation in the FV Leiden factor.

A study of the structure of multigene thrombophilia revealed that the PAI-1 "675 4G/5G" polymorphism and the MTHFR C677T mutation were the most common in eight women with complicated pregnancies. The MTHFR C677T mutation was found to be predominant in pregnant women with preeclampsia (59.7%). A high rate of the PAI-1 "675 4G/5G" gene polymorphism was observed in 5 pregnant women with placental dysfunction (67.1%).

A study of pregnant women with fetal growth retardation syndrome revealed that the prevalence of the PAI-1 "675 4G/5G" gene polymorphism was observed in 61.3% of pregnant women with the A/D polymorphism in the TPA gene.

Analysis of D-dimer levels in the blood allowed for the timely identification of potential intraoperative complications during operative delivery and served as a marker of thrombophilia.

In conclusion, the importance of identifying genetic markers of thrombophilia and the hemostatic system in the preparation of women at high risk for hemostatic complications for childbirth and the postpartum period can be noted, as it has been shown to reduce complications during pregnancy and the postpartum period. The obtained results facilitated further preparation of these women for childbirth and the prevention of hemostatic complications during operative delivery. It was also noted that timely preventive measures using vitamins and antioxidants in high-risk pregnant women allowed for a reduction in the incidence of relapse by one and a half times, fetal growth restriction syndrome by 1.7 times, placental dysfunction by 1.2 times, and postpartum hemorrhage by 1.5 times.