

## PERINATAL RISK AND PREVENTION OF PRETERM BIRTH

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**Abstract:** Primary weakness of birth was detected 3 times more often in the average risk group, which is due to the use of a non-pathogenic method of preparation of the birth canal (kelp) and the frequent use of uterotonic drugs to induce labor. may be associated with rapid use. . Secondary vulnerability is specific to women who are at high risk due to the preponderance of multiparous women.

Particular attention is paid to such birth complications as placental attachment and its defect, which are characteristic of women at high risk. Undoubtedly, this is related to the disruption of chorion formation as a result of the effects of conception factors (extragenital diseases, in particular, anemia, inflammatory diseases of the genitals) in the early stages of pregnancy.

**Key words:** Extragenital diseases, anemia, inflammatory diseases of genital organs.

The frequency of complications in the moderate-risk group attracted the attention of the potentially safe group. This is related to the predominance of primiparous women, but most importantly, the subjective attitude of doctors towards women of this category (undervaluation).

Confirmation of the above is the effectiveness of treatment of weakness of labor in only 25% of women in the average risk group; In women, the risk is 60%.

The uncertainty in the assessment of perinatal risk factors is confirmed by the frequency of cesarean sections in the groups - it was almost 4 times higher in the average risk group.

This is directly related to the complications of pregnancy and childbirth. During the first delivery, fetal hypoxia, meconium staining of amniotic fluid and labor weakness were diagnosed 2 times more often in the average risk group than in the high risk group.

According to CTG data, fetal heart defects are more frequent in babies born with an initial average perinatal risk than in the high risk group. There is no doubt that in these women, despite the initially moderate level of risk, the tactics of labor management had to be revised in time.

Surprisingly, despite the fact that almost every sixth child in the high-risk group was born with low birth weight, 1.5 times more children in the medium-risk group were born asphyxiated. Unfavorable birth outcomes in the group of women with an initial average perinatal risk are associated with the

fact that every fourth woman in this group receives a high perinatal risk status due to complications during childbirth, which leads to changes in the tactics of labor management. will bring.

**Debate.** Risk strategy in obstetrics includes identification of groups of women whose pregnancy and childbirth may be complicated by fetal abnormalities, obstetric or extragenital pathology. This can be estimated based on the analysis of perinatal risk factors.

It is very important to understand that with the development of pregnancy, the sum of risk factors changes according to their increase. This becomes clear when the scoring screening is carried out in each trimester of pregnancy. The dynamic change of the sum of factors is individual for each woman.

During the study, summarizing the perinatal risk indicators by trimester, we observed a sharp "jump" in their total, or a smooth growth of a pregnant woman from one risk group to another, and it is unfavorable in terms of predicting the outcome. birth

Summarizing the scores of the women examined, we can say that 80% of pregnant women in the first trimester were in the low perinatal risk group in the second trimester, this group decreased to 60%; By the end of pregnancy, the number of women with low perinatal risk is reduced by half again.

It is important to analyze the factors themselves, not just the sum of the perinatal risk scores. Analyzing perinatal risk factors in the first trimester, we can say that most of them do not change during pregnancy and help to get a complete picture of a woman's health. That is, the woman comes to the antenatal clinic on her first visit.

This condition is typical for women who fall into the high perinatal risk group towards the end of pregnancy. They have a high degree of extragenital disease (anemia, urinary tract infections, endocrine pathology), severe obstetric and gynecological history - early onset of sexual activity, infertility and chronic inflammatory processes of the genitals, so-called pregravid factors. In the group with an average level of perinatal risk, factors were "bought" during pregnancy (the threat of abortion at various stages and early toxicosis, etc.).

**And another aspect of the problem.** Pregnant women in the medium (not high) perinatal risk group should not be considered unworthy of special attention by medical personnel. Our study showed that some birth complications are more frequent in this group, and this is due to underestimation of the obstetric situation due to the label "moderate risk group".

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