

## Modern Solutions to Prevent the Risk of Perinatal Premature Birth

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**Abstract:** Risk groups during pregnancy - this concept in medicine is necessary to minimize the possibility of complications that can lead to premature birth, congenital pathologies or fetal death during pregnancy.

There are groups to detect pregnancy that require the supervision of special specialists. But this does not mean that the future mother will have health problems. It's just that a woman who is in the risk group for some reason has a number of pathological symptoms, the development of which leads to premature birth of a child, delayed fetal development, asphyxia (suffocation), etc. Therefore, he needs some procedures and medical interventions.

**Key points:** Risk groups during pregnancy, Age of future mother.

**Risk groups during pregnancy** This is one of the most important factors that determine the general course of pregnancy. If the expectant mother is under 18 years old or over 38 years old, she is at risk and needs special supervision.

In addition, in this case, the teenage girl is at greater risk, because she is affected by the socio-psychological situation, which can lead to the wrong behavior of the future mother (poor diet, hiding her pregnancy and, as a result, lack of medical supervision lack). However, a girl surrounded by attention and care reduces the likelihood of complications.

### **Number of children**

The birth of the 4th or 5th child may be accompanied by a full view of the fetus, a large amount of blood loss and other anomalies. This is primarily due to the loss of uterine contractility and general tone with each new pregnancy. The second reason is that the mother of three children, as a rule, considers herself an experienced birth mother, so she ignores the supervision of specialists and spends less time on personal hygiene of the genitourinary organs.

### **If multiple pregnancies**

**Multiple pregnancy - a risk group** If a pregnant mother is expecting twins (especially if there are more than two), she is at risk during pregnancy and should be under special control, including frequent ultrasound examination and doctor's consultation almost every week. You should also contact a specialized maternity hospital and give birth there.

Such measures are necessary because in 40% of cases multiple pregnancies end in premature birth and the risk of spontaneous abortion increases in the first trimester. In addition, the expectant mother often suffers from toxicosis, swelling and changes in blood pressure.

### **Complex anamnesis**

A specialist observing a pregnant woman should know all the abnormalities that occurred in the previous pregnancy. Among them may be bleeding, congenital pathologies in the child, intrauterine growth retardation, complications during labor, fetal death, etc.

The reasons for their appearance can also affect the current pregnancy, therefore, in such cases, obstetrician-gynecologists at Diamed prescribe additional procedures and advice to the expectant mother in order to prevent the occurrence of any repeated pathologies.

### **Diseases of the future mother**

risk group - diseases of the future mother The risk group includes women suffering from the following diseases:

anemia;

alcoholism;

high blood pressure;

scarlet fever;

diabetes;

herpes;

infections of the genitourinary system;

viral hepatitis;

incompatible Rh factors.

Smoking can also be a reason to be identified as a risk group during pregnancy. The presence of at least one of the above diseases increases the risk of suffocation of the fetus, lack of nutrition, abnormalities in intrauterine development, premature birth or miscarriage. Special medical supervision is required during pregnancy.

### **Features of maternal physiology**

Complications during pregnancy and childbirth can occur as a result of the pregnant mother having certain physiological characteristics. These include obesity, problems with the uterus (its retroversion, small size or detection of a cyst) and pelvic anomalies (narrowness characteristic of short women; congenital pathology; deformation after an accident). All these indicators are taken into account by experts, and based on them, a delivery plan is drawn up in advance.

### **The financial situation of a pregnant woman**

Low-risk group - the low financial status of a pregnant woman, social status, combined with low income, leads to premature birth in 60% of cases. This happens as a result of the difficult financial situation of the expectant mother, who, despite medical advice, is forced to continue working until the birth. He can make boring trips in public transport, do heavy housework, raise older children, eat poorly and insufficiently, which leads to anemia, overwork and toxicosis. And these are the main reasons for premature birth.

### **Additional studies of women at risk**

Women at risk require strict supervision. They should consult specialists at least twice a month, and sometimes once a week.

In addition to them, the following procedures are prescribed:

Ultrasound;  
fetal endoscopy;  
umbilical cord puncture;  
Doppler device;  
amniocentesis (amniotic fluid is examined);  
embryoscopy;  
Determination of GT 21 (hormone) content;  
trophoblast biopsy;  
determination of alpha-fetoprotein content;  
X-ray of the pelvis.

In some cases, other studies determined individually by the doctor may be required. Experienced specialists of the Diamed clinic network draw up a complete scheme of necessary tests and procedures, taking into account all the patient's indicators. They also carefully develop a birth plan and determine the best option for managing it.

### **Preservation of pregnancy**

when to continue pregnancy Sometimes, future mothers who are at risk should be admitted to a day hospital, so that doctors can monitor them for 6-8 hours a day, provide the necessary medical care and perform some procedures. Only on the basis of information provided by the attending gynecologist, a woman can be assigned to stay in the clinic during the day.

### **The following indicators can be the basis for this:**

anemia;  
exacerbation of chronic gastritis;  
threat of abortion in the first or second trimester;  
vegetative-vascular dystonia in the first or second trimester;  
early toxicosis with transient ketonuria;  
suspicion of pathology of genitourinary organs, heart diseases and other diseases;  
non-drug therapy;  
rhesus conflict in the first or second trimester;  
partial treatment and continuation of observation after a long hospital stay of a pregnant woman;  
follow-up of women who underwent cervical sutures (ICS);  
alcoholism, drug addiction and smoking;  
swelling etc.

Conducted studies and analyzes identify all threats, and experienced doctors draw up a suitable plan for a woman in future childbirth. Pregnant women who are not at risk and do not know about their diseases suffer more than mothers under the care of gynecologists. Therefore, consulting a doctor is a sacred duty of every woman who is expecting a baby and is concerned about her health.

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