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IMPROVING WAYS TO PREVENT OBSTETRIC COMPLICATIONS IN WOMEN WITH FETAL MACROSOMIA

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Abstract:
This article discusses the issues of improving the prevention of obstetric complications in women with fetal macrosomia. It is also scientifically proven that the analysis of the estimated body weight of the fetus during labor is important. In addition, suggestions and recommendations have been developed for the correct choice of delivery method in women with fetal macrosomia and, on the other hand, for the prevention of life-threatening events for the fetus and mother during labor and after delivery.

Keywords: Fetal macrosomia, obstetric complications, labor process, fetus, body weight, delivery methods.

Introduction

Arterial hypertension mothers, antenatal and neonatal of death main reason is considered. Mother by AG presence sharp left ventricle shortage, widespread vein inside blood coagulation, much members deficiency, acute kidney injury, blood departure and retina divorce, obstetrics blood pregnancy, preeclampsia and eclampsia the risk increases. Fetus by placenta placenta previa separation, fetus from development behind stay, antenatal death, early birth danger increases.

Last two ten annually pregnant women between arterial hypertension (AG) levels by 40-50% increased.

Basically, the spread of AG growth happened is happening, its chronic forms due to – chronic arterial hypertension (CAG), which obesity, in women sugary diabetes spread increase, as well as assistant reproductive from technologies wide use with depends.

Pregnancy woman in the body fetus growth and development for important metabolic and hemodynamic to changes take coming mother's" stress " in adaptation " test " is considered.

In women pregnancy at the time hypertensive diseases pathogenesis and their complications complicated become, completely unexplored, mostly blood vein tone regulation disorder, endothelial dysfunction, placenta violation with depends.[1]

AG death of the circumstances causes, perinatal death, mother and child in the state forecast noticeable at the level debilitating main reason become service is doing.

With AG sick pregnant in women cesarean section way with childbirth happened to be, to be immature babies and little is, Apgar scale according to less score and less weight with babies birth, babies intensive to therapy big necessity to be, childbirth trauma, neonatal death and in the future Autism to be more occurs.

Pregnancy in the AG at the time complications to develop one how much danger factors (XO) cause will be: mother's age 30 years old and from it adult, education level low, low number (3 or from it many), pregnancy during body weight 16 kg and from it to many increased, dyslipidemia, glucose tolerance disorder, obesity to leave, heavy family environment, antiphospholipid syndrome and high arterial under pressure inadequate antihypertensive therapy acceptance to do So pregnancy during the AG's every how clinical options own on time diagnostics to do and enough at the level from treatment except for preventive events also necessary, for example marriage style change.

Arterial hypertension - average 15 minutes between one at hand at least two times when measured sAQB ≥140mm.sim.up. and / or dAQB ≥90 mmHg elevation.

Chronic arterial hypertension-pregnancy from being before or from childbirth after 42 days more preserved standing pregnancy the first 20 weeks deadlines at least 4 hours interval with two times blood pressure rise.

LITERATURE REVIEW

Gestational (pregnancy) because of come arterial hypertension (GAG) - 20 weeks of pregnancy from the deadline then first times record done and noticeable with proteinuria (<0.3 g/l) non-stop, at least 4 hours intermediate with 2 times blood of the cable (sAQB ≥140mm.cable. and / or dAQB ≥90 mm.sim.ust) increase.[2]

Preeclampsia-proteinuria or polyorgan shortage the addition indicator at least one other parameter with together passing in the anamnesis AQB from the level strict look 20 weeks of pregnancy from the deadline then sAQB ≥140mm.sim.up. and / or dAQB ≥90 mmHg elevation with descriptive pregnancy, childbirth and from childbirth next of periods complication [2].

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Proteinuria is:
>0.3 g/ day or 4-6 hours intermediate with taken of urine two >0.3 g/l per serving protein loss;

Pregnancy during hypertensive of violations classification
· Preeclampsia and eclampsia
· Chronic arterial hypertension in the background preeclampsia and eclampsia
· Gestational (pregnancy) because of come arterial hypertension
· Chronic arterial hypertension (pregnancy-related) before observed)
· Hypertension disease;
· Secondary (symptomatic) arterial hypertension.

Evening advanced PE (>34 weeks of gestation) from the deadline then development).
Weight level according to PE classification:
- middle level PE[3]
- heavy PE.

1-Tabel.

Social state of women in groups			
Students n, %	Housewives n, %	Workers n, %	Groups
6 (20%)	12 (40%)	12 (40%)	1 - group n=30
8 (26.6%)	13 (43.3%)	9 (30%)	2 - group n=30
22 (55%)	8 (20%)	10 (25%)	Control group n=40
Appearance to be on time according to eclampsia classification:			
• pregnancy during and childbirth during			
• childbirth next in the period:			
• early from childbirth next (in the first 48 hours)			
• evening from childbirth next (28 days) inside)			

Pregnancy during hypertensive of violations clinical definitions
Chronic arterial hypertension-pregnancy from being before or usually from childbirth after 42 days more preserved standing pregnancy first 20 mistakes A rise in blood pressure ≥140/90 mmHg during the period.
Gestational (pregnancy) because of come arterial hypertension (GAG) - 20 weeks of pregnancy from the deadline then first times record done and noticeable with proteinuria (<0.3g/l) unforgivable AQB increase in 25% of cases 34 weeks of pregnancy until the deadline with advanced GAG preeclampsia (PE) together It's going to happen.[4]
Hypertension disease-of-the-AQB rise with descriptive other diseases or pathological processes existence with related not, past main and mandatory syndrome AG has begun chronic passing disease.
Preeclampsia (PE) - 20 weeks of pregnancy from the deadline then one or one how many members dysfunction and / or noticeable proteinuria with together passing arterial hypertension with descriptive, pregnancy, childbirth and from childbirth next periods

aggravating systematic pathological condition. Tumors PE mandatory diagnostic criteria does not enter.

Hypertensive of violations clinical appearance SAG, GAG clinical appearance Pregnancy from being before or 20 weeks of pregnancy from the deadline then first record noticeable, noticeable without proteinuria and members dysfunction indicator without signs passing AQB rise.Preeclampsia clinical appearance.Central nerve system by: head pain, photopsias, paresthesias, fibrillations, convulsions.

heart blood vessel system by: arterial hypertension, heart deficiency, antenatal death Preeclampsia with sick in women spontaneous labor happened to be or to the instruction according to from the deadline before giving birth to take danger high stands. HO'OQ and his/her level heavy PE diagnosis from the criteria remove thrown away.

Hypertensive violations diagnosis Complaints and anamnesis Normal passing during pregnancy anamnesis collection such as hypertensive in disorders also anamnesis one kind gathers. Physical examination General examination held: woman every one on a visit skin coatings and mucus floors condition, swelling availability, NOS, AQB, yuUS is checked.

Antihypertensive medicine tools placental blood of the cycle to the state and to that suitable accordingly fetus to the state impact to do possible, therefore for fetus their movements independent accordingly control to do very important, fetus their movements if it changes, women immediately obstetrics to the hospital appeal they do need.

Arterial hypertension there is was in women from 37 weeks of pregnancy then childbirth planning, mothers illness and heavy level hypertension development probability reduces. SAG and medicines acceptance without doing controllable AQB low in indicators (160/110 mm wire over.), induction transfer for other instructions at least from 37 weeks of pregnancy then (38+0/7-39+6/7 weeks) labor induction transfer recommendation Medicines acceptance to be done with controlled, heavy not been In SAG childbirth induction at 37 weeks of pregnancy is carried out. Medicines acceptance to be done with uncontrollable, unstable. In SAG, mother and fetus to the circumstances According to, 36-37 weeks of pregnancy or from it sooner during the period childbirth induction transfer recommendation is being done.[4]

Medicines acceptance to be done with controlled, heavy not been In SAG childbirth induction at 37 weeks of pregnancy is carried out. Medicines acceptance to be done with uncontrollable, unstable. In SAG, mother and fetus to the circumstances According to, 36-37 weeks of pregnancy or from it sooner during the period childbirth induction transfer recommendation is being done.[5]

Heavy not been gestational arterial in hypertension mother by complications number reduce for preferably tactics as 37 weeks of pregnancy or from it bigger in terms of time childbirth induction transfer recommendation Medicines are acceptance to do with uncontrollable heavy gestational in hypertension from 34 weeks of pregnancy then childbirth induction transfer the necessity seeing exit need. Light in preeclampsia mother for complications weight reduce 36-37 weeks of pregnancy during the period giving

birth to take planning recommendation Heavy in preeclampsia 34-36 weeks of pregnancy during the period giving birth to take planning recommendation is done, this mother for risks reduces, but neonatal risksincreases. Mother's condition unstable if, fetus living from leaving strict look, mother status after stabilization then immediately giving birth to take recommendation is being done.[6]

To life danger eater complications high danger because of, the current on the day leader medical associations heavy in preeclampsia pregnancy from 34 weeks more than to extend recommendation Pregnancy during the period hypertensive of disorders heavy not been forms with sick women 34-36 weeks of pregnancy during the period giving birth to take mother for the results improves, but new born in the baby respirator distress syndrome development the risk increases, therefore for hypertension developed progress according to clinical and laboratory information there is otherwise, treatment in the background waiting in tactics take to go possible Pregnancy during the period hypertensive of disorders every how shape with sick women following symptoms when observed pregnancy every how during the period giving birth to take recommendation is given:[7]

Current in the period childbirth induction mainly fetus took of the waters from time to time before departure and from the deadline past during pregnancy negative consequences prevent to take for, macrosomia, shoulder dystocia, mature fetus, dead birth, babies death, childbirth of the roads injury, blood departure, operative childbirth frequency increase in cases done Last years showed that at 39 weeks of pregnancy waiting tactics with childbirth induction compared to cesarean section cutting frequency and hypertensive to break has pregnant in women complications, as well as new born in babies complications noticeable at the level reduces. Cesarean section cutting frequency decrease and new born babies the results improve about waiting tactics with childbirth induction comparison results Cochrane information base seeing on the way out presented done.

Childbirth induction wide widespread despite, optimal uterus neck preparation and childbirth induction method, different clinical in situations pregnancy deadline and this to practice instructions also fail childbirth induction criteria discussion to do continue is doing. Negative perinatal results level preinduction and childbirth induction decrease with dependency was found (OR 0.33, 95% CI 0.11 - 0.96;).

Induction of the results improvement mainly preinduction and childbirth induction new methods appearance (antiprogestins, prostaglandins, hygroscopic and balloon dilators) depends.[8]

If woman if you want, it's right individual danger from evaluation after uterus scar with childbirth induction transfer possible. This with together, clinical to the situation looking at childbirth induction results from each other difference does. So big fetus birth with childbirth induction done increase operative childbirth frequency noticeable at the level to decrease take doesn't come, but noticeable at the level fetus shoulder dystocia and other one row complications the risk reduces.

However, childbirth induction complete safe practice not because this uterus tachysystole, labor of activity slowness, haste operative childbirth such as to complications take arrival possible. [9]

Induction on time fetus and mother status monitoring to do (mother's ABP, pulse, general status every 4 hours evaluation; prostaglandin when used childbirth activity beginning with fetus heart to beat every 15 minutes to hear, if induction oxytocin with if uterus contraction activity preparation sent to start with every 30 minutes monitoring to do).

Current at the time uterus neck childbirth for preparation all methods to be possible, mechanical: paper curtains finger with separation, amniotomy, natural osmotic dilators intracervical insertion - kelp, synthetic osmotic dilators - DILAPAN-S, one and two balloon catheter; pharmacological: intravaginal or intracervical prostaglandin E2 (dinoprostone), intravaginal or intracervical prostaglandin E1 (misoprostol), steroid antigestogens (mifepristone), or oxytocin.

Hyperstimulation such as complication separately attention worthy – of the womb too much outside contraction (hypertonicity (uterine) reduction from 120 seconds more than continue will) or tachysystole (more than 5 beats per 10 minutes) more than screams existence average 30 minutes during)) heart rhythm pathological changes with arrival.

That's why for childbirth induction medical instructions with justification and this intervention pregnant woman's writing consent with done increase need. From now on outside, childbirth induction medical employees by fetus and mother's status permanent to observe demand does.

For inspection cover taken Gestational arterial hypertensive, one pregnant, mature term paper curtain whole pregnant women.[10]

For inspection cover not received: Eclampsia, paper the curtain from childbirth before rupture observed, fetus wrong location, large fetus, natural to give birth obstacle doer uterus neck derivatives, decompensation in the phase extragenital diseases there is women, uterus anomalous development defects, uterus hypoplasia, multiple fetal pregnancy,

2-tabel

The division of examined people into groups of age

Village n, %	City n, %	Groups
10 (33.3%)	20 (66%)	1 - group n=30
12 (40%)	18 (60%)	2 - group n=30
27 (67.5%)	13 (32.5%)	Control group n=40

Childbirth to the complex appeal did in women childbirth induction against following instructions studied and they this from research removed:

1.by mother natural childbirth roads through giving birth to take for all against instructions;

2. umbilical cord system veins ahead arrival (vasa) revia);

3. ahead of the satellite arrival;

4. Transverse view of the fetus location;
5. fetal head and mother calf between noticeable level disproportion (pelvic-cephalic) disproportion);
6. Corporal in the anamnesis cesarean section cutting or T -shaped uterus incision with KK surgery practice was held;
7.active genital herpes infection;
8. cervix invasive cancer;
9.pelvic bones structural deformations;
10. history of uterine rupture spent;
11. in the anamnesis laparoscopy practice through uterus into the void enter to go with conservative myomectomy was held;
12. Blackout curtains from the deadline before in labor in the crack fetus head writing (fetus) forehead or face with arrival);
13. fetal pelvis with arrival;
14. to the birth of the fetus obstacle doer uterus tumors;
15.KK surgery practice through giving birth to take recommendation done fetus development defects;
16. six weeks less time during herpetic infection initial episode held or from childbirth one day before recurrence clinical signs manifestation to be;[11]
17. HIV infection (34-36 weeks of pregnancy) from the deadline then virus load >1000 copies / ml determined or unknown was, pregnancy during antiretroviral therapy not held and / ok childbirth during antiretroviral prevention transfer possibility not been such as situations).

Childbirth induction unsuccessful completed without take to go tactics and Caesar cutting surgery practice through childbirth completion probability such as issues discussion to do; to a woman and his/her to his partner questions to give and decision acceptance to do for time to give; every how decision acceptance from being done strict look the woman support; childbirth induction to be held – a woman writing consent was taken.[9]

Childbirth induction transfer for applicable pharmacological and non-pharmacological of tools impact to do mechanism, pregnant woman organism answer reaction development speed, as well as application for against instructions with It differs attitude with, childbirth induction consecutively or combined method or scheme when choosing clinical information, pregnant woman organism individual features and necessary to the effect achieve for there is time in consideration to take need.

Sterility to the conditions strict compliance did without, childbirth induction transfer GlandinE2 (dinoprostone 3 mg) vaginally gel and pill in the form of was used.[12]

group in women vaginal gel form – GlandinE2 (dinoprostone 2 mg) (vaginal back to the dome is entered).

in the group in women Glandin E2 vaginal pill vagina back to the dome included.

group control group healthy, induction not held mature in the period pregnant, herself gave birth from women consists of.

In women following conditions provided:

medicine from using before urine sack release necessary;

dinoprostone vagina to put according to instructions: – heck and pills vagina back to the dome is entered;

Permission done maximum daily Dosage: – gel (2mg), tablet (3mg): 2 doses organization makes: 1 gel and from the pill, time interval 6 hours to be need (permission done time interval 6-12 hours organization does);

Bishop scale according to uterus neck status again rated: tablets 6 hours when used then. Bishop scale according to uterus maturity out of 6 points big if, technical in terms of possibility if so, amniotomy done increased.

From being placed then following to go and care to do: body temperature, pulse, ABP, fetal heart hit thigh, uterus contractions, CTG (at least 30 min)

Oxytocin and prostaglandin one timely impact because of to the surface coming uterus tachysystole / hypersystole prevent to take for the purpose pill in the form of dinoprostone last dose and oxytocin to send to start between time The interval is from 6 to 12 hours (at least 6 hours). to do need.

3-Tabel

Apgar scale

2 points	1 point	O points	Clinical characters
Less than 100	Less than 100	No	Heart hit number
Normal wheezing without signs	Hypoventilation	screams with	No Breath to receive
Normotonus	Hypotonus	No	Muscle tone
Normareflexia	Hypo or hyperreflexia	No	Reflexes
Light pink color	acrocyanosis	Cyanotic	Skin color

“Mature” uterus on the neck (MBSh ≥7 points on) childbirth induction transfer for the purpose being sent dose continuous and clear control provide for oxytocin infusion Vienna inside drop by drop infusion machine using send recommendation Maximum permission done in dosage prostaglandins of application first from the cycle after childbirth first period asset phase If it starts, labor will begin. induction successful completed that is considered. Maximum permission done in dosage prostaglandins of application first from the cycle after childbirth first period asset phase If it doesn't start, labor will begin. induction unsuccessful completed that is considered. Childbirth induction unsuccessful completed without, childbirth cesarean section cutting through finished. Oxytocin since sent 12 hours later later, strong fillings If it doesn't start, labor will begin. natural roads through happened of being probability noticeable at the level decreases. Childbirth induction

unsuccessful completed about conclusion from issuing first of all strong fillings beginning for enough (when administering oxytocin i/i wait at least 12 hours) " Mature " uterus on the neck (MBSh ≥7 points on) childbirth induction transfer for amniotomy done increase recommendation Amniotic brain from transferring before: mother and fetus status complete evaluation; urine sack emptying; emptying the stomach palpation to do (of the fetus) location, position, of the fetus ahead lying down part). Vagina through inspection transfer:MBSh according to uterus neck status evaluation, paper curtains integrity detection, fetus ahead lying down part determination, births when it starts childbirth stage detection. Amniotomy after being transferred then following to go and care to do: belly palpation to do, to do through inspection transfer, fetus heart to beat hearing, vagina separations quantity, color and features evaluation.

Asphyxia heavy level Apgar scale according to from birth then first per minute Apgar score 3- point scale according to the system (0;1;2) is evaluated. Five importantsymbol: heart rhythm, breathing activity, muscle tone, reflector excitability and skin color. Healthy child's Apgar scale according to first 8-10 points per minute organization will be new bornbabies asphyxia types: medium (blue) and severe (white); Apgar scale according to first 7-4 and 3-0 in a minute organization in practice 3 levels of asphyxia: mild (Apgar scale 7-6 points in 1 minute), medium heavy level (5-4 points) and heavy (3-1 points). total 0 points clinical death about information gives.

Special obstetrics under the supervision of

External obstetrics examinations: osmosis (examination), uterus bottom height measure, abdomen circle measurement, fetus members location status detection, palpation, auscultation consists of.

In the picture: woman height, body structure, skin of coatings condition, skin under fat layer, milk glands and to the nipples price was given. Main attention belly size and shape (form), striae gravidarum, skin elasticity price is given.

Discussion

America obstetrician-gynecologists at school fetus ahead lying down part childbirth roads along while moving small pelvis to the plains his/her to stand relatively is determined by, and in this case " Small" pelvis " level " definition applies and following levels is separated:

ingot from obstacles passing plane – level 0 (fetal head big segment with small pelvis entrance in part);

Above level 0 located plains suitable in the form of -1, -2, -3 respectively is determined; Below level 0 located plains suitable +1, +2, +3 respectively is marked, +3 level fetus head pelvis in the void to the location correct is coming.

Interpretation:

«Immature» uterus neck ≤6 points

«Mature» uterus neck ≥7 points

Modifiers:

The following 1 point in cases added:

preeclampsia

in the anamnesis by itself childbirth happened when

The following 1 point in cases take is thrown:

from the deadline past pregnancy

first childbirth

piece of paper curtains from the deadline previous from childbirth before in the crack or far term dehydration period

Instrumental inspection methods

Under investigation in women dopplerography

Fetoplacental of the system status assessment and gestational hypertension and light preeclampsia was pregnant women for placenta dysfunction existence determination for ultrasound examination, in the third trimester mother-placenta-fetus blood of the flowcolored Doppler map The studies were conducted using SonoScape-S-22, Mindray-DC-30 done increased. Such without, 3.5 Hz frequency sensor used.

Conclusion and suggestions

The fetus biometric from the indicators the following determined: head biparietal size (BPO'), abdomen circumference (QA), thigh length (SU), placenta location and thickness, amniotic liquid amount.

Initially, the head localization determination and fetus status determination for lengthwise scan was held. Then sensor fetus of the head frontal to the axis strict perpendicular accordingly directed, brain median structures (m - echo) image to take for transverse scan done the definition of BPO is' Head '. only m- echo fetus of the head two parietal bones between one kind in the distance located in cases done increased.

BPO' measurement top parietal of the bone external on the surface bottom parietal of the bone internal to the surface until done increased.

Scanning fetus bone your arrow length along done the placenta is echographic image - top acoustic density internal granular structure with formation in the form of presented is being sent, satellite fetus part and amniotic liquid between line clear illustrated.

Satellite thickness in determining ultrasound of light direction uterus to the wall strict perpendicular was, satellite maturity level Grannum by determined.

Mother-placental functional only in the system hemodynamic disorders pregnancy various kind complications with fetus status and development violation leader pathological mechanism is considered.

Mother-placenta-fetus in the system blood of the cycle violation diagnostics quality increase and Doppler of the research in advance accuracy increase for we following from classification blood in the flow happened will be; 2nd degree – blood of the flow violation two at the level happened will be, but they critical to values arrived does not go; level 3-fetal-placental blood in the stream disorders level very important, fetus life danger under.

Intranatal heart monitoring, most many applicable informative diagnostics from methods one to be, childbirth on time fetus status and uterus contractile activity evaluation control to do opportunity provides. CTG data treatment efficiency to evaluate help gives and often childbirth tactics to change reason is happening.

Childbirth induction to be held being prepared fetus alive was all in women fetus initial status assessment for CTG transfer CTG of the uterus is necessary. contractions beginning with and later to the instructions appropriate will be held.

Childbirth first in the phase fetus normal status indicator main characters:

• basal heart heart rate from 115 to 160 pcs / min;
• 10 to 25 per minute was vibration amplitude;
• contractions suitable up to 30 times / min amplitude normal in appearance acceleration;
• up to 15 per minute hit amplitude was or their absence with one disposable deceleration;

This of the characteristics change fetus status change shows.

Fetus abnormality the most negative signs childbirth According to CTG during:

• 161 to 180 / min and from it more than was tachycardia;
• 100 beats / min from low was bradycardia;
• rhythm sinusoidal type;
• 5 per minute less not been vibration amplitude;
• basal rhythm of variability interval type;
• multi-choice acceleration or ADA complexes availability;
• acceleration or from deceleration after rhythm complete not been recovery;
• stable rhythm;
• deceleration number and duration progressive increase, their late and variable forms existence, as well as deep amplitude decelerations.

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