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**TOSHKENT TIBBIYOT AKADEMIYASI
«YOSH OLIMLAR TIBBIYOT JURNALI»**

**TASHKENT MEDICAL ACADEMY
«MEDICAL JOURNAL OF YOUNG SCIENTISTS»**

**ТАШКЕНТСКАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ
«МЕДИЦИНСКИЙ ЖУРНАЛ МОЛОДЫХ УЧЕНЫХ»**

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КЛИНИЧЕСКАЯ МЕДИЦИНА

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REPRODUCTIVE AND PERINATAL OUTCOMES BORN BY CAESAREAN SECTION

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Objective: to study perinatal outcomes in women of late reproductive age. Fifty newborns were examined, which were divided into 2 groups: 30 of them were newborns from primiparous women of late reproductive age (main group) and 20 newborns from primiparous women of fertile age (control group) born in the same period. It was established that in primiparous women of late reproductive age there was a high percentage of extra genital pathology and pregnancy complications, and this cohort of children poses a risk for the development of perinatal pathology and is prone to an intense course of early postnatal adaptation.

Key words: newborn, late reproductive age, perinatal outcomes.

РЕПРОДУКТИВНЫЕ И ПЕРИНАТАЛЬНЫЕ ИСХОДЫ, РОЖДЁННЫЕ МЕТОДОМ КЕСАРЕВА СЕЧЕНИЕМ

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Цель: изучить перинатальные исходы у женщин позднего репродуктивного возраста. Обследованы 50 новорожденных, которые были разделены на 2 группы: 30 из них – новорожденные от первородящих женщин позднего репродуктивного возраста (основная группа) и 20 новорожденных от первородящих женщин фертильного возраста (контрольная группа), родившихся в этот же период. Установлено, что у первородящих женщин позднего репродуктивного возраста высокий процент экстрагенитальной патологии и осложнений беременности, а данная когорта детей представляет риск развития перинатальной патологии и склонна к интенсивному течению ранней постнатальной адаптации.

Ключевые слова: новорожденный, поздний репродуктивный возраст, перинатальные исходы.

OPERATIV YO'L ORQALI TUG'GAN ONALAR VA TUG'IULGAN CHAQALOQLARDA PERINATAL VA REPRODUKTIV OQIBATLAR

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Tekshiruv maqsadi kechki reproduktiv yoshdagi ayollardan operativ yo'l orqali tug'ilgan chaqalalarda perinatal oqibatlarni o'rganish. *Tekshiruv ostida* 50 ta yangi tug'ilgan chaqaloqlar bo'lib, ular 2 ta guruxga ajratildi: ulardan 30 ta chaqaloq kechki reproduktiv yoshdagi birinchi tug'uvchilar (asosiy gurux), 20 ta chaqaloq fertil yoshdagi birinchi tug'uvchilardan tug'ilgan chaqaloqlar (nazorat guruhi). *Tekshiruv natijasida* shular aniqlandiki, kechki reproduktiv yoshdagi birinchi tug'uvchilarda ekstragenital kasalliklar va asoratli homiladorlik, tug'ilgan chaqaloqlarda

esa perinatal patologiyalar va erta postnatal adaptatsiyaning og'ir kechishiga yuqori xavf hisoblanadi.

Kalit sozlar: *yangi tug'ilgan chaqaloqlar, kechki reproduktiv yosh, perinatal oqibatlar*

Purpose of the study. To study perinatal outcomes in newborns born by caesarean section (CS) from women of late reproductive age

Materials and methods. Examined 50 newborns born by caesarean sections (CS), which were divided into 2 groups: 30 of them were newborns from primiparous women of late reproductive age (main group) and 20 newborns from nulliparous women of childbearing age (control group) born in the same period.

Results. It has been established that in primiparous women of late reproductive age there was a high percentage of extragenital pathology and pregnancy complications, and this contingent of children poses a risk for the development of perinatal pathology and is prone to a stressful course of early postnatal adaptation.

For more than a year now, world literature data have shown a trend towards an increase in the number of women having children after 40 years of age.

Most authors consider the late a woman's age as an independent risk factor for complications of pregnancy, childbirth and postpartum period, in advance referring such pregnancy to "problem" [3,4,13]. On the proportion of women of late reproductive age (over 35 years) is 42.2%.

The attitude to this problem not only among doctors, but also in society as a whole, has changed dramatically in recent years. Back in the 90s last century the fact of a woman's pregnancy late reproductive age was considered rather as a mistake in the issue of family planning [6]. However, even now a number of researchers call "late birth" the key reproductive problem of modern Russia [1,4,9].

To a far from complete list of reasons "late pregnancy" can include the acquisition of material stability by a woman, a change in marital status, and development of modern reproductive technologies [11,12].

Information about the frequency and nature of extragenital pathology in pregnant women older than 35 years are inconsistent.

Most authors noted that in this category of patients compared to younger women age, the frequency of extragenital diseases is higher. Undoubtedly leading in senior age group arterial hypertension, obesity and diabetes. The presence of such a somatic pathology largely determines the course of pregnancy and the outcome of childbirth.

According to the literature, in patients of late reproductive age, various complications of pregnancy and childbirth leading to an increase in surgical interventions, an increase in perinatal morbidity and mortality (up to 6.6% and above) [5,6,8,10,12].

The aim of the work is to study perinatal outcomes in newborns born by caesarean section from women of late reproductive age.

Materials and methods 50 newborns were examined, born by caesarean section, which were divided into 2 groups: of which 30 newborns from nulliparous women of late reproductive age (main group), and 30 newborns from nulliparous women fertile age (control group), born in the same period. An analysis of the obstetric anamnesis of mothers, examined newborns was carried out, Apgar score, clinical - laboratory and instrumental research.

Results and discussion. Among mothers of newborns of late reproductive age (main group) under our supervision, pregnant women under 40 prevailed (83%).

The share of women over 40 respectively accounted for 17%. First given pregnancy was in 74% of patients, the second and third pregnancy - 13% each. In the comparison group, this pregnancy was the first for 90% of women, and the second at 10%. And planned in advance this pregnancy 72% of women primary.

Analysis of anamnestic data on the health status of mothers showed that from the examined mothers of the main group 17 (56.7%) were sick, of which 54% had one disease, and 48% two, three diseases and more. In the control group, 24.0% were sick, 76.0% were healthy. and 50% of the control group.

In the structure of extragenital morbidity in late reproductive age anemia prevailed

(86.6%), endocrine diseases (26.6%), bronchopulmonary pathologies (53.4%) and TORCH infections (33.4%), as well as pathologies of the urinary system (26.6%), which aggravated the severity of preeclampsia in "age" pregnant women. Pregnant women of favorable fertile

age suffered from them much less frequently (Table 1).

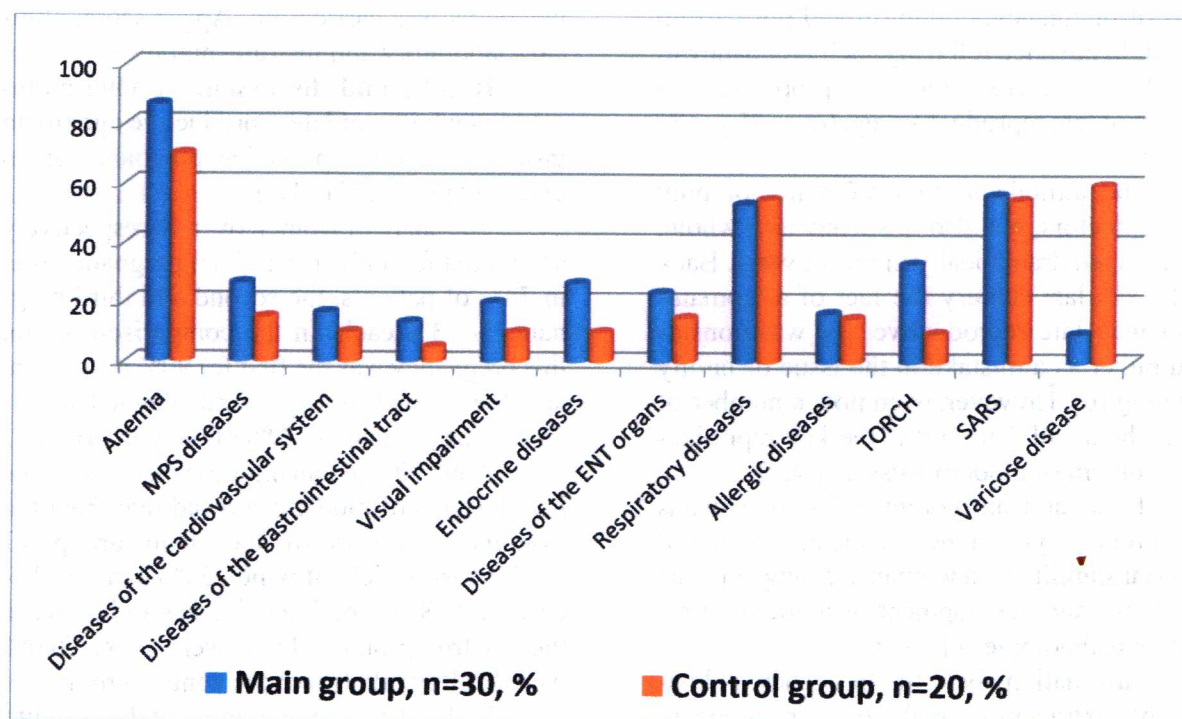
In the structure of gynecological morbidity, uterine fibroids dominated (26.6% surveyed main group versus 2 in the comparison group), there was a high incidence of primary or secondary infertility (16.6%).

Table-1

The frequency of occurrence of extragenital diseases in nulliparous women late reproductive age

Factors	Main group, n=30		Control group, n=20	
	abs.	%	abs.	%
Anemia	26	86,6	14	70
MPS diseases	8	26,6	3	15
Diseases of the cardiovascular system	5	16,6	2	10
Diseases of the gastrointestinal tract	4	13,4	1	5
Visual impairment	6	20	2	10
Endocrine diseases	8	26,6	2	10
Diseases of the ENT organs	7	23,4	3	15
Respiratory diseases	16	53,4	11	55
Allergic diseases	5	16,6	3	15
TORCH	10	33,4	2	10
SARS	17	56,6	11	55
Varicose disease	3	10	12	60

Diagram-1



Among the most frequent complications of pregnancy, toxicosis of the 1st half of pregnancy (30%), preeclampsia (20%), FPI (33.4%), intrauterine fetal hypoxia, premature detachment of the placenta (26.4%), threatened miscarriage (26.6%), with difficult to treat and transient in the threat of preterm birth (30%).

If we consider in a complex the identified features of the course of childbirth in women of the main group, a high percentage of premature rupture of amniotic fluid (2) and a high frequency caesarean section (Fig.1).

Among the examined newborns in the main group (Table 2) there was a tendency to decrease in body weight compared to with the control group. Body length in newborns of both groups had no significant differences.

Comparative characteristics of the Apgar score in the examined groups showed a significant decrease ($P < 0.01$) in indicators at the 1st and 5th minutes in newborns of the main group relative to children in the control group.

Table-2

Anthropometric indicators of newborns

Parameters	Main group n=30	Control group n=2
Body weight, g	3178 ± 200	3416,0 ± 169
Body length, sm	50,6 ± 1,2	51,8 ± 0,94

In the state of asphyxia, 2.5 times more newborns were born from women of late reproductive age compared with women of favorable fertile age: in medium-severe - 16.6%, severe asphyxia - 10.%. The causes of asphyxia

in newborns in women over 35 years of age were: premature birth, preeclampsia, threatened miscarriage, anomalies in labor, premature detachment of the placenta.

Table-3

Comparative characteristics of the Apgar score in the examined groups

Indicators	Main group n=30	Control group n=20	P
Scale score Apgar, 1 minute, score	6,8 ± 0,27	7,0 ± 0,2	<0,01
Scale score Apgar, 5 minutes, score	7,8 ± 0,24	8,0 ± 0,17	<0,01

There were 36.6% of premature newborns in the group of women of late reproductive age, 6% had signs of morphofunctional immaturity at full-term pregnancy. The frequency of IUGR in newborns in groups of nulliparous women late reproductive age was significantly higher ($p < 0.05$) than in the control group and amounted to 33.3% of newborns. FROM weighing more than 4000 g in the group of women of late reproductive age, 13.3% were born newborns weighing less than 2500 g - 36.6% newborn babies.

In the group of women of late reproductive age, the syndrome of respiratory disorders in newborns was diagnosed in 13.31%. The

percentage of perinatal lesions of the central nervous system in newborns in the main group turned out to be high, and amounted to 46.6%. (Fig.2.), IUI and pneumopathy by 26.6%, congenital malformations - 13.3%, anemia - 16.6% than in the comparison group. Such difficult conditions like intrauterine sepsis, necrotic - ulcerative enterocolitis and peritonitis, which are a big problem in neonatology, and possibly end in death outcome occurred in children born from mothers of late reproductive age.

The prevailing number of newborns in the control group (75%) were discharged home with improvement. A larger percentage of newborns (70%) from mothers of late repro-

ductive age were transferred to the department for nursing premature babies and neonatal pathology. Of these, in the main group - 46.3% of newborns were hospitalized for up to 15

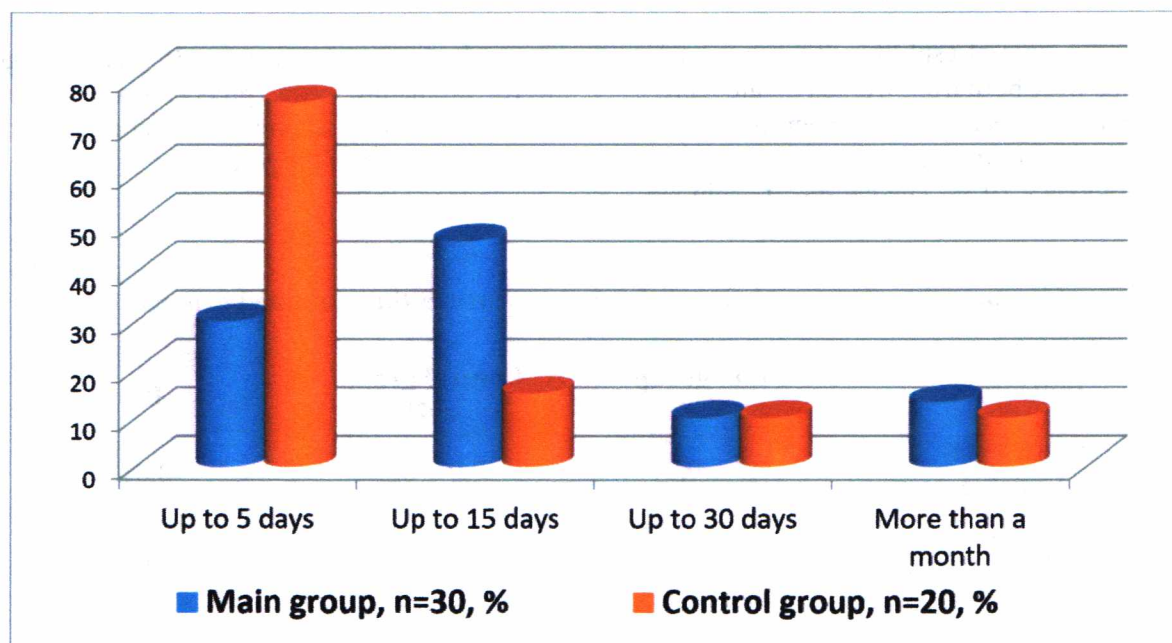
days, 10.0% remained up to 30 days and 13.3% for more than a month, which is 2 times higher than in the control group (Table 4.).

Table-4

Duration of stay of newborns in acute renal failure

DAYS	Main group, n=30		Control group, n=20	
	abs.	%	abs.	%
Up to 5 days	9	30,0	15	75,0
Up to 15 days	14	46,3	3	15,0
Up to 30 days	3	10,0	2	10,0
More than a month	4	13,3	2	10,0
Death	1	3,3	-	-

Diagram-2



Thus, in primiparous women of late reproductive age, a high percentage of extragenital pathology and pregnancy complications was observed, and this contingent of children poses a risk for the development of perinatal pathology and a tendency to a stressful course of early postnatal adaptation of their children.

There was a significantly higher frequency of occurrence in relation to the comparison group) of intrauterine hypoxia, asphyxia, PCNS, IUGR, MFN, SDR, malformations and anomalies of development, which more often require transfer to the 2nd stage of nursing.

Moreover, the length of stay in the department is significantly increased in newborns born by CS from nulliparous women of late reproductive age.

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