

28. PECULIARITIES OF PREGNANCY AND DELIVERY IN PREGNANT WOMEN WITH INTRAUTERINE GROWTH RESTRICTION OF THE FETUS.

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Introduction. Intrauterine growth restriction (IUGR) is the second leading cause of fetal morbidity. Its polyetiological aspect is represented by the genesis factors: placental, maternal, fetal, environmental or their association. There is a direct link between IUGR and diseases identified in pregnant women. The most common diseases are kidney, cardiovascular, and respiratory. Among the factors that negatively influence fetal growth are the pregnant woman's vices, namely smoking, drugs, alcohol. Early diagnosis of IUGR and prevention of fetal distress is paramount, the method of choice is Doppler ultrasound. The basic criterion for establishing the diagnosis of fetal IUGR is the placement of fetal biometrics indices below the 10th percentile.

Aim of study. Analysis and highlighting of factors associated with intrauterine growth restrictions of the fetus.

Methods and materials. To achieve the goal, a retrospective study was conducted based on 100 medical records of clinical observation of hospitalised patients with intrauterine growth restrictions of the fetus in "Gheorghe Palade" IMSP SCM in the period 2020-2021.

Results. The study was performed on a group of 100 patients, selecting data from the archive, in the period 2020-2021, with extremes of 18 and 42 years, the average age being 30 years. Age distribution: with the age between 18-25 years were 33%, 26-30 years were 25%, 31-40 years were 38%, >40 years were 4%. The majority of patients studied were 55% primiparous and 45% multiparous. According to the living environment, 82% of patients living in urban areas and 12% in rural areas were identified. The study included 66 patients with a complicated obstetric history, imminent premature birth, miscarriage 12%, medical abortion 11%, uterine scar 3%, stagnant pregnancy 2%, antenatal fetal death 2%, infertility 2%. During pregnancy, 100% of pregnant women performed Doppler ultrasound. Ultrasonography revealed 60% of pregnant women with circulatory failure. According to ultrasonography, the type of fetal retardation was also determined: small fetus for gestational age 34%, asymmetric 24%, symmetrical 23%, unspecified 19%. In 31% of cases, the pathology of the amniotic fluid was identified: oligoamnios 25% and polyhydramnios 6%. In 89% of cases, gestational age does not correspond to the term ultrasonography. According to the degree of fetal retardation: gr. I - 53%, gr. II - 33%, gr. III - 3%, corresponds to gestational age with the term ultrasonography - 11%. The study in pregnant women identified the following pathologies that complicate pregnancy: anemia in 33% of cases, vulvovaginitis 22%, pyelonephritis 20%, pregnancy-induced hypertension 20%, hereditary thrombophilia 6%, obesity 5%, gestational diabetes 4%, intrauterine infection 4%, preeclampsia 2%, autoimmune thyroiditis 2%, antiphospholipid syndrome 1%, lack of pathology 27%. Of particular importance is the termination of pregnancy in the case of fetal distress, so according to the study in 76% of pregnant women the pregnancy was completed by cesarean section, in 44% of cases it was urgent cesarean section and in 32% planned, at 24% of pregnant women completed the pregnancy by birth per vias naturalis, in 18% of cases the birth was induced and in 6% spontaneous.

Conclusion. The predisposition to IUGR is represented by the complicated obstetrical anamnesis, the presence of pathologies that complicate the pregnancy, the presence of circulatory insufficiency, living environment, and the age of the pregnant woman. The earliest possible detection of IUGR in the ultrasonographic examination, allows a faster approach to a management of the pregnant woman by excluding risk factors, treatment of existing maternal diseases and pathologies that complicate the pregnancy, choosing the method to complete the pregnancy and its conduct.