

"COMPLICATION RISK FACTORS IN WOMEN WITH MULTIPLE GESTATIONS"

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The problem of multiple pregnancies, despite numerous studies, is of particular importance due to the increase in the birth rate of twins worldwide. The aim of our study was to assess the course, pregnancy and outcome of childbirth in women with multiple pregnancies, depending on the type of placentation. MX pregnancy is a high risk factor for perinatal complications. This dictates the need for careful monitoring in the antenatal period, ultrasound monitoring from early pregnancy, which allows for a personalized approach to the management of pregnancy and childbirth, contributing to a decrease in perinatal morbidity and mortality.

INTRODUCTION. Multiple pregnancies (MP) are associated with a high risk of complications both on the mother's side and on the fetal side [1,2]. Most authors associate the prognosis of complications of gestation and the outcome of childbirth not only with the number of fetuses, but also with the type of placentation. According to a study (1964-2000), with spontaneous conception, the frequency of occurrence of dichoric twins is 54%, monochorionic - 44% of the number of all twins, and in 2% of cases it is not possible to establish the type of placentation. Monochorial multiple pregnancy is accompanied by complications such as selective fetal growth retardation, feto-fetal transfusion syndrome,

reverse arterial perfusion syndrome, anemia and polycetemia syndrome, which is the reason for the high frequency of perinatal losses compared with dichorial pregnancy [3,4,5].

The aim of our study was to assess the course, pregnancy and outcome of childbirth in women with multiple pregnancies, depending on the type of placentation. We conducted a retrospective analysis of 147 birth histories from 2018 to 2019. Depending on the type of placentation, a division was made into 3 groups: 1 group (19) with monochorionic monoamniotic (MXMA) twins, 2 group (66) with monochorionic diamniotic (MXDA), 3 group (62) with dichorionic diamniotic (DXDA) twins.

Results. When analyzing the course of pregnancy, there were no statistically significant differences in the incidence of toxicosis of the 1st half of pregnancy. The threat of termination of pregnancy in the first half was found with the same frequency in all groups (47.9%, 48.5% and 43.5%), but in the second half of pregnancy in women of the 1st (63.1%) and 2nd (65.1%) groups with MX type of placentation, the frequency of threat of termination was 2 times higher than with DX (31.8%) twins. Every second pregnant woman had anemia of varying severity, pathology of the kidneys and urinary system (36,4%, 36,8%, 30,6%), pathologies of the cardiovascular system (3,0%, 15,8%, 19,4%), varicose veins (27,3%, 15,8%, 21%), obesity (15.8%, 18.2%, 17.7%), the association of the development of somatic pathology with the type of placentation was not revealed. But the incidence of hypertensive disorders was 1.5 times higher in women with DXDA twins.

The outcome of childbirth, depending on the gestation period in group 1, ranged from 22 to 36 weeks, the average gestational delivery time was 30.2 ± 1.6 weeks. Whereas in group 2, the delivery period was 35.7 ± 0.3 weeks, and in group 3, 36.5 ± 0.3 weeks of gestation. Patients of the 1st and 2nd groups were delivered through the natural birth canal 31.6% and 34.8%, by cesarean section 68.4% and 65.2% of women. Whereas in group 3, 29% had spontaneous labor, 71% underwent cesarean section.

The analysis of perinatal outcomes depending on the type of placentation showed that in women of the 1st group, the weight of the first newborn was on average 2230 ± 36.5 , the second - 1939 ± 59.5 gr, in patients of the 2nd group – 2306 ± 154 and 2218 ± 139 gr, respectively, the 3rd – 2842 ± 465 and 2563 ± 90 gr. There were more low-weight newborns in the group with MX type of placentation. 2,5 times more children were born in satisfactory condition in women with MXDA and DXDA twins than in the group with MXMA type of placentation. Patients with MXMA twins had 3 times more children in a moderate condition.

Conclusion. An analysis of the medical history of pregnant women with multiple pregnancies showed a relationship between the outcome of pregnancy and the type of placentation. MX pregnancy is a high risk factor for perinatal complications. This dictates the need for careful monitoring in the antenatal period, ultrasound monitoring from early pregnancy, which allows for a personalized approach to the management of pregnancy and childbirth, contributing to a decrease in perinatal morbidity and mortality.

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