



examination for 7-10 days, drugs that are allowed during pregnancy. In the postpartum period, trichomonads in 15 cases (30%), chlamydia in 9 cases (18%), mycoplasmas and ureaplasmas in 4 cases (8%), gram-negative diplococcus, morphologically similar to gonococcus in 5 cases (10%), were detected in smears. The complicated course of the postpartum period was observed in 26 cases (52%). In the birth of the control group, the postpartum period flowed without complications, the mothers were discharged on the third day in a satisfactory condition.

Insufficient efficacy of STI during pregnancy is the cause of infectious complications in the postpartum period of 52%, which requires timely diagnosis and treatment at the family planning stage.

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## **MODERN VIEWS ON EPIDEMIOLOGY OF PREGNANCY MISCARRIAGE**

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The problem of miscarriage is one of the most important in obstetrics all over the world. Despite a large number of the scientific studies, the level of preterm birth and child loss has a tendency to be increased in the vast majority of countries.

Thus, in Ukraine, the rate of miscarriage reaches 15-27% of all diagnosed pregnancies. In 25% of women of the reproductive age, there is at least one case of pregnancy loss.

According to the Ministry of Public Health of Ukraine, the incidence of miscarriage following the first involuntary abortion is 23%, after two - 29%, and 55% after three abortions. It should be also noted that 85% of fetal loss syndrome occur in the first trimester of pregnancy, 15% - in the second and third trimesters, herein 5-6% are premature births. According to the results of Ukrainian scientists, about 5% of premature births have a term of pregnancy up to 28 weeks, about 15% - 28-31 weeks, approximately 20% - 32-33 weeks, 60-70% - 34-37 weeks of pregnancy. The frequency of pregnancy miscarriages correlates with the maternal age. At the age of 20-30 years the frequency of pregnancy termination is 9-17%, 20% - at the age of 35-39, 40-44 years - 40%, and 80% - at the age of 45 years.

In 184 countries, premature birth rates vary from 5% to 18% of births. More than 60% of premature births occur in Africa and Asia. Ten countries with the highest rate of preterm birth include Brazil, the United States, India, Nigeria, etc. In 11 countries the incidence of preterm birth exceeds 15%, and all of them but two are in Africa. In contrast, the lowest preterm birth rates were recorded in the following 11 countries: Belarus - 4.1; Ecuador - 5.1; Latvia - 5.3; Finland, Croatia and Samoa - 5.5; Lithuania and Estonia - 5.7; Antigua / Barbuda - 5.8, Japan and Sweden - 5.9.

In low-income countries, on average 12% of children are born very early, in comparison with 9% in the countries with higher income. There is a wide variation in the survival rates of preterm infants, depending on where the baby was born. If about 90% of children, born within the term of 28 weeks, die during the first days of life in the countries with low income, then in high-income countries less than 10% of children die, born in the same gestation period.

Tendency to the frequency increase of the preterm labor is observed in 65 states according to the reliable data for the last 20 years. Thus, in the United States the index of premature births constituted 9.5%, in 1981, 2005 - 12.7%, and 17.5% - in 2009.

Premature birth rates also vary across ethnic and racial populations: in the US and UK, African American and Afro-Caribbean women have premature births in 16-18% of cases, compared with 5-9% in Caucasian women.

Thus, the problem of miscarriage is a global one in the world, more than 15 million families, in which the baby is born prematurely, come across this phenomenon. Effective prevention of preterm birth will help to achieve the UN Millennium Development Goals.