



observations diagnosed various complications of the gestation process: undeveloped pregnancy - 4 (10.0%) and miscarriage within 10 weeks - 3 (7.5%).

Of the 40 pregnant women, 9 (22.5%) had an embryo CPS lag of more than 2 weeks of gestation during the first ultrasound examination. It should be noted that in 4 observational data with CPS of the embryo less than 18 mm, all pregnancies ended in miscarriage. At the same time at CPS more than 18 mm in any supervision (5) there was no involuntary termination of pregnancy.

It should be noted that the delay of embryometric parameters (CPS) was diagnosed in the presence of the threat of abortion. At the same time, there was a clear tendency to improve the growth of embryometric parameters after the relief of symptoms of miscarriage. When assessing the heart rate of the embryo in the group of pregnant women with habitual pregnancy loss in most cases (70%), the dynamics of changes in heart rate (HR) of the embryo corresponded to the parameters of physiological pregnancy. Thus, the heart rate of the embryo gradually increased from 6 weeks of gestation (107 ± 12 beats / min) to 9-10 weeks (176 ± 11 beats / min), then to 12 weeks decreased to 159 ± 6 beats / min. The highest heart rate (180 beats / min; $p < 0.05$) was also observed at 9 weeks of pregnancy. However, in 3 (5.71%) cases with CPS of the embryo of 14 mm and more (14-26 mm) no cardiac activity of the embryo was registered, which allowed diagnosing a non-developing pregnancy. In 9 (22.5%) cases, the heart rate of the embryo did not meet the normative values. Among pregnant women with a clinical picture of threatened abortion in 5 (12.5%) embryos, tachycardia was noted. From them, in 3 supervision the expressed growth of heart rate of an embryo within 190-210 beats / min against involuntary termination of pregnancy is revealed. Decreased heart rate (bradycardia to 90 beats / min) was found in 4 (10.0%) patients with a clinical picture of threatened miscarriage and subsequent diagnosis of embryonic death. It should be noted that no chromosomal abnormality of the embryo / fetus was detected in any observation.

Comparison of the results of the study of fetal heart rate in the first trimester with the subsequent course and outcome of pregnancy found that the heart rate has a prognostic value primarily for the first 12 weeks. The detected changes in cardiac activity indicated a pathological course of the first trimester of pregnancy. Therefore, embryo / fetal bradycardia is an ultrasound sign that indicates the possibility of a pathological result of the gestational process in women with a history of miscarriage with a diagnostic accuracy of 91% and a specificity of 87.6%.

Embryo CPS values are most informative for predicting the course and outcome of the gestational process in the first trimester of pregnancy. Embryo / fetal bradycardia is an ultrasound sign that indicates the possibility of a pathological course of the gestational process, which in the absence of timely correction can cause perinatal losses.

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TREATMENT OF POLYHYDRAMNIOS CAUSED BY ACUTE RESPIRATORY VIRAL DISEASE

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The most common cause of polyhydramnios is an increase in the secretory function of the amnion caused by an acute or chronic bacterial infection. Treatment of polyhydramnios, as a consequence of the infectious process, is a difficult task, as it requires urgent results, delays in treatment can lead to further intrauterine infection of the fetus.

Intrauterine virus infection is rather a diagnosis of exclusion when antibacterial therapy is ineffective in the absence of other causes of polyhydramnios, and the presence of specific ultrasound criteria of viral etiology - inclusion in the liver with enlargement of the spleen, hydrothorax, polyserositis, pericarditis.

The aim of the study was to evaluate the effectiveness of treatment of polyhydramnios caused by viral respiratory disease.

Clinical and laboratory examination and treatment of 30 pregnant women with polyhydramnios were performed, which was preceded by the presence of acute respiratory viral disease, the gestation period was 22-34 weeks.



The diagnosis of polyhydramnios was performed using an external obstetric examination, which was confirmed by ultrasound.

Research methods - microscopic, bacteriological, immunofluorescent (to identify the infectious agent in secretions from the vagina, cervical canal) and enzyme-linked immunosorbent assay (to determine the presence of antibodies IG M to herpes virus *HHV*, cytomegalovirus *CMV*, adenovirus *Adenovirus*, *Influenza Parainfluenza* virus, as causes of polyhydramnios.

In the study, we used an immunocorrective antiviral drug that contains flavonoid glycosides - proteflazide drops. The drug is not contraindicated during pregnancy. Prescribing the drug does not require an immunogram and appointment for consultation with an immunologist. Treatment of polyhydramnios is started with proteflazide at a dose of 12 drops twice a day per os 10-15 minutes before meals for 10-14 days or longer until complete recovery in the presence of positive dynamics.

Pregnant women, when diagnosed with polyhydramnios and additional examinations, began treatment with a solution of proteflazid. Monitoring the effectiveness of treatment was performed every three days using ultrasound to determine the amniotic fluid index. After 7-10 days of drug use in 67% (in 20 pregnant women out of 30) the manifestations of polyhydramnios decreased, after 14 days in 87% (in 26 pregnant women out of 30) there were no signs of polyhydramnios. In the remaining manifestations of polyhydramnios decreased slightly within 7-10 days, so additionally prescribed broad-spectrum antibacterial agents, after three days the dynamics of recovery was positive.

All pregnant women gave birth to healthy full-term infants, which indicates the lack of adverse effects of the drug during pregnancy, childbirth, and the postpartum period.

Pathogenetic treatment of polyhydramnios of viral origin by using immunocorrective antiviral drugs is a safe highly effective method of treatment of polyhydramnios and prevention of further infection of the fetus, as it leads to recovery in 87% within 10-14 days, in other cases - to the positive dynamics, which requires longer treatment.

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OVERWEIGHT AND PREGNANCY

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One of the main conditions for a favorable course of pregnancy and childbirth is a balanced diet. With a normal body mass index (MT) (18-24.9) during pregnancy MT should increase to 10-13 kg (due to the fetus, placenta, amniotic fluid, uterus, additional subcutaneous fat deposition), with excess MT to 8-10, with insufficient - up to 13-15 kg, which is ensured by compliance with certain nutritional conditions.

Excessive or insufficient MT during pregnancy is the cause of various complications: late preeclampsia, the threat of termination of pregnancy, placental dysfunction, abnormalities of labor. In the future, with excessive MT during pregnancy, there may be developmental disorders of the child, in particular, the development of the metabolic syndrome and obesity. Women with excessive MT during pregnancy, especially those diagnosed with gestational diabetes, may develop hypertension, diabetes, menstrual irregularities in the future, so the problem of nutrition during pregnancy is relevant.

The purpose of the work is to establish a relationship between the bodyweight of pregnant women and the development of obstetric complications.

The course of pregnancy in 100 cases was analyzed: the main group - 50 pregnant with excessive MT and excessive MT during pregnancy, the control group - 50 pregnant with normal MT before pregnancy and normal MT during pregnancy.

In 35 women of the main group (70%) excessive MT was before pregnancy, during pregnancy MT increased to 16-20 kg, in 15 (30%) there was an excessive increase in MT to 18-24 kg at baseline normal MT.

The course of pregnancy in the main group was complicated by gestational diabetes in 12 cases (24%), preeclampsia in 16 cases (32%), placental dysfunction in 13 cases (26%), the threat of