



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



early termination of pregnancy in 10 cases (20%). In childbirth in 20 cases (40%) were diagnosed with anomalies of labor, of which in 17 cases - weakness of labor activity, in three cases - discoordinated labor activity.

In the control group, preeclampsia and early abortion were present in five cases (10% and 10%). Weakness of labor activity was observed in two cases (4%).

The most common complication in overweight pregnant women is found to be a violation of labor activity by 40%, which is 10-folds more often than in pregnant women with normal body weight. The course of pregnancy is complicated by gestational diabetes and placental dysfunction twice as often, preeclampsia three times more often than at normal body weight. The risk of abortion in the early stages is twice as common, which can be prevented by following a diet. Nutrition is one of the main conditions for a favorable course and completion of pregnancy and childbirth.

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### **MODERN APPROACHES TO THE TREATMENT OF MISCARRIAGE**

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The problem of miscarriage at different terms is a medical and social problem, which indicates not only a violation of reproductive health of a particular woman, but also is an indicator of the quality of the provided care, a marker of the economic situation in the country, and reflects the physical condition of a woman and spouses who lost pregnancy. The solution of the miscarriage problem is one of the priorities of modern health care.

The role of progesterone, being well known in maintaining pregnancy, is also key in the gestational process. According to the latest scientific data, progesterone inhibits the expression of genes responsible for myometrium contractile activity, is an antagonist of prostaglandin F<sub>2α</sub>, inhibits prostaglandins activity, inhibiting their precursor - arachidonic acid. The main mechanism, contributing to maintenance of pregnancy, is related to the immunological features of pregnancy - progesterone-induced blocking factor (PIBF). It is produced in the presence of sufficient progesterone and prevents the rejection of the fertilized egg, containing foreign antigens to the mother, and is perceived as an allograft.

Utrozhestan normalizes anxiety on the 3rd day of therapy. Micronized progesterone significantly reduces the risk of miscarriage and the risk of premature birth in patients with primary miscarriage.

Studies, carried out in 2019, by the University of Birmingam Coomarasamy A et al A. Randomized Trial of Progesterone in Woman with Bleeding in Early Pregnancy, have shown that vaginal progesterone therapy increases the likelihood of giving birth to alive baby at miscarriage risk.

PRISM study: the worse the situation, the better progesterone works. The more miscarriages in the anamnesis, the higher the effectiveness of micronized progesterone therapy. In the group with primary miscarriage, progesterone significantly increases the number of live borns after 34 weeks of pregnancy. Further analysis, concerning progesterone prescription, to all women without taking into account the history at the start of therapy from 6-9 weeks of pregnancy, also showed an increase in the birth of alive children in this group.

In the PROMISE trial, a treatment regimen was used: progesterone from a positive pregnancy test (but not later than 6 weeks) to 12 weeks. Pre-pregnancy therapy for women with 3 or more miscarriages in the anamnesis was not performed. Most patients lost pregnancy by 6-7 weeks of gestation. The target analysis 2020 showed that the live borns in the subgroups is higher than in the placebo group in the PROMISE and PRISM study. Thus, progesterone under certain conditions can really increase live borns after 34 weeks.

The governing body of the European Association of Reproductologists and Embryologists in 2017 indicates that progesterone plays an important role in embryo implantation, and the positive