

of pregnancy and childbirth. Although there are significant achievements in the prevention and treatment of placental dysfunction, this issue continues to be relevant and continues to be one of the most important in modern obstetrics.

Objective is to evaluate the effectiveness of the developed method to prevent pregnancy complications with low placentation from early gestation. 119 pregnant women with low placentation were examined. The diagnosis was made at 6-7 weeks of gestation on the basis of echographic examination. The main group consisted of 64 pregnant women with low chorionic location who underwent prevention against pregnancy complications in early gestation by the complex of medicines developed by us and a control group -55 women with low placentation who had not undergone complications prophylaxis during early gestational periods. The prophylactic complex included Luteina, ginkgo biloba extract, folio and biolectra. To assess the effectiveness of the therapy in the study groups, we analyzed the course of pregnancy in early and late gestation, as well as complications of pregnancy and delivery.

The frequency of pregnancy pathologies in the main group, where pregnancy complications from early gestation with low placentation were prevented, was significantly lower than in the control group. According to the study, the risk of abortion with bleeding and without bleeding in the first and second trimesters significantly decreased in the main group of pregnant women ($p < 0.05$). In the third trimester of gestation in the group where the prevention of pregnancy complications was significantly reduced, the incidence of preterm birth, premature detachment of the low-lying placenta, fetoplacental dysfunction, fetal developmental retardation syndrome and fetal distress during pregnancy ($p < 0.05$) were lower. The percentage of premature births and births by means of cesarean section in the main group were lower as well.

The place of attachment of the placenta in the uterine cavity is closely related to its function, the development of placental dysfunction, pregnancy and delivery. Studies have shown the effectiveness of our proposed comprehensive drug prevention of complications of pregnancy with low placentation, which in its turn has led to improved pregnancy and delivery and has become an effective means of preventing placental dysfunction.

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PECULIARITIES OF PREGNANCY IN THE PRESENCE OF OPPORTUNISTIC MICROFLORA

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Intrauterine infection of the fetus ranges from 6-70%, with fecal streptococcus, epidermal staphylococcus, mycoplasmosis, ureaplasmosis, bacterial vaginosis, gonorrhea, chlamydia, candidiasis, trichomoniasis can lead to infection of the fetus. Penetration through the placenta is possible for rickettsiae, toxoplasma, viruses, minor penetration in gonorrhea, chlamydia and trichomoniasis, but this is not an obstacle to placental abruption or the development of changes caused by the presence of inflammation (shortening of the cervix, premature birth). There are situations when it is not the presence of the infectious agent itself, but the consequences of the invasion of microorganisms - congenital malformations, placental dysfunction, fetal growth retardation, placental dysfunction, accompanied by a decrease in all indicators of fetal biophysical profile, increased frequency of preterm birth, implantation and placentation, the presence of blood secretions.

The aim of study: to identify the features of pregnancy in the presence of opportunistic pathogens. Analysis of the course of pregnancy at 18-24 weeks (70 cases): the main group - 50 pregnant women with the presence of opportunistic pathogens in the vaginal discharge and cervical canal, the control group - 20 pregnant women with vaginal normocinosis. Methods used - clinical, microbiological, bacteriological, serological, ultrasound of the fetus.

In pregnant women of the main group, a complicated course of pregnancy is observed in 42%. Clinical signs of inflammatory process in the vagina, increased number of leukocytes in smears were observed in 24 pregnant women (48%), in the rest - the number of leukocytes in

smears of vaginal discharge did not exceed 20 in the field of view. Pregnant women did not complain of an inflammatory process in the female genitals, however, they noted the presence of periodic vaginal discharge before pregnancy, which disappeared on their own a few days or after local treatment. Microorganisms such as *Trichomonas vaginalis*, *Gardnerella vaginalis*, intracellular microorganisms and *Faecal enterococci* may be present in the female genitalia without clinical manifestations, indicating the need for screening.

The main group revealed various manifestations of intrauterine infection of the fetus: polyhydramnios (24%), changes in the structure of the placenta (82%), enlargement of the pelvic system of the kidneys (52%), intestinal hyperechogenicity (60%), hepatomegaly (4%), and progressive shortening of the cervix by 30%, which can be regarded as a termination of pregnancy.

Thus, it is established that in pregnant women, in the presence of opportunistic pathogenic microflora, complicated pregnancy is observed in 42%. Clinical signs of inflammatory process in the vagina, increased number of leukocytes in smears, is observed in 24 pregnant women (48%). The absence of clinical manifestations indicates the need for screening bacteriological examinations. Progressive shortening of the cervix in 30% in the presence of opportunistic pathogens requires screening transvaginal cervicometry at 18-20 weeks of pregnancy. The main manifestations of intrauterine infection in the presence of opportunistic pathogens are polyhydramnios (24%), changes in the structure of the placenta (82%), enlargement of the pelvic system of the kidneys (52%), hyperechogenicity of the intestine (60%).

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THE STRUCTURE OF SOMATIC PATHOLOGY IN WOMEN WITH MISCARRIAGE THREAT AT EARLY TERMS OF GESTATION

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The issue of reproductive loss in modern obstetrics is on one of the leading places. According to literary data miscarriage rate at early periods of gestation reaches 75-80%.

Objective of the study was to conduct clinical-statistical analysis of the somatic pathology structure in women with miscarriage threat at early terms of gestation.

According to the purpose and tasks of the research the clinical-statistical analysis of 30 individual medical cases of pregnant women with miscarriage threat up to 12 weeks of gestation (the main group) were studied. The control group included 15 women with physiological pregnancy registered at the antenatal maternity consulting clinic of the Municipal Maternity Home 2 in Chernivtsi. Including criteria were: age of 18-40 years, the signs of miscarriage threat at early terms, and unigeminal pregnancy. Exclusive criteria were: developmental defects of the female reproductive organs, congenital fetal defects found, pregnancy due to accessory reproductive technology, multiple pregnancy, and severe extragenital pathology. Analysis of the places of residence in the groups of the research showed that 21 (70 %) pregnant women from the main group were urban residents, 9 (30%) women were rural respectively. In the control group 12 (80%) pregnant women were urban residents and 3 (20%) (<0.05) were rural ones. An average age in the main group was 30.16 ± 5.27 , and in the control group – 27.8 ± 3.1 years (<0.05). Analysis of extragenital pathology in women from the main and control groups found the following diseases: cardiovascular – 28 (93%) in the main group, and 6 (40%) in the control group, respiratory – 2 (6.6%) in the main group, and none in the control group, digestive – 3 (10%) in the main group, and 1 – (6.6%) in the control group, endocrine – 9 (30%) against 2 – (13.3%) respectively, diseases of blood and hematopoietic organs 15 (50%) against – 4 (26.6%), skin diseases – 1 (3.33%) in the main group and 1(6.6%) in the control group, kidney and urinary diseases – 25 (83.33%) against 8 – (53.33%) respectively. Diseases of the cardiovascular system are on the top in the structure of extragenital pathology among pregnant women with miscarriage threat at early terms of gestation both in the main and control groups: 93% in the main group and 40% in the control one. Therefore, this index in the main group was 2.25 times statistically reliably higher concerning the control