

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ



**МАТЕРІАЛИ**  
**106-ї підсумкової науково-практичної конференції**  
**з міжнародною участю**  
**професорсько-викладацького колективу**  
**БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ**  
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Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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In the representatives of group I, platelet diameter, perimeter and, accordingly, all derived indicators - perimeter, area and volume - were characterized by similar changes. of the studied cells significantly exceeded the corresponding values in the control group. Identified disorders in the hemostasis system indicated an increase in blood coagulation potential.

In women with a threat of abortion at the gestation period of 8-12 weeks, the percentage of "resting" platelets was  $(56,0 \pm 6,4)\%$ ;  $(27,0 \pm 5,7)\%$  of cells are represented by echinocytes with short processes (type II);  $(11,0 \pm 4,0)\%$  belong to type III, and degeneratively changed cells made up  $(6,0 \pm 3,1)\%$ . That is, there is a tendency to increase the number of type IV platelets in group I. There was no statistically significant difference between the percentage of morphological types of platelets in the studied groups.

**Conclusions.** The development of endothelial dysfunction, changes in the morphometric parameters of circulating platelets and coagulogram indicators cause a pathological decrease in peripheral vascular resistance in the uterine, spiral and radial arteries, which together significantly worsens the prognosis for early pregnancy.

**Hresko M.D.**

## **THE IMPACT OF STRESS ON REPRODUCTIVE HEALTH AND FERTILITY**

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**Introduction.** Stress has been universally recognized as an integral part of life. It's a state of mental or emotional strain resulting from exceptionally high stakes, demanding circumstances, or challenging events. Regardless of its origin, stress can have profound impacts on various aspects of your health, including reproductive health. Experts observe that Russia's war against Ukraine led to a significant decline in the demographic situation and caused a severe impact on the reproductive health of women.

**The aim of the study.** To assess and predict the impact of war-related stress on women's reproductive health.

**Material and methods.** Female reproductive health was assessed through menstrual cycle regularity and hormone levels (including follicle-stimulating hormone (FSH), luteinizing hormone (LH), estrogen, and progesterone), measured through blood samples collected on the third day of the menstrual cycle. A significant negative correlation was found between both subjective and objective stress measures and regularity of menstrual cycles. Women with higher stress levels, as indicated by higher scores and flattened diurnal cortisol slope, reported more irregular menstrual cycles. Further, stress measures were significantly associated with hormone levels. Higher stress levels were correlated with higher FSH and LH levels and lower estrogen and progesterone levels ( $p < 0.05$  for all correlations).

**Results.** There is an increase in the frequency of diseases of the female reproductive system, namely: menstrual cycle disorders, abnormal uterine bleeding, premature menopause, hyperandrogenism, severe climacteric disorders. Due to severe negative stressor consequences caused by the war in Ukraine, the number of younger women with premature ovarian failure syndrome has increased, as well as the number of perimenopausal women with severe manifestations of menopause.

Taking into account the difficult social and domestic conditions of some Ukrainian women and the impossibility of seeing a doctor, it is important to prescribe initial therapy for stress-induced consequences of reproductive disorders. The drugs of choice in treatment are modern estrogen-progestagen preparations, the effectiveness and safety of which has been proven by numerous scientific studies. Patients who complain of manifestations of concomitant pathology should be referred to the relevant specialists.

**Conclusions.** In conclusion, this study aims to expand the current understanding of the relationship between stress and reproductive health, including fertility. Furthermore, it may provide insights that can help healthcare professionals develop better strategies to manage stress and improve reproductive health outcomes for their patients. The impact of war-related stress on the

female reproductive health system poses a considerable challenge for gynecologists and healthcare professionals in preventing and managing these issues.

**Kozar O.M.**  
**FACTORS THAT INCREASE THE RISK**  
**OF CONTINUING THE PREGNANCY BEYOND 40 WEEKS**

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**Introduction.** At present, prolonged and postterm pregnancy represents a significant issue in obstetrics and gynecology. This is largely attributed to the increased occurrence of complications during labor, as well as pathological changes in the fetus, both of which contribute to heightened perinatal mortality rates. Depending on the literature, perinatal mortality can reach as high as 19%, while neonatal morbidity may approach 28%. These outcomes are often linked to the fetus's reduced ability to tolerate hypoxia, which stems from advanced maturation of the brain and diminished oxygen delivery due to dystrophic and regressive changes in the placenta. As a result, identifying risk factors associated with pregnancies extending beyond 40 weeks is of critical importance. Thus, postterm pregnancy should be recognized as a pathological condition influenced by various contributing factors.

**The aim of the study.** Evaluate the factors of the risk of prolongation of pregnancy for more than 40 weeks according to a retrospective analysis of birth histories with this pathology.

**Material and methods.** To study the immediate and remote consequences of pregnancy over 40 weeks, a retrospective analysis of 100 cases of pregnancy and childbirth from 2021 to 2022 in the Chernivtsi Regional Perinatal Center was conducted. For statistical analysis, the standard method of mathematical assessment using the Student's t-test and data processing using the standard and specialized Libre Office Calc 7.0 software was used.

**Results.** It was found that there were significantly more first-borns over 30 years of age in the case of miscarriage pregnancy - 26%, compared to prolonged - 22% ( $p<0.05$ ), and the share of repeat births over 30 years old in the groups is compared - 52% and 50%. A high frequency of late births in the anamnesis of women with previous pregnancies was also noted.

No significant differences were found in the frequency of transferred children's and SARS in the compared groups.

Diseases of the cardiovascular system were 2.4 times more common in women with previous pregnancies.

The frequency of chronic inflammatory diseases of the genital system (78% vs. 16%) and sexually transmitted infections (76% vs. 42%) in late pregnancy is significantly higher than in prolonged pregnancy.

The average age of onset of menarche in women with prolonged and delayed pregnancy was not significantly different.

Preeclampsia occurred 1.44 times more often in women with previous pregnancies. A late pregnancy is characterized by the presence of an immature and insufficiently mature cervix. A mature cervix, on the contrary, was observed 4.04 times more often in prolonged pregnancy.

**Conclusions.** The analysis of somatic, obstetric, and gynecological history, along with the characteristics of the current pregnancy, provides valuable insights into identifying risk factors that may indicate the likelihood of developing a delayed pregnancy. By thoroughly examining these factors, it becomes possible to predict which women are at higher risk for prolonged or postterm pregnancies, enabling more targeted monitoring and timely interventions to minimize potential complications.