

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ**



**МАТЕРІАЛИ**

**106-ї підсумкової науково-практичної конференції  
з міжнародною участю  
професорсько-викладацького колективу  
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female reproductive health system poses a considerable challenge for gynecologists and healthcare professionals in preventing and managing these issues.

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**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.