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**ASSESSMENT OF THE OUTCOMES OF PREGNANT WOMEN WITH A
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The urgency of the problem of preterm birth (PB) is important for modern obstetrics due to the high rates of perinatal and infant mortality, which are 8-13 times higher than in full-term pregnancy. Today, the incidence of this pregnancy complication varies from 4 to 12% and, despite numerous studies by domestic and foreign scientists, modern technologies and treatment methods, has no tendency to decrease. Preterm birth is not only a medical and psychological problem, but it is also of great social and economic importance, as it still remains the leading cause of perinatal morbidity and mortality. Preterm infants account for 75% to 95% of all neonatal deaths not related to congenital fetal anomalies, and 50-60% of perinatal morbidity occurs in very low birth weight infants. Results of epidemiological and clinical studies have proven significant role of chronic stress in the pathogenesis of PB. Therefore, there is a need for an in-depth study of the issue of stress-induced PB, especially in terms of a comprehensive study of stress response mechanisms to both the health of pregnant woman and fetus. In view of the above, the aim of the study was: to reduce the incidence of obstetric and perinatal pathology in women at risk of preterm birth by improving treatment. The study was a prospective cohort. This was a sample from the general population of women at risk of preterm birth at 22-34 weeks' gestation. The inclusion criterion was the presence of clinical manifestations of the threat of preterm labour. All pregnant women participating in the study gave their voluntary consent to participate in the study. Exclusion criteria were: disorders of the anatomical structure of the genital organs, systemic diseases, disorders of folate metabolism, alcohol and drug addiction, adrenogenital syndrome and acute forms of inflammatory

infectious diseases. At the 1st stage, all pregnant women were divided into 3 groups: The main group (43 pregnant women) - pregnant women with a threat of preterm labour at 22-34 weeks' gestation who received the proposed therapy (natural micronised progesterone vaginally 400 mg per day until regression of symptoms of threatened preterm labour, and then 200 mg per day until delivery; morpholine-3-methyl-1,2,3-thiotriazoline-5-thioacetate, rectal suppositories, 200 mg for 10 days once a day); Comparison group (42 pregnant women) - pregnant women with a threat of preterm birth at 22-34 weeks of gestation who received standard therapy; Control group (36 pregnant women) - pregnant women at 22-34 weeks' gestation with a physiological course of pregnancy. At the 2nd stage of the study, the obstetric and perinatal outcomes of delivery were assessed and, accordingly, the results were statistically processed. Variational and statistical processing of the results has been carried out using licensed standard packages of multivariate statistical analysis application programs «STATISTICA 13».

Analysing the characteristics of pregnancy, the risk of miscarriage in the main and comparison groups was almost 35% and 36%, respectively. Grade 1 anaemia was detected in 21% of pregnant women in the main group, somewhat more often in the comparison group (26%) and in 17% of women in the control group. It is noteworthy that the incidence of acute respiratory diseases is quite high in all study groups, namely 20.9% in the main group, 26% in the comparison group and almost 17% in the control group. According to the data of additional methods of examination, in pregnant women with a threat of preterm birth, a significantly higher incidence of isthmio-cervical insufficiency was found, which was 21% in the main group and 19% in the comparison group, fetal growth retardation syndrome of 1A, B degree - 14% in the main group and 7% in the comparison group against 3% in the control group. Disorders of uteroplacental-fetal circulation in the main group amounted to 16%, in the comparison group - almost 29% against 3% of pregnant women with a normal pregnancy.

Analysis of cardiotocography showed that the mean STV did not differ significantly between the study groups and corresponded to a satisfactory fetal condition. The overall incidence of complications in childbirth was 26% in the main group, which is 2 times lower than in the comparison group. This is due to a significant decrease in the percentage of PB: 19% versus 38%. The proposed therapy also influenced the reduction of perinatal morbidity in the main group (25.6%) compared to the comparison group (47.6%), namely, a significant decrease in the birth of premature infants (18.6% vs. 38%), neonatal encephalopathy (4.7% vs. 14.3%) and neonatal jaundice (16.3% vs. 33.3%). Summarising all of the above, we can say that the application of improved approaches to the management of pregnant women at risk of preterm birth has contributed to: a significant reduction in the incidence of preterm birth by 2 times (from 38.1% to 18.6%, <0.05); reduced the percentage of preterm infants (from 38.1% to 18.6%); significant improvement in the course of the neonatal period in newborns.