



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

**НАУКОВЕ ТОВАРИСТВО СТУДЕНТІВ, АСПРАНТІВ, ДОКТОРАНТІВ І
МОЛОДИХ ВЧЕНИХ**

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КОНФЕРЕНЦІЇ СТУДЕНТІВ ТА МОЛОДИХ ВЧЕНИХ
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COMPLICATIONS OF PREGNANCY AND LABOR OF WOMEN WITH CHRONIC ARTERIAL HYPERTENSION

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Hypertensive disorders during pregnancy are an important medical and social problem because of the wide range of pregnancy complications and adverse effects in the postnatal period. One of the most significant complications of hypertension during pregnancy is fetal growth retardation (FGR). FGR, is a prominent among the causes of childhood morbidity and mortality. According to medical statistics, FGR complicates the course of every tenth pregnancy, causing various diseases of the fetus and child. In 70-90% of cases, fetal growth retardation is manifested in the third trimester of pregnancy in the presence of maternal diseases, pathology of the placenta and multiple pregnancy. 30% of children with hypotrophy are born prematurely.

The purpose of our study was to investigate by anamnestic and clinical-instrumental standard methods the risk group for developing FGR in pregnant women with hypertensive disorders. A retrospective analysis of 57 case histories of pregnant patients with hypertension undergoing treatment at the Zaporizhzhya Oblast Perinatal Center in 2020-2021 was conducted. A case-control study was performed. Women were observed at 32-39 weeks of gestation. Pregnant women were divided into 2 groups. Group 1 included 29 pregnant women with chronic hypertension who were diagnosed with preeclampsia. Group 2 (comparison group) included 28 women with chronic arterial hypertension who had no pre-eclampsia. Observations of pregnant women were conducted according to current clinical protocols. Disturbances of uterine-placental circulation were established by means of the ultrasonic device "MyLabClassC-Esaote". Statistical analysis was performed using the program "STATISTICA® for Windows 6.0" (Stat Soft Inc., No. AXXR712D833214FAN5). The statistical significance of the differences between the groups with the qualitative indicators was determined using Fisher's exact test, and quantitative - using the Student's T-test.

Results. There were no statistically significant differences between the groups of patients by the structure of other comorbidities, $p > 0.05$. In the vast majority of patients in the main group, systolic blood pressure exceeded 140 mmHg (68.6%) and diastolic exceeded 90 mmHg (54.7%), $p < 0.01$. Uterine-placental circulation disorders were detected in 42.9% of patients in group 1 and 19.4% of patients in the comparison group, $p < 0.001$. It is worth noting that in women of group 1, 44.2% were diagnosed with fetal growth retardation of different degrees, whereas in group 2 patients this indicator was equal to only 26.7%, $p < 0.05$. All pregnant women were treated according to the medical standards of the Ministry of Health of Ukraine. The amount of therapy prescribed had no effect on the formation of fetal developmental delay, $p > 0.05$.

Conclusions. The analysis of anamnestic and standard clinical and instrumental indicators identified the following risk factors for fetal growth retardation: combination of chronic arterial hypertension with moderate preeclampsia, excess of blood pressure over 140 and 90 mm Hg, presence of disorders of the uterine and placental circulatory system. The appointment of standard regimens for different regimens did not prevent the appearance of fetal growth retardation.