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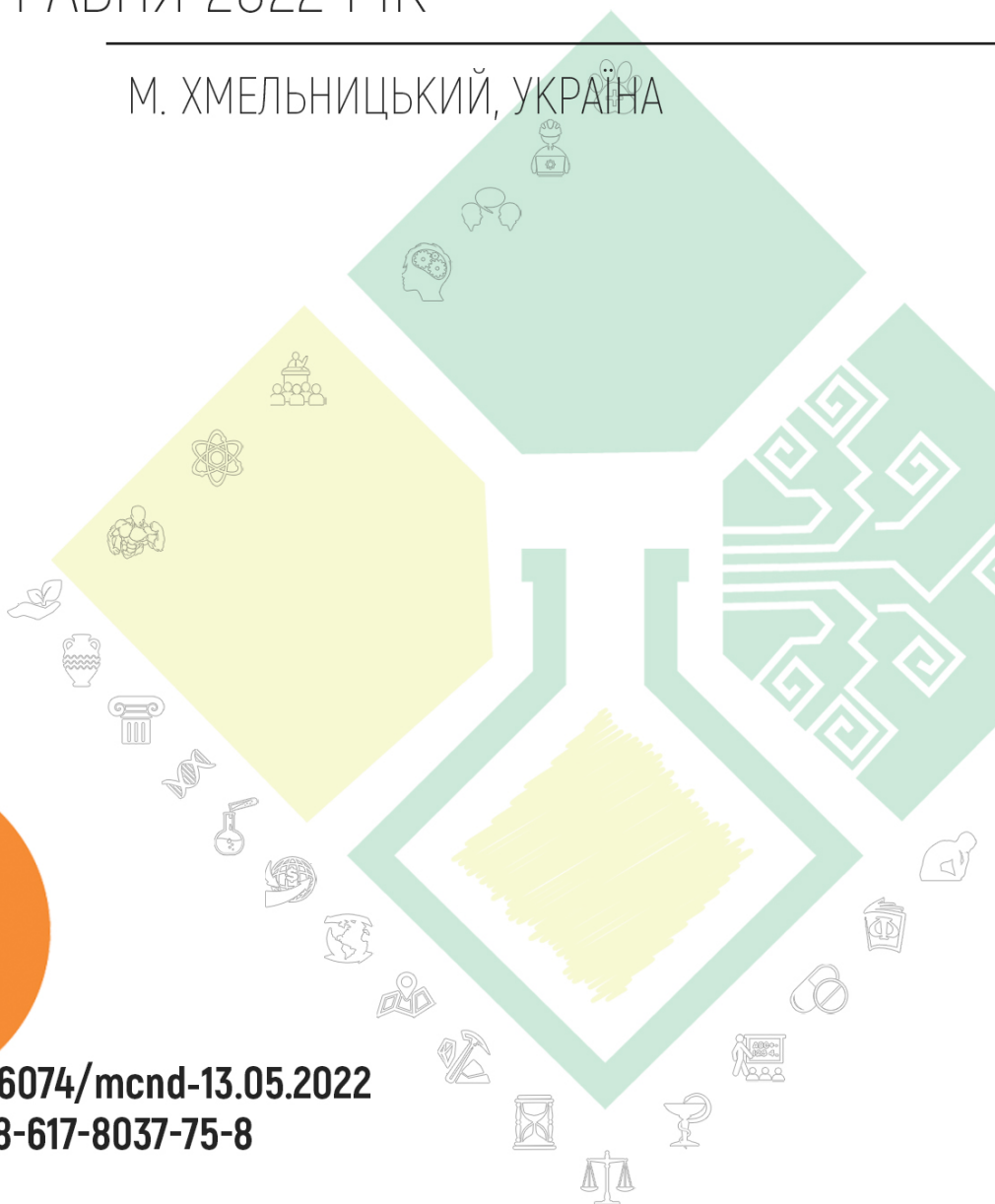
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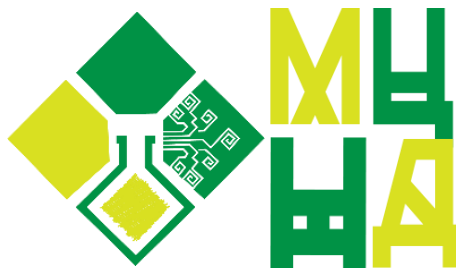
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DOI 10.36074/mcnd-13.05.2022

ISBN 978-617-8037-75-8



МАТЕРІАЛИ
ІІІ МІЖНАРОДНОЇ
НАУКОВОЇ КОНФЕРЕНЦІЇ



Міжнародний Центр Наукових Досліджень

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| 13 ТРАВНЯ 2022 РІК
м. Хмельницький, Україна

Вінниця, Україна
«Європейська наукова платформа»
2022

УДК 001 (08)
Н 34

<https://doi.org/10.36074/mcnd-13.05.2022>



Організація, від імені якої випущено видання:
ГО «Міжнародний центр наукових досліджень»

Голова оргкомітету: Рабей Н.Р.

Верстка: Білоус Т.В.

Дизайн: Бондаренко І.В.



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Н 34 **Науковий простір: актуальні питання, досягнення та інновації:**
матеріали III Міжнародної наукової конференції, м. Хмельницький,
13 травня, 2022 р. / Міжнародний центр наукових досліджень. —
Вінниця: Європейська наукова платформа, 2022. — 602 с.

ISBN 978-617-8037-75-8

DOI 10.36074/mcnd-13.05.2022

Викладено матеріали учасників III Міжнародної спеціалізованої наукової конференції «Науковий простір: актуальні питання, досягнення та інновації», яка відбулася у місті Хмельницький 13 травня 2022 року.

УДК 001 (08)

ISBN 978-617-8037-75-8

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NEONATAL MORBIDITIES OF FETAL GROWTH RESTRICTION

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Arterial hypertension contributes to the development of vascular and metabolic disorders in pregnant women, which leads to impaired uterine-placental circulation and promotes the development of further fetal growth restriction (FGR) [6, 7]. FGR is an urgent medical and social problem in obstetrics today [1-4]. FGR is diagnosed if there is a decrease in the mass-growth rate below the 10-percentile according to the gestational age in the presence of placental insufficiency. Chronic hypoxia of the mothers body and placental hypofunction due to impaired uterine-placental circulation and impaired transport of oxygen and essential nutrients to the fetus as a result play the main role among the various pathogenetic mechanisms of FGR [2, 4]. FGR is the second cause of infant death after prematurity. The frequency of FGR is about 10%, in antenatal fetal death it reaches 20%, and in preterm pregnancy - from 15% to 22% [5].

The main aim of our study was to investigate the neonatal consequences of children with diagnosed fetal growth retardation who were born from women with chronic hypertension.

A retrospective analysis of 117 case histories of pregnant patients with hypertension undergoing treatment at the Ukraine Zaporizhzhya Oblast Perinatal Center in 2017-2018 was conducted. A case-control study was performed. Women were observed at 26-42 weeks of gestation. . All newborn children were divided into 2 groups. Group 1 included 14 infants diagnosed with FGR. Group 2 (comparison group) included 103 children who were not

defined by the FGR. Statistical analysis was performed using the program "STATISTICA® for Windows 6.0" (Stat Soft Inc., No. AXXR712D833214FAN5).

Results. There were no statistically significant differences between the groups of patients by the structure of other comorbidities, $p>0.05$. It is worth noting that the vast majority of children in group 1 had hypothermia (58.2%), whereas most patients in group 2 (52.4%) had hypoglycemia, $p<0.05$. (Fig.1)

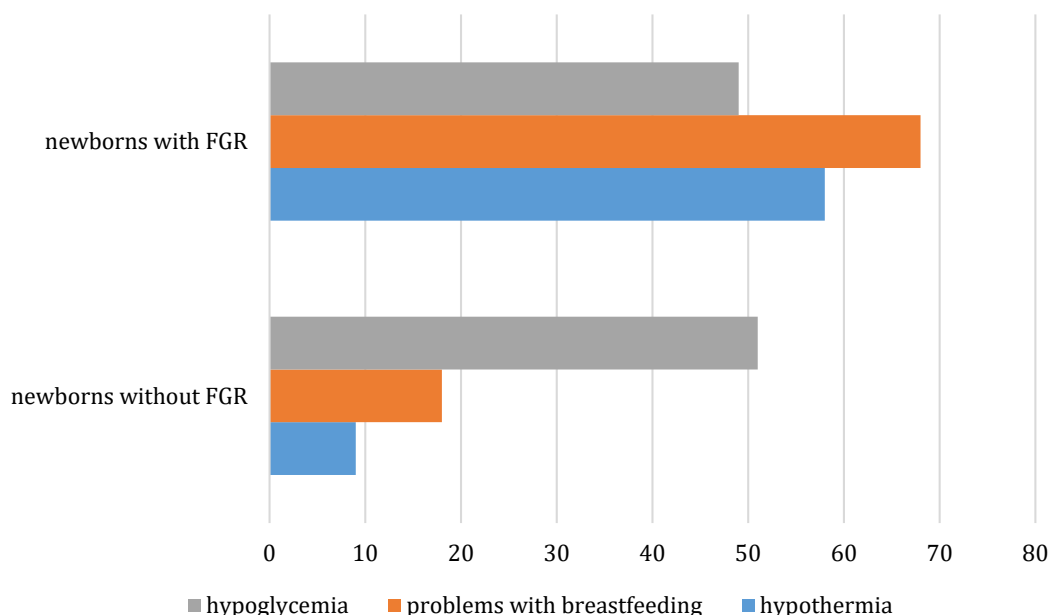


Fig. 1. **Complications in the neonatal period**

Staying in the hospital treatment of patients 1 group exceeded 10 days (78.6%), $p<0.01$. Breastfeeding problems were identified in 68.9% of patients in group 1 and in 18.2% of children in the comparison group, $p<0,001$. In this case, hypocalcaemia and infections had similar rates in both groups.

Conclusion. The analysis of anamnestic and standard clinical and instrumental indicators identified the following complications of fetal developmental delay: hypothermia, hypoglycemia, the presence of difficulties with breastfeeding, hypocalcemia and infections. The appointment of standard regimens for the treatment of chronic hypertension in pregnant women did not affect the development of fetal growth retardation and the occurrence of further complications.

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