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EVALUATION OF THE EFFECTIVENESS OF PREGRAVID PREPARATION OF WOMEN OF FERTILE AGE IN THE TURKESTAN REGION

The frequency of complications of pregnancy, childbirth, the growth of gynecological morbidity, the low level of reproductive health of women at the present stage impose special requirements on the system of organization of obstetric and gynecological care. [2]

ABSTRACT

This article touches on the case of pregravid preparation in obstetric practice, on the example of State municipal state enterprise "Regional Perinatal Center №3". Pregravid preparation of women planning pregnancy is a very important and necessary part of the reproductive process, the end result of which is giving birth to a live, full-term and healthy newborn, and the satisfactory condition of the woman during pregnancy and the postpartum period is one of the important and difficult tasks facing the service obstetric aid.

Keywords: pregravidpreparation, maternal mortality, extragenital pathology.

RELEVANCE

Most maternal deaths can be prevented, as medical methods for preventing or managing complications are well known. According to the 2016 WHO Newsletter approximately 2.7 million newborn babies died in 2015 and another 2.6 million were born dead. Maternal and newborn health are closely related. Other complications may exist before pregnancy, but get worse during pregnancy, especially if they are not under observation. Here are some facts:

- Every day, about 830 women die from preventable causes related to pregnancy and childbirth.
- 99% of all maternal deaths occur in developing countries.
- Higher maternal mortality rates are observed among women living in rural areas and among poorer communities.

- Adolescent girls are at higher risk of developing complications and death as a result of pregnancy than older women.

- Thanks to skilled care before, during and after birth, you can save the lives of women and newborns.

- For the period 1990-2015 maternal mortality in the world has decreased by almost 44%.

- In the period 2016-2030, in accordance with the Agenda for Sustainable Development, the goal is to reduce the global maternal mortality rate to less than 70 per 100,000 live births.

Pregravid preparation is a set of preventive measures aimed at minimizing the risks in the implementation of the reproductive function of a particular couple. PP is necessary for both future parents, since both the man and the woman equally provide the embryo with genetic material and are jointly responsible for the health of the child. The main task of pregravid preparation is to correct the existing health problems of the parents so that the couple enter the gestational period in the best state of health and full psychological readiness. The Ministry of Health of the Republic of Kazakhstan in order to improve medical care for pregnant women, women in labor, childbirth and women of childbearing age in health care organizations that provide outpatient and inpatient care issued an order of the Ministry of Health of the Republic of Kazakhstan dated July 3, 2012 №452 women in childbirth and women of childbearing age". In order to improve the reproductive health of the population, reduce maternal and infant mortality, and reduce the mortality and morbidity of women of reproductive age women of childbearing age developed algorithm of examination at the level of primary health care evaluation of the expected results of application of these algorithms to carry out according to the following target indicators:

1. Reducing maternal mortality.
2. Reducing the rate of perinatal mortality.
3. The proportion of pregnant women with extragenital diseases, which are medical contraindications to pregnancy, detected during pregnancy.
4. Reducing abortions.

The pregravidary training algorithm for women includes:

1. Detailed collection of anamnesis.
2. Examination of the therapist (GP), obstetrician-gynecologist.

3. Complete blood count, urinalysis.
4. ECG.
5. Ultrasound of the pelvic organs, kidneys.
6. Screening for STIs as indicated.
7. Screening for RW, HIV after informed consent.
8. Medico-genetic counseling if indicated.
9. Other additional examinations and consultations of narrow specialists according to indications.
10. Treatment of identified and existing extragenital and gynecological diseases to achieve the result of recovery or stable remission 3 months before the onset of pregnancy.

11. 3 months before the planned pregnancy, the appointment of both spouses and women during the first 3 months of pregnancy: folic acid at 0.1 x 3 times/day, diets rich in complete proteins, minerals and vitamins. [1,3]

In 2017, the Regional perinatal center №3 was accepted 7 986 in 2017 in the PCR for PVC. Only 1 of them, according to the data of the national genetic registry, 110 infants were born with developmental anomalies, of which there are multiple malformations – 7 cases. The layout of the systems of malformations of the cardiovascular system in 39 cases, the musculoskeletal system in 30 cases, malformations of the central nervous system 16, Down syndrome – 13, malformations of the gastrointestinal tract 9 cases, malformations of the urogenital sphere in 6 cases. [5,6]

PURPOSE OF THE STUDY

Evaluation of the effectiveness of pregravid preparation of women of fertile age in the Turkestan region.

MATERIALS AND RESEARCH TECHNIQUES

In order to determine the coverage of women of fertile age with pregravid training, a survey was conducted of women who gave birth in the early postpartum period. Being on a stationary observation of the postpartum period in the PCC on the REU "Regional Perinatal Center №3". In total, 101 puerperas were prospectively surveyed, the questionnaire consisted of 8 questions.

RESULTS AND DISCUSSION

Of the questionnaires before pregnancy, 34-33.6% sought medical help, 67-66.3% did not apply. By parity of births of them, primiparous 37-36.6% of them, sought medical care before pregnancy, 12-34.4%, 25-67.5% did not apply, repeated people 50 (49.5%), applied for medical 17-34% help before pregnancy, 3-66% did not apply, 14 multi-children (13.8%), 5-35.7% of them sought medical help, 64.2% did not seek medical help.

Of all the surveyed women of childbearing age, 32 cases in the history had a complicated course of leading pregnancies, which accounted for 31.6% of all women surveyed. Of the 32 women who had a history of unsuccessful gestational experience, pregnancy complication, only 14 of them 43.7% visited doctors beforehand. The remaining 56.2% of the group with a complicated obstetric and gynecological history did not receive the necessary preconception consultation, the somatic status of the woman was not evaluated for the presence of contraindi-

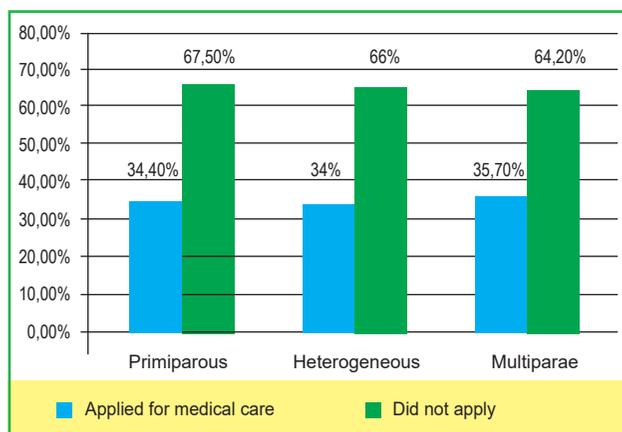


Figure 1 – Comparative table on parity of childbirth, requests for medical care before pregnancy

cations to pregnancy, and had increased risks of recurring complications of pregnancy and gestational failure. In all groups of birth parity, visits to doctors before pregnancy are almost the same, only 3-4 out of 10 women consider it necessary to seek specialist advice.

Preparations of folic acid are prescribed 3 months before the onset of pregnancy, and reception continues during pregnancy. During the survey, it was found that prophylactic folic acid intake was carried out by pregnant women in 56 cases and amounted to 55.4% of all respondents 44.5% did not take this drug. A retrospective analysis of the anamnesis, individual medical records of mothers who gave birth to the above-mentioned newborn with malformations of the central nervous system revealed that in all cases the pregnancy occurred without pregravid preparation, and with the onset of pregnancy, folic acid preparations were not prescribed. Newborns from this cohort, due to incompatible with life, combined developmental defects, died in the early neonatal period, the rest were deeply invalidated, with the addition of purulent-septic complications (liquorrhea, extensive deserosed ulcers, surgical correction) died later. Provided timely pregravid preparation, this contingent of newborns is a reserve for reducing perinatal losses, and serious infant morbidity.

The intergenetic interval 24+9 recommended by WHO is the optimal period of time between birth and the next pregnant woman's occurrence. During this period, the mother's body goes through a recovery period and regains the opportunity to bear a healthy pregnancy. The onset of pregnancy up to 1 year, against the background of breastfeeding is undesirable due to the lack of readiness of the female body to complete reproduction of offspring, in such cases when a woman interrupts breastfeeding the situation is not optimal mutually with respect to the intrauterine fetus, when the background for intrauterine development is not good enough in mind the restored body of the mother, and in relation to the already-born baby, breastfeeding of which is suspended. Among re-pregnant in 30% of cases, the intergenetic interval was not observed, the pregnancy did not occur as planned and, accordingly, without pregravid preparation. An analysis of the anamnestic data showed that in most cases the pregnancy of women proceeded unfavorably, against the

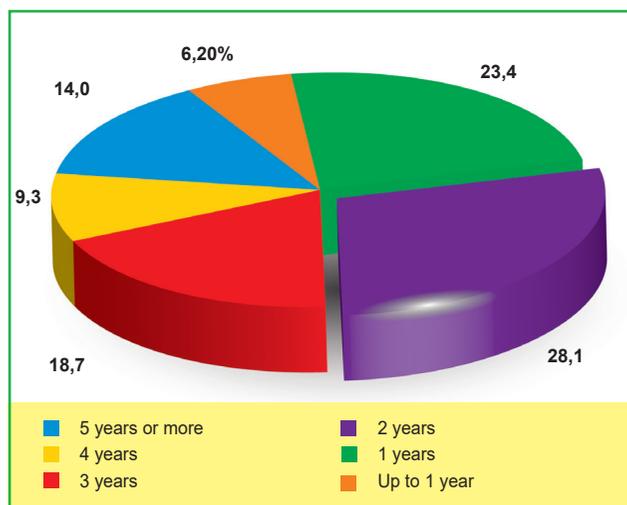


Figure 2 – Intergenetic interval among re-pregnant

background of an aggravated obstetric and gynecological history. More than half of pregnant women (65%) suffered from any chronic somatic (tubulointerstitial nephritis, chronic cholecystitis, bronchitis tonsillitis, cholecystitis) and gynecological (vaginitis, cervical erosion, chronic salpingoopharitis) diseases, with exacerbations during pregnancy. In the majority of women (82%), pregnancy proceeded against the background of anemia of varying severity and the threat of termination. It is noteworthy that in 27.7% of respondents indicated that they were engaged in self-treatment (medication without a doctor's prescription, vaginal suppositories on the recommendations of girlfriends, baths, etc.) before the onset of pregnancy, it is alarming that patients can use drugs of dubious efficacy in some cases, clearly teratogenic effect.

Of all the women surveyed before the onset of this pregnancy, the intrauterine device (25.7%) was used as a contraceptive method, 13.8% used a condom, 16.8% of the interrupted intercourse and menstrual cycle counting methods, 0.9% COCs, were not protected. 42.5% of cases. Thus, more than half of the respondents did not use reliable methods of contraception, and can be attributed to the group the onset of pregnancy without appropriate preparation.

CONCLUSIONS

1. When there are orders of the Ministry of Health of the Republic of Kazakhstan, clinical diagnostic recommendations, the level of work carried out on the pregravid preparation of WFA (women of fertile age) requires significant

improvement. Only 4 women out of 10 are covered by pre-gravity training, and then the quality of the WFA preparation required requires more detailed analysis.

2. Assignment to all WFA 3 months before pregnancy and 1 trimester pregnant women a prophylactic dose of folic acid 400-800 mg / day is an effective reserve for reducing perinatal losses in a region with a high mortality rate and severe infant morbidity from congenital CNS malformations.

3. The onset of the next pregnancy in the WFA contingent with a complicated obstetric and gynecological history without pre-quark preparation indicates an insufficient level of quality of clinical examination, thereby increasing the risk of recurrence of gestational failures.

4. Most likely the lack of information among the population about the need to prepare a woman's body for pregnancy is the reason why only 4 women out of 10 asked for medical help before pregnancy, and the remaining 6 women out of 10 who did not apply can be considered as a reserve for improving the quality indicators of maternal health.

РЕЗЮМЕ

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ОЦЕНКА ЭФФЕКТИВНОСТИ ПРЕДГРАВИДАРНОЙ ПОДГОТОВКИ ЖЕНЩИН ФЕРТИЛЬНОГО ВОЗРАСТА В ТУРКЕСТАНСКОЙ ОБЛАСТИ

В статье рассматривается случай предгравидарной подготовки в акушерской практике на примере государственного муниципального государственного предприятия «Региональный перинатальный центр №3». Предгравидарная подготовка женщин, планирующих беременность, является очень важной и необходимой частью репродуктивного процесса, конечный результат которого – рождение живого, доношенного и здорового ребенка.

Ключевые слова: предгравидарная подготовка, материнская смертность, экстрагенитальная патология.

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