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PREVENTING PLACENTAL DYSFUNCTION FOR GRAVIDAS WITH OBESITY

It is common knowledge that a threat of interrupted pregnancy at early term concerning gravidas with obesity may give rise to further perinatal problems, therefore it requires a complex of measures, enduring not only a medicative, but a preventive load as well.

The research involved 63 gravidas with alimentary-constitutive obesity and a diagnosis of a threatened abortion during the early terms of gestation. A correction of the dietary intake in the basic group (31 patients) was carried out throughout the entire period of pregnancy and complex of drugs (Coccarboxilazy hydrochloride 0.025 g/day, riboflavin 0.002 g/day and lipoic acid 0.012 g/day, folic acid at a dose of 500-800 mg/day) was put on. Folic acid was put on in a dose of 400 mkg per diem in the control group throughout the entire period of pregnancy. The women of both groups received progesterone preparations (Dufaston, Utrogestan) up to 18-19 weeks of gestation with a gradual reduction of the dose.

The course of pregnancy both in the gravidas of basic and control groups depended on the degree of obesity and it was most often complicated by gestoses of a diverse degree of severity, but this complication in the control group occurred 1.83 times ($p < 0,05$) more often. Mild forms of this particular complication of pregnancy predominated in the

basic group, while in the control one – gestosis of a medium degree of severity. Still, more convincing data concerning the registration of the syndrome of fetal growth retardation as a consequence of placental dysfunction complication occurred 3 times more often in the control group than in the group of women with the proposed complex of treatment. Operative labors in the control group of women were more frequent by 44,4% than in the women of the basic group. As for the course of labor in the examined women, it should be noted, that there were no significant divergences in the frequency of the onset of complications in labor of the women of both groups, except a decrease of the frequency of anomalies of the labor activity in the basic group by 2 times ($p < 0,05$).

A study of the clinical efficacy of the method proposed by us has made it possible to come to the following conclusions: a positive effect of a dietary correction and a complex of drugs is traced through the course of pregnancy and labor; the method suggested by us enabled to reduce the rate of placental dysfunction in the gravidas with obesity thrice and is indicative of the angiogenic influence of this particular complex of measures, making it possible to use it for correcting gestational complications in women with obesity.