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THE USE OF PROSTAGLANDINS IN THE PRACTICE OF GYNECOLOGY

Resume: For scientific and practical obstetrics, it is of great importance to study the peculiarities of the formation of the readiness of the pregnant woman's body for childbirth during the physiological and complicated course of pregnancy.

The decision to end pregnancy before spontaneous labor begins is one of the most dramatic ways to interfere with the natural course of pregnancy and childbirth. The arguments put forward in support of elective delivery, which can be achieved both by induction of labor and cesarean section, vary, ranging from vital indications to completely trivial. If induction of labor and vaginal delivery are planned, then the main attention should be paid to the condition of the cervix.

Keywords: cervix, prostaglandins, pre-pregnancy

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ПРИМЕНЕНИЕ ПРОСТАГЛАНДИНОВ В ПРАКТИКЕ ГИНЕКОЛОГИИ

Резюме: Для научного и практического акушерства большое значение имеет изучение особенностей формирования готовности организма беременной женщины к родам при физиологическом и осложненном течении беременности.

Решение закончить беременность прежде, чем начнутся спонтанные роды, является одним из наи более драматических путей вмешательства в естественный ход развития беременности и родов. Доводы, выдвигаемые в поддержку elective родоразрешения, которое может достигаться как путем индукции родов, так и кесарева сечения, варьируют, начиная от жизненных показаний до совершенно тривиальных. Если планируется индукция родов и вагинальное родоразрешение, тогда главное внимание следует уделять состоянию шейки матки.

Ключевые слова: шейки матки, простагландины, первобеременных.

Relevance. In obstetric practice, there is often a need for early delivery, most often associated with extragenital pathology (hypertension, diabetes mellitus, etc.) and complicated pregnancy (gestosis, overexposure, fetal pathology, immune conflict pregnancy, etc.).

To date, induction of labor is a generally accepted obstetric method used to improve perinatal results [6]. Modern systems for diagnosing the condition of the mother and fetus provide grounds for programmed management of childbirth in pregnant women with a high risk of developing perinatal pathology [2, 1,3].

The cardinal issue determining the strategy of modern obstetrics is the prediction, prevention and early detection of complications arising during the labor act, which will undoubtedly enable the timely selection of the optimal method of delivery [4].

Timely and correct assessment of the state of readiness ("maturity") of the cervix for childbirth is of great importance for predicting the course of upcoming labor and, especially, when choosing the time and method of labor initiation [2].

It is known that even with an uncomplicated course of pregnancy, by the time of spontaneous onset of labor, on average, 10% have an "immature" or insufficiently "mature" cervix, including 16.5% of primiparous and 3.5% of

repeat births [1.5], and with concomitant somatic diseases, these indicators increase. Thus, with grade II FGM in full—term pregnancy, an immature cervix occurs in 15.4%, with grade III FGM - in 30.4% [6].

With an immature or insufficiently mature cervix, childbirth is accompanied by premature outpouring of amniotic fluid (57.2%), discoordination (16%) and weakness of labor activity (28.1%), not amenable to drug correction, and in 35.4% increased surgical methods of delivery [2].

Both in our country and abroad, various methods of preparing the cervix for childbirth are currently being used. However, the question of the most optimal scheme still remains open, since all methods have a number of disadvantages, and their use, unfortunately, does not always lead to the desired result.

Historically, the first methods developed to prepare the cervix for childbirth were mechanical (non-pharmacological) [1]. These methods have not gained much popularity due to the fear of infection and the presence of maternal discomfort [3]. The most popular today is the use of prostaglandins (PO), which simulate natural effects at the beginning of labor. However, as world practice has shown, pharmacological methods entail the highest percentage of complications and side effects, which limits their widespread use [5].

In our country, the traditional method of complex use of estrogens has been used for a long time. However, this method, as practice shows, is ineffective (especially in premature pregnancy), is carried out for a long time for 2-10 days and, often, requires repeated use [4,6].

The purpose of the study. To evaluate the safety and effectiveness of prostaglandin E_i for the preparation of the pregnant woman's body for childbirth and stimulation of labor in various obstetric situations.

Materials and methods of research. We prepared pregnant women for childbirth by prescribing misoprostol at a dose of 50 mcg, administered intravaginally to 106 pregnant women in the third trimester of pregnancy. The

gestation period of 103 patients corresponded to 39-40 weeks. All pregnant women had a lack of biological readiness for childbirth (immature cervix), which served as the basis for the initiation of induction, and in 3 pregnant women the gestation period corresponded to 36-37 weeks. In these cases, the indication for early termination of pregnancy was a long-term gestosis of moderate degree. The patients were comparable in age, parity and gynecological anamnesis.

The results of the study. As a result of the conducted studies, it was found that 99 (93.3%) of women in labor had urgent labor, 3 (2.8%) had premature labor, and 3 (2.8%) also had delayed labor.

When studying the total duration of labor after the use of misoprostol at a dose of 50 mcg intravaginally, the latter in primiparous women was 7.1 ± 0.3 hours. At the same time, the duration of labor was 6.1 ± 0.3 hours in 16 women. The maximum duration of labor was 8.7 ± 0.05 hours.

The state of maturity of the cervix after administration of the drug was evaluated on the Bishop scale. As the study showed, the "mature" cervix was determined within a few hours (2-3 hours) after the start of induction in 65 (59.6%) women, in 18 (16.5%) the IV degree of maturity of the cervix was noted 4-5 hours after the start of induction. In the remaining 26 (23.8%) patients, a "mature" cervix was noted 6 hours after administration of the drug.

Of great interest is the time of occurrence of regular contractions after a single administration of 50 mcg of misoprostol. Within less than 2 hours from the moment of induction with misoprostol, regular contractions occurred in 67 (63.2%) women, of whom 56 patients were primiparous, which is 52.8%, and over 2 hours – in 38 (35.8%), of whom 26 were primiparous, which is 24.5%. Thus, in 2/3 of patients, the occurrence of regular labor activity is observed during the first 2 hours after intravaginal administration of 50 mcg of misoprostol.

According to the study, the frequency of untimely discharge of amniotic fluid was 38 (35.8%). Weakness of labor activity was noted in 9 cases (8.09%), these patients received additional labor stimulation with the introduction of intravenous oxytocin. It is important to note that there was no hyperstimulation of the uterus in any patient.

As a result of the induction of labor, 106 newborns appeared, 3 (2.08%) premature infants with signs of hypotrophy associated with moderate gestosis.

Children born as a result of "pure" prostaglandin induction were rated on average by 8/8 points on the Apgar scale, which corresponds to the normative indicators. The adaptation period proceeded without complications, and on the 5th-6th day they were discharged home in a satisfactory condition. Newborns born in childbirth, where oxytocin 9 (8.09%) was additionally used, were also in satisfactory condition and were rated 7/8 points by Apgar. However, the adaptation period in this group proceeded with some complications. Thus, fetal head injury was noted in 2 (22.2%) newborns, in connection with which these 2 newborns were discharged on the 7th-8th day, the remaining 7 children had an adaptation period without pathological abnormalities. 3 premature babies with signs of hypotrophy were transferred to the nursing department on the 5th day.

The postpartum and early postpartum periods in the patients of the group studied by us proceeded safely, without any complications. Hypo- and atonic bleeding was not observed in any case. All maternity hospitals were discharged on the 5th-6th day after delivery.

Clinical analysis of the course of pregnancy and childbirth, the condition of the fetus and newborn baby shows that the preparation of pregnant women for childbirth by intravaginal administration of misoprostol with an immature cervix proved effective in most pregnant women. At the same time, it is essential to note that there is simultaneous rapid maturation of the cervix and entry into labor within the next 2 hours in 2-3 patients.

Conclusion. 1. The use of PG Ei allows:

- effectively and in a fairly short time to prepare pregnant women for childbirth;

- successfully carry out labor excitation in the absence of adverse effects on the condition of the mother, fetus and newborn;

- effectively induce labor in women with premature discharge of amniotic fluid, especially with an immature cervix.

2. The use of PG Ei is safe in pregnant women with varying degrees of obstetric risk and allows you to limit yourself to standard methods of monitoring the condition of the mother, fetus and the course of labor.

3. The low cost of the drug makes it widely available for pregnant women and women in labor, reduces the cost of providing medication for childbirth.

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