MANAGEMENT OF PREGNANCY AND DELIVERY IN WOMEN WITH CONGENITAL ANOMALIES OF FETAL DEVELOPMENT

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Summary. We represent results of the 20 women survey, who gave birth to children with congenital malformations of the fetus. It was found that pregnancy and delivery in these women are with complications. Presented a general scheme of women with congenital malformations of the fetus. An important positive aspect of this scheme is that the newborn passes to neonatologists and other specialists with established diagnosis, investigation and preliminary plan of treatment that is refined and adjusted in the dynamics.

Keywords: congenital anomalies, pregnancy complications, childbirth

Introduction. Despite the fruitful work of scientists in the study issues related to the birth of a child with congenital malformations (CHD), this pathology, still occupies a significant part in the structure morbidity and affects the level of perinatal losses. The solution to these problems becomes special importance at the present stage of deep demographic crisis, which manifests itself in negative reproduction population, as evidenced by recent statistics data [4].

In the structure of the causes of infant mortality are congenital developmental defects consistently occupy a leading position and are about 20%. In the structure of morbidity children of Ukraine congenital malformations are 0.5%. Near 40-50% of disability from childhood is also due congenital malformations.

Currently, there are no measures to fully prevent developmental defects. In these conditions it is necessary timely intrauterine diagnosis of the defect, choice of further tactics of pregnancy management, methods and timing of correction with minimal risk disability [3].

Although all researchers [1, 3, 5] recognize that pregnancy and childbirth with congenital malformations of the fetus have their own characteristics, work on the study of this issue is virtually absent, as absent and recommendations for the management of pregnancy and childbirth when specific types of defects.
Existing works are covered only questions of prenatal diagnosis and treatment newborns with congenital malformations [1, 2], at best in the medical indications for abortion up to 20 weeks of gestation are given in the works. Not defined optimal terms of delivery at separate types of anomalies.

The purpose of the study was to identify features during pregnancy, childbirth and postpartum period in women with fetal IBD and develop recommendations under their control.

Materials and methods. We surveyed 20 women who gave birth to children from congenital malformations (congenital malformations): 6 women - with malformations of the central nervous system and skull (anencephaly - 1, megalencephaly - 1, hydrocephalus - 2, spinal dysraphism (spina bifida) - 2), 3 women - with defects in facial development (splitting of the palate - 2, malformations of the mandible (micronathia) - 1), 3 women with respiratory disorders (anomalies lungs - 1, congenital diaphragmatic hernia - 2), 6 women - with defects in the development of the abdomen and digestive organs systems (gastroschisis - 4, omphalocele - 2), 2 women - with defects in the development of the urinary system (anteagal hydronephrosis - 1, ureterocele - 1).

The control group consisted of 100 healthy pregnant women without fetal pathology.

The obtained results were processed using methods of variation statistics adopted in biology and medicine. The research results are obtained processed by methods of mathematical statistics using Fisher's criterion to estimate the difference by indicators expressed in shares.

Results and discussion. Pregnancy and childbirth in women with congenital malformations and hereditary diseases have their own characteristics. As can be seen from the table 1, the threat of interruption is most often noted pregnancy (35%) and preeclampsia (40%).

<table>
<thead>
<tr>
<th>Obstetric complication</th>
<th>Group of examined pregnant women</th>
<th>Control</th>
<th>Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of interruption</td>
<td>11 (11)</td>
<td>7 (35)*</td>
<td></td>
</tr>
<tr>
<td>Preeclampsia</td>
<td>9 (9)</td>
<td>8 (40)*</td>
<td></td>
</tr>
<tr>
<td>Placental insufficiency</td>
<td>8 (8)</td>
<td>5 (25)*</td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td>25 (25)</td>
<td>9 (45)*</td>
<td></td>
</tr>
<tr>
<td>Drought</td>
<td>1 (1)</td>
<td>2 (10)</td>
<td></td>
</tr>
<tr>
<td>Polygyny</td>
<td>2 (2)</td>
<td>4 (20)*</td>
<td></td>
</tr>
<tr>
<td>Incorrect position and presentation of the fetus</td>
<td>2 (2)</td>
<td>4 (20)*</td>
<td></td>
</tr>
</tbody>
</table>

Note * - the difference is significant relative to the rate of women in the control group (p <0.05).

In congenital malformations of the fetus there is a placental insufficiency (25%). The placenta is disturbed differentiation of chorionic villi and development of fetal vascular bed, ie immaturity is noted villous chorion. When microscopic studies of the placenta are significant involutive and dystrophic changes. In the decidual shell necrosis, angiomatosis and sclerosis.

 Quite often in women with congenital malformations of the fetus is observed low water and high water, wrong provisions and presentation of the fetus. It is established (Table 2) that in women with congenital malformations of the fetus
premature births (up to 15%) are often observed. High percentage of birth defects (15%), untimely discharge of amniotic fluid (15%), 60% of women with congenital malformations were born operatively.

<table>
<thead>
<tr>
<th>Complications in childbirth</th>
<th>Group of examined pregnant women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cesarean section in childbirth</td>
<td>control</td>
</tr>
<tr>
<td></td>
<td>5 (5)</td>
</tr>
<tr>
<td>Premature birth</td>
<td>5 (5)</td>
</tr>
<tr>
<td>Anomalies of patrimonial activity</td>
<td>5 (5)</td>
</tr>
<tr>
<td>Untimely discharge of amniotic fluid</td>
<td>4 (4)</td>
</tr>
</tbody>
</table>

Note * - the difference is significant relative to the rate of women in the control group (p <0.05).

In general, the scheme of management of women with congenital malformations of the fetus is as follows. When congenital malformations of the fetus are suspected Ultrasound screening in regional medical and genetic center II level pregnant should be referred for conducting prenatal diagnosis at the Institute of Hereditary Pathology of the National Academy of Medical Sciences of Ukraine.

If necessary, the woman is offered an abortion on medical grounds. Abortion is performed in congenital malformations of the fetus, incompatible with life, in the absence of opportunity surgical correction, compatible with life, but still we are difficult to correct surgically. In the case of late diagnosis of congenital malformations of the fetus or parents' refusal to terminate this pregnancy woman is under the supervision of a women's clinic, her a complete clinical and laboratory examination is performed, specialist advice, and 2 weeks before delivery is hospitalized in a maternity hospital of the III level for childbirth.

The most promising today is the organization of a "vicious circle" of provision medical care for congenital malformations in within a single medical institution. Such an institution is the State Institution "Institute of Pediatrics, Obstetrics and Gynecology of the National Academy of Medical Sciences of Ukraine", where health monitoring and is provided by a specialized medical care for children from the embryo and fetus to newborn and baby.

Pregnant women with congenital malformations of the corrected fetus are entered in prenatal dispensary group before the birth of a child. 2 weeks before delivery, they go to the obstetrics department for pregnant women with endocrine pathology and malformations of the fetus. Prenatal is performed consultation consisting of: obstetrician-gynecologist, neonatologist, ultrasound doctor, surgeon, other related specialists by agreement to determine the timing and method of development, planning the management of the newborn.

Childbirth of women with congenital malformations due to natural childbirth pathways require constant monitoring of the condition of the fetus. Lots of variety congenital malformations of the fetus do not complicate childbirth. Some disadvantages development in which there is a threat to integrity organs of the newborn, require a planned cesarean section. To such congenital malformations include severe hydrocephalus, cerebral hernias, severe tumors of the neck, spinal hernias, gastro schizis, omphalocele and other pathologies.

Childbirth is performed in the presence of a neonatologist-resuscitator and a surgeon. If the anomaly is recognized as susceptible surgical treatment, the child is
transferred to Department of surgical correction of congenital malformations (esophageal atresia, intestinal atresia, diaphragmatic hernia, gastroschisis, omphalocele and other surgical pathology), children with obstructive uropathy of the upper urinary tract ways are transported to the city center of minimally invasive surgical interventions, with cardiovascular pathology, with CNS pathology - West Ukrainian Children's Specialized Center. After 2-3 days the mother is also transferred to the appropriate institution for joint stay with the child.

An important positive point of application such a pattern is that the newborn goes to neonatologists and other specialists with established diagnosis, examination and preliminary plan treatment, which is clarified and adjusted in dynamics.

Conclusions
1. As a result of the conducted researches it is established that pregnancy and childbirth at women with congenital malformations of a fruit pass with complications.
2. In the examined women with other fetuses the threat of interruption is most often noted pregnancy (35%) and preeclampsia (40%). In 25% women have placental insufficiency, to satiety is often observed dehydration and polyhydramnios, incorrect position and presentation of the fetus. It has been established that in women with fetal IBD, fetuses are often observed premature birth (up to 15%). High percentage anomalies of labor (15%), timely outflow of amniotic fluid (15%). 60% of women with BPD fetuses were born promptly.
3. Childbirth of women with congenital malformations due to natural childbirth pathways require constant monitoring of the condition of the fetus. Lots of variety congenital malformations of the fetus doesn't complicate childbirth. Some flaws development, in which there is a threat of integrity organs of the newborn, require routine cesarean section. To such congenital malformations include severe hydrocephalus, cerebral hernias, severe tumors of the neck, spinal hernias, gastro schizis, omphalocele and other pathologies.
4. Childbirth is performed in the presence of a neonatologist, resuscitator and chorus.
5. The general scheme of conducting women with congenital malformations of the fetus. An important positive point for agreeing such a scheme is that the newborn goes to neonatologists and other specialists with diagnosis, examinations and preliminary treatment plan, which is being clarified and adjusted in dynamics.
6. Research continues and accumulates material to develop more detailed recommendations on the management of pregnancy and childbirth in specific cases of congenital malformations of the fetus.

Reference: