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COMPARATIVE ASSESSMENT OF THE BIOPHYSICAL PROFILE OF FETAL IN WOMEN WITH RH - NEGATIVE BLOOD WITH AND WITHOUT IMMUNIZATION

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Annotation

Abstract
In this thesis, Comparative assessment of the biophysical profile of fetal in women with rh - negative blood with and without immunization is analyzed. The analysis was carried out in 23 pregnant women. Most of them were their 24 (82%), whereas age of other part pregnants was between 25 and 30 (2%).

Keyword: Blood cells, fetal blood, pregnancy, rh-incompatibility,

Introduction

The problem of Rh-conflict pregnancy is significant and actual throughout the world due to the high risk of perinatal morbidity and mortality, material costs for nursing premature babies, who are at risk for the frequency of intellectual and physical disability. Among the immunologically caused complications of pregnancy, the leading place is occupied by hemolytic disease of the fetus and newborn, which develops as a result of incompatibility of the blood of the mother and the fetus with respect to erythrocyte antigens. The development of Rh isoimmunization is possible during pregnancy of a Rh-negative (D-negative) mother with a Rh-positive fetus, that is, when antibodies to the antigens of the erythrocytes of the fetus of the Rh system are formed in the mother's blood. A similar obstetric situation occurs when a Rh-negative woman has an Rh-positive spouse.

Purpose of the Study

to study the course of pregnancy and childbirth outcomes in women with Rh sensitization and without sensitization according to reproductive anamnesis.

Materials and Methods

To achieve the set goals and objectives, 42 birth histories were analyzed. In the analysis, special attention was paid to identifying risk factors, including data from a general anamnesis,

data from obstetric-gynecological and somatic anamnesis, as well as the results of laboratory and instrumental research methods.

The criteria for the inclusion of case histories in the study were the diagnoses "Rh-negative blood belonging", "Sensitization by the Rh-system", "Hemolytic disease of the newborn by the Rh factor".

Depending on the presence of Rh antibodies in the blood, the patients were divided into 2 groups: group I - 32 women without an antibody titer in the blood, group II - 10 women with identified Rh antibodies.

Results of the Study

A retrospective analysis of the birth histories of Rh-negative women in parturient women was carried out; in both study groups, the predominant number of women were between the ages of 26 and 35 years. Gynecological diseases were registered in all women: cervical ectopia 15 (33%), chronic adnexitis - 6 (14%), uterine myoma - 5 (11%), colpitis - 9 (19%), ovarian cyst - 7 (15%)), endometriosis - 1 (2%), others - 3 (6%).

The analysis of reproductive function showed that of the first group of women (32), 13 women (31%) were prim pregnant, 19 women (45%) were re-pregnant, in the second group all women were re-pregnant (24%). It was found that all women with a titer of Rh antibodies in the blood were re-pregnant (24%), most of the women (45%) without Rh immunization were also re-pregnant.

All patients from group I can be attributed to a potential risk group for the development of Rh-conflict, since they are re-pregnant, and most of them have risk factors: delivery by cesarean section (6%), medical abortion (6%), spontaneous abortion (5%). In addition, we do not have the full volume of necessary data on the outcomes of previous pregnancies (the course of previous pregnancies, whether there was Rh immunization in previous pregnancies, whether anti-Rh (D) immunoglobulin was administered, the newborn's Rh status, his condition and other risk factors).

Women from the II study group in previous pregnancies in most cases were delivered by surgery (10%), which could underlie the fetal-placental transfusions and the occurrence of Rh-conflict, as well as all the other listed risk factors present in the patients of this group. Only in 2 (7%) women out of 29 re-pregnant women in the medical history it was noted that a Rh (+) child was born in the previous pregnancy, specific anti-Rh prophylaxis was not carried out, in the rest of the patients (93%) these data were absent.

It was found that women with an identified titer of Rh antibodies were generally delivered early, while patients without Rh antibodies in the blood were generally delivered within 38–40 weeks.

It was revealed that in both groups, natural childbirth was the predominant method of delivery.

Conclusion

As a result of the study, it was found that most complications occured in re-pregnant women with rh-negative blood, that's why they are in the high risk group and should be taken under control more accuratively.

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