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## **QUESTIONS OF STUDYING THE STATE OF BLOOD PRESSURE DISEASES DURING PREGNANCY**

**Resume:** Literature data indicate a great interest in studying the effect of various variants of arterial hypertension (AH) on the development of complications from the cardiovascular system.

The emergence of available validated methods of noninvasive blood pressure monitoring has significantly expanded the possibilities for the diagnosis of hypertension, monitoring the effectiveness of therapy and assessing the prognosis outside pregnancy. The influence of individual variants of the daily blood pressure profile, the rate of morning blood pressure rise, night hypertension on cardiovascular morbidity and mortality is being studied. However, data on the prognostic value of day and night hypertension in relation to pregnancy complications are few and contradictory.

The influence of various variants of arterial hypertension (AH) in women on the course of pregnancy, childbirth and fetal development has been studied. Daily monitoring of blood pressure (SMAD) was carried out in 65 pregnant women with hypertension and 40 pregnant women with normal blood pressure (BP).

**Key words:** pharmacoepidemiology, hypertension disorders, prevention, pregnant woman.

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## **ВОПРОСЫ ИЗУЧЕНИЯ СОСТОЯНИЯ ЗАБОЛЕВАНИЙ АРТЕРИАЛЬНОГО ДАВЛЕНИЯ ВО ВРЕМЯ БЕРЕМЕННОСТИ**

**Резюме:** Данные литературы свидетельствуют о большом интересе к изучению влияния различных вариантов артериальной гипертензии (АГ) на развитие осложнений со стороны сердечно-сосудистой системы.

Появление доступных валидированных методов неинвазивного мониторинга АД существенно расширило возможности для диагностики АГ, контроля эффективности терапии и оценки прогноза вне беременности. Изучается влияние отдельных вариантов суточного профиля АД, скорости утреннего подъема АД, ночной гипертензии на сердечно-сосудистую заболеваемость и смертность. Однако данные о прогностическом значении дневной и ночной гипертензии в отношении осложнений при беременности малочисленны и противоречивы.

Изучено влияние различных вариантов артериальной гипертензии (АГ) у женщин на течение беременности, родов и развитие плода. Суточное мониторирование артериального давления (СМАД) проведено 65 беременным с АГ и 40 беременным женщинам с нормальным артериальным давлением (АД).

**Ключевые слова:** фармакоэпидемиология, гипертензивные расстройства, профилактика, беременная женщина.

**Relevance.** Hypertensive disorders during pregnancy occur with a frequency of about 10% of pregnancies; the frequency of preeclampsia is 2-8% [1,2]. Every year around the world, more than 50,000 women die during pregnancy due to complications associated with hypertension [3]. In developed countries, they are the second direct cause of ante- and postnatal mortality in 12-18% of cases, affecting perinatal mortality in 20-25% of cases [4]. According to WHO, hypertensive complications of pregnancy occupy the 4th place in the list of causes of maternal mortality over the past decade [5]. In addition, they are the cause of severe morbidity, disability of mothers and their children [1,6].

However, with proper interdisciplinary management, most cases of adverse outcomes are preventable. Since the consequences of severe

hypertensive disorders reduce the quality of a woman's subsequent life (high incidence of atherosclerosis, diabetes mellitus, cardiovascular diseases), and the frequency of violations of the physical, psychosomatic development of prematurely born children is quite high, as well as the risk of developing somatic diseases in the future, this problem is significant in social and medical terms [7,8].

**The purpose of the study.** To identify the influence of modifiable lifestyle factors contributing to the development of pelvic floor muscle failure (for example, the locking muscle of the lower third of the vagina).

**Materials and methods of research.** 65 primitives were under observation. The main group consisted of 64 women with the presence of the influence of modifiable risk factors. The control group included 40 pregnant women who had no influence of risk factors.

**The results of the study.** The study of the contractility of the pelvic muscles was carried out according to the methodology developed by us using a special device (utility model patent No. 78415 RU) and the method of computer vaginotensometric examination (CVTI) (patent for invention No. 2364336 RU).

The strength of tonic, maximal, and volitional contractions and their duration were evaluated. The assessment of the degree of insufficiency of the force of contractions was carried out according to the classification, where the normal force of tonic contraction was considered more than 15.00 gs, maximum - more than 70.00 gs, volitional - more than 55.00 gs, normal duration - more than 5 s. The strength of tonic contraction from 14.00 to 10.00 gs, maximum - from 69.00 to 50.00 gs, volitional - from 54.00 to 40.00 gs, duration from 4.00 to 2.00 s were qualified as a first degree insufficiency. The strength of tonic contraction from 9.00 to 6.00 gs, maximum - from 49.00 to 21.00 gs, volitional - from 39.00 to 16.00 gs, duration - from 2.0 to 1.0 s. The insufficiency of the third degree was established with the strength of tonic contraction less than 5.0

gs, maximum - less than 20.00 gs, volitional - less than 15.00 gs., duration - less than 1 sec .

The age of women in both groups ranged from 18 to 36 years, averaging  $25.6 \pm 0.26$  years. The main factor affecting the body was chronic intoxication, which was detected in 33 (51.5%) women of the main and 5 (12.5%) control groups. It was found that the minimum strength of tonic contraction was observed in smokers in the main group -  $12.34 \pm 0.61$  gs, and the maximum - in women of the control group with no risk factors - with a duration of more than  $6.02 \pm 0.3$  s. Normal body weight was observed in 42 (65.6%) women of the main and 32 (80%) of the control groups. The minimum strength of tonic contraction was observed in women of the main group with a body weight deficit -  $13.62 \pm 0.68$  gs, and the maximum ability to volitional contraction -  $60.36 \pm 0.60$  gs - in women of the control group

**Conclusion.** The results of the interim analysis demonstrated a positive effect of HRT combined with angelik on blood pressure, the degree of visceral obesity, metabolic status and clinical manifestations of menopausal syndrome in women in early postmenopause risk factors for hypertensive disorders in pregnant women In recent years, many studies have proved that the development of arterial hypertension (AH) in pregnant women is due to the influence of risk factors. But to date, there is no convincing data on the prevalence of these factors in the population and the most significant of them have not been identified for the prognosis of the development of this complication of pregnancy.

#### **LIST OF LITERATURE:**

1. Vertkin A.JL, Murashko JI.E., Tkacheva O.N. et al. Arterial hypertension of pregnant women: mechanisms of formation, prevention, approaches to treatment // Russian Card. journal. - 2003. - No. 6. - pp. 59-65.

2. Volkova E.V., Lysyuk E.Yu., Dzhokhadze L.S. The role of vascular growth factors in the diagnosis of various forms of arterial hypertension in pregnant women // Problems of reproduction. - 2012. - No. 5. -pp. 102-106.
3. About Makarov.V., Nikolaev N. N., Volkova E.V., Kornienko G.A., Bairov S.S. Differentiated approach to the management of pregnant women with arterial hypertension // Obstetrics and gynecology. - 2008. - No. 1.-pp. 9-15.
4. Kapustina A.V., Balanova Yu.A., Lelchuk I.N., And Deev.D. Prevalence of factors affecting the prognosis of patients with arterial hypertension and assessment of overall cardiovascular risk. Federal State Institution "State Research Center for Preventive Medicine" of the Federal Agency for Health and Social Development. Moscow. Journal of Cardiovascular Therapy and Prevention. -2005. - part 1. - No. 6.-
5. Chaivorapongsa T., Romero R., Gotsch F., Espinosa J., Nien J.K., Gonsalves L., Edwin S., Kim Y.M., Erez O., Kusanovich J.P., Pineles B.L., Papp Z., Hassan S. Low concentrations of soluble vascular endothelial growth factor receptor-2 in mothers with preeclampsia and small for gestational age. J Matern Fetal Neonatal Medicine. - 2008. - Vol. 21. - pp. 41-52.
6. Maynard S.E., Min J.Y., Merchant J., Lim H.H., Lee J., Mondai S., Lieberman T.A., Morgan J.P., Sellke F.V., Stillman I.E., Epstein F.H., Sukhatme V.P., Karumanchi S.A. Excess placental soluble fms-similar tyrosine kinase 1 (sFlt1) may contribute to endothelial dysfunction, hypertension, and proteinuria in preeclampsia. J Clin Invest. - 2003. - V. 111. - pp. 649-658.
7. Taffnil DJ, Shennan A, Vo JJ, Walker JJ. Treatment of severe preeclampsia/eclampsia. London (UK): Royal College of Obstetricians and Gynaecologists. - 2006 March. 11 p .