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Mironova N., magister.,

Turaeva G. Yu.

Department of Obstetrics and Gynecology No. 2

Andijan State Medical Institute

**FEATURES OF THE COURSE OF PREGNANCY AND
CHILDBIRTH IN TWINS WITH DIFFERENT TYPES OF
PLACENTATION**

Resume: The course of pregnancy with twins, regardless of the type of placentation, is characterized by a high frequency of the threat of termination of pregnancy, anemia, preeclampsia and intrauterine growth retardation of fetuses (2-10 times higher compared with a singleton pregnancy).

According to the literature, the monochorial type of placentation is an additional risk factor for the development of severe degrees of hypotrophy, dissociated fetal development and unfavorable neurological outcomes in newborns.

Keywords: pregnancy, placenta, twin.

Мирхонова Н, магистр.,

Тураева Г.Ю.

Кафедра акушерства и гинекологии №2

Андижанский государственный медицинский институт

**ОСОБЕННОСТИ ТЕЧЕНИЯ БЕРЕМЕННОСТИ И РОДОВ У
ДВОЕН С РАЗЛИЧНЫМ ТИПОМ ПЛАЦЕНТАЦИИ**

Резюме: Течение беременности при двойне, независимо от типа плацентации, характеризуется высокой частотой угрозы прерывания беременности, анемии, преэклампсии и внутриутробной задержки роста плодов (в 2-10 раз выше по сравнению с одноплодной беременностью).

По данным литературы, монохориальный тип плацентации является дополнительным фактором риска развития тяжелых степеней гипотрофии,

диссоциированного развития плодов и неблагоприятных неврологических исходов у новорожденных.

Ключевая слова: беременность, плацента, близнец.

Introduction. The problems of perinatal morbidity and mortality in early preterm birth remain the most complex in perinatal medicine[3,5].

Despite modern neonatal technologies and attempts at careful delivery by caesarean section, severe perinatal complications and a high level of disability of deeply premature newborns force the medical community to critically assess the prospects for nursing in extremely early premature birth and to look for new approaches to the management of premature birth.

One of the most important independent risk factors for premature birth is multiple pregnancy. When pregnant with twins, the risk of giving birth before the 30th, 32nd and 34th weeks is 4, 8 and 16%, respectively [1,4,6]. The frequency of premature birth in twins is 6 times higher than in single pregnancy [4]. In the Russian Federation in recent years, approximately every hundredth birth is a birth of twins [2].

Unfortunately, effective methods of preventing premature birth in multiple pregnancies currently do not exist. The results of multicenter studies indicate that beta-mimetics have no effect on the outcome of multiple pregnancies [4, 5]. The prophylactic use of micronized progesterone in multiple pregnancies also proved ineffective [6]. In addition, in multiple pregnancies, the effectiveness of prevention of fetal respiratory distress syndrome (RDS) with corticosteroids is questioned [3]. All these facts dictate the need to find new ways to reduce perinatal losses in multiple pregnancies. One of these methods is the delayed birth of a second fetus from twins. Such tactics in many cases can improve the outcome for the second fetus born at a later stage of gestation. Thus, B. Arabin and van J. Eyck described a 17-year experience of prolonging pregnancy for the second fetus in 48 twins. In 10 cases, the second fetus was born immediately after the first, in the remaining 38 cases, pregnancy with the

second fetus was prolonged by an average of 19 days (1-107 days). At the same time, if the first fetus was born before 25 weeks of pregnancy, the survival rate of the first fetuses was 0%, and the second — 50%. At the birth of the first fetus after 25 weeks of pregnancy, the survival rate of the first fetuses was 65%, and the second — 95% [8].

The purpose of the study. Carrying out a set of measures to prolong pregnancy with bichorial twins after the birth of the first fetus and analyzing the perinatal outcome of newborns.

Material and methods of research. We conducted attempts to prolong pregnancy after the birth of the first fetus in 6 patients with bichorial twins.

The results of the study. Contraindications for the procedure were: clinical or laboratory signs of chorioamnionitis, placental abruption, rupture of the fetal bladder of the second fetus, anomalies and congenital malformations of the second fetus, complicated pregnancy, including preeclampsia, signs of hypoxia of the second fetus.

A prerequisite for carrying out measures to prolong pregnancy was the written informed consent of the patient to prolong pregnancy for the second fetus from twins, taking into account possible complications.

After the birth of the first fetus, 2.0 ml of hexoprenaline was injected intravenously (diluted with 10.0 saline sodium chloride solution), followed by constant administration of hexoprenaline at a dose of 0.3 mcg/min in a daily dose of 100 mcg.

The umbilical cord of the first fetus was treated with alcohol and bandaged with polyglycolide at the minimum residue level. The umbilical cord was crossed under the ligature. The umbilical cord stump was in the vagina before the birth of the second fetus.

In order to prevent the implementation of intrauterine infection, antibacterial therapy was performed for 7 days, taking into account the sensitivity of the microflora on the basis of microbiological examination of the

cervical canal seeding. In the absence of the result of microbiological seeding, antibacterial therapy was performed with third-generation cephalosporins.

Prevention of fetal RDS with dexamethasone or betamethasone (diprosan) in a course dose of 24 mg was performed according to the standard scheme repeatedly with an interval of 7 days.

With the successful implementation of tocolytic therapy after stopping labor, further monitoring of pregnant women was carried out in the conditions of the prenatal department in compliance with strict sanitary and epidemiological regime and hospitalization in a ward treated according to the schedule of the maternity unit with triple daily quartz.

Methods of monitoring the condition of the pregnant woman included daily assessment of the nature of vaginal discharge, clinical and laboratory analysis of symptoms of systemic inflammatory reaction (thermometry, pulse rate, blood pressure, determination of the number of leukocytes and leukocyte formula). Fetal condition was monitored by daily cardiac monitoring, dynamic dopplerometry of fetal and placental blood flow and fetometry once every 10-12 days.

Conclusion. Thus, in accordance with personal experience and data of foreign colleagues in case of bichorial twins, we recommend prolongation of pregnancy after the birth of the first fetus at a period of 20-27 weeks, taking into account the above contraindications and conditions. When the first fetus is born before 22 weeks of pregnancy and there are no symptoms of a systemic inflammatory reaction, it is advisable to suture the cervix. Such tactics of multiple pregnancy management, in our opinion, will reduce perinatal morbidity and mortality in this cohort of patients.

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