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FETAL MACROSOMIA: PREGNANCY AND DELIVERY OUTCOMES

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Abstract. This article discusses how pregnancy and childbirth progress in fetal macrosomia.

Keywords: macrosomia, large fetus, pregnancy, childbirth, respiratory viral infections, chronic pyelonephritis, placentometry, uterine atony, hemorrhage.

Introduction:

. Fetal macrosomia is a priority area, in modern obstetrics, associated with a high rate of complications for both mother and fetus. The debate over whether a large fetus is a pathology or whether macrosomia is considered normal has been ongoing for centuries. Three centuries ago, the Italian doctor Bernoulli wrote in his treatise "The Great Future of a Great Empire": "Women who give birth to warriors give birth to future warriors, heroes, and should be revered as martyrs in the name of Italy." The high incidence and complicated pregnancy and childbirth make this problem relevant.

Study Objective: To study pregnancy and childbirth outcomes in women who gave birth to large-birth-weight infants.

Study Materials and Methods: A retrospective analysis of clinical and anamnestic data, pregnancy and childbirth characteristics, and neonatal conditions was conducted in 90 pregnant women with macrosomia. A record card was developed, including maternal medical history, parity of birth, delivery methods, and birth complications.

Results and Discussion. Our study revealed a trend toward an increasing incidence of macrosomia in newborns in recent years. The patients' ages ranged from 19 to 35 years, with an average age of 26.0 ± 3.3 years. Analysis of the patients' medical histories revealed that newborns with macrosomia were more often born to obese women. Parity analysis revealed that the proportion of primiparous and multiparous women among the study participants was 42% and 58%, respectively. Among pregnant women who gave birth to large babies, stay-at-home mothers were twice as likely. Furthermore, high overall weight gain was observed in women with large fetuses, which was, to some extent, dependent on diet. Weight gain of 15 kg or more during pregnancy was observed in 28.8% of women with a fetus over 4000 g, and a gain of 20 kg or more was recorded in 8.8% of women. The course of pregnancy in women was complicated by the threat of termination of pregnancy in the first and second trimesters in 18 (20%) cases, acute respiratory viral infections - in 10 (11%), exacerbation of chronic pyelonephritis - in 6 (6.7%), anemia - in 24 (26.6%), chronic hepatitis - in 4 (2.2%). These women underwent repeated treatment during this pregnancy, and were discharged in satisfactory condition. Childbirth was complicated by unsatisfactory progress of labor - in 12 (13.3%), they occurred twice as often in women with obesity, premature rupture of membranes (PRROM) - in 17 (18.9%) women. In 62 women (69%), labor was managed conservatively, through the vaginal canal. In 28 cases (31%), a cesarean section was performed, the indications for which were: disproportion of the fetal head to the pelvic size, caused by the presence of an abnormal biomechanism of labor - in 5 cases (17.9%), pelvic size anomalies (a generally narrowed pelvis - in 4 cases (14.3%) and a flat pelvis - in 5 cases (17.8%)), uterine scars (8 cases (28.6%)), and an inconclusive fetal condition (6 cases (21.4%). The incidence of postpartum hemorrhage was 8% and was most often associated with postpartum trauma (in the form of ruptures of the perineum, vagina, and cervix) and uterine atony. Impaired fetoplacental blood flow occurred in 17 pregnant women with fetal macrosomia. According to placentometry, the thickness of the placenta in patients was within the range of 3.9 ± 0.9 cm. Delayed placental maturation was detected in 11 (12.2%) pregnant women with fetal macrosomia, with late aging noted in 4 (4.4%). Examination of the placentas revealed higher placental weight and volume. The average placental weight was 678.4 ± 78.6 g, placental volume - 254.4 ± 103.1 cm3.

Conclusions: 1. A relationship was established between the development of a large fetus and the constitutional characteristics of the mother, parity of birth, nutrition, and the social status of women. 2. Macrosomia complicates pregnancy in 53.3% of cases, and complicated labor occurs in 28.5% of women. 3. In most cases (69%) with macrosomia, vaginal delivery is possible. 4. To prevent complications during pregnancy and childbirth in case of fetal macrosomia, an individual approach to the management of pregnancy and childbirth is recommended, taking into account the weight of the fetus, obstetric-gynecological and somatic history, and regulation of labor.

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