

The Course of Pregnancy in Young Primiparous Women in Combination with Somatic Diseases

Negmadjanov Baxodur Boltayevich

Samarkand State Medical University Samarkand, Uzbekistan

Mukhammedova Fariza Farxodovna

Samarkand State Medical University Samarkand, Uzbekistan

Absrtact: Introduction. Pregnancy and childbirth in girls under the age of 19 is an urgent problem all over the world. Pregnant women who have not reached puberty can be called young, their passport age ranges from 13 to 19 years.

Relevance. Some age-related features of the adolescent's body leave an imprint on the course of pregnancy and childbirth. Pregnancy in adolescence increases the risk of stillbirths, miscarriage, and the birth of a child with a low body weight.

The aim of the study is to study the peculiarities of the course of pregnancy and the outcome of childbirth in young women.

Material and methods. 60 pregnant women were analyzed on the basis of the 3rd maternity complex in Samarkand, Uzbekistan. The method of retrospective clinical and epidemiological case-control study (analysis of archival materials for 2022) was chosen for the study. The main group included 30 girls under the age of 19, the control group – 30 girls aged 20-25 years. Clinical and statistical research methods were used.

Results and discussion. It has been established that young primiparous are somatically healthier, but sexually transmitted infections are more common in them than in groups of favorable reproductive age. The most common complications that occur during pregnancy are anemia, the threat of termination of pregnancy in the first trimester, moderate preeclampsia, gestational pyelonephritis.

Conclusions. Pregnancy in adolescents, as a rule, is unplanned and occurs at the early beginning of sexual relations, with less "experience" of sexual life, socially dependent position and low professional status. In minors, in comparison with 20-25-year-old women in labor, premature birth and the birth of children with low body weight are more common.

Keywords: Pregnancy, childbirth, young women, teenage pregnancy, complications.

Relevance. Today, teenage pregnancy is a global problem that affects both high- and middle-income countries. According to the authors' research, about 21 million teenage girls get pregnant every year. Of these, approximately 12 million cases end in childbirth. Also, according to these data, it was revealed that approximately 50% of teenage girls' pregnancies were undesirable [1]. Every year, at the age of 15, about 1.5 thousand teenagers give birth, 9 thousand at the age of 16 and over 30 thousand before the age of 17. The maternal mortality rate among young women has increased from 4.4 per 100,000 live births to 13.4 in recent years [2].

The health of the nation and the development of society as a whole depends on the state of health and the level of development of adolescents, since adolescents are the reproductive potential of any country. According to the World Health Organization, the most favorable period for carrying and giving birth to a child is the age from 20 to 30 years. Deviation from these indicators can affect both the health of the mother herself and the condition of the child [3].

Hence, it follows that pregnant women between the ages of 13 and 19 are called young. The age-related characteristics of adolescent girls have a significant impact on the course of pregnancy and the outcome of childbirth, or rather, at this age, the risk of maternal and perinatal mortality, and the birth of a child with low body weight increases.

Most underage pregnant women face the fact that they do not find approval in the family, among friends and relatives, which leads to the fact that teenage girls, in addition to the stress associated with pregnancy, also receive psychological trauma. Therefore, teenage pregnancy is a medical, legal, psychological and social problem [4,5].

A number of factors contribute to the occurrence of teenage pregnancy: forced and early marriages, lack of knowledge about sex life and methods of contraception, sexual violence [6].

According to research by a group of authors in low-income countries, about 12% of girls get married before the age of 15, and 39% before the age of 18 [7].

Another reason why teenage pregnancy occurs is the early onset of sexual activity, a low level of knowledge about the reproductive system in general and the non-use of contraceptives.

A special role is given to the topic of sexual violence, because according to statistics, a third of teenage pregnancies occur for this reason [8].

After the fact of pregnancy is revealed, approximately 30% of cases end in medical abortions, 14% - spontaneous miscarriages and 56% - childbirth. Such indicators are associated with the fact that pregnancy and childbirth in adolescence have a great burden on the immature body.

Numerous studies show that in recent years the general somatic and reproductive health of adolescents has deteriorated. On average, 75-85% of girls have somatic health problems (diseases of the genitourinary system 42%, diseases of the digestive system 19.2%, respiratory organs 15%, cardiovascular system 10.4%, endocrine pathology 4%), 10-15% have pathologies from the reproductive system (colpitis of various etiologies 21.9%, menstrual disorders 10.2%, inflammatory diseases of the appendages (7.8%), affecting their fertility. Of course, in such conditions, the gestational process proceeds with various complications, affecting the condition of a young pregnant woman, her fetus and newborn [9,10].

The purpose of the study is to determine the course of pregnancy in young primiparous women in combination with somatic diseases.

Materials and methods. This study was conducted on the basis of the 3rd maternity hospital in Samarkand. The method of retrospective clinical and epidemiological case-control study (analysis of archival materials for 2022) was chosen for the study. The main (I) group consisted of women under the age of 19 ($n = 30$). The comparison group (II) consisted of women ($n = 30$) of favorable reproductive age (20-25 years). Criteria for the selection of patients were such indicators as residence in the city of Samarkand, voluntary informed consent of women in labor.

The results of the study and their discussion. As a result of the study, it was revealed that the average age of women in group I averaged 17.3 ± 0.63 years, in group II — 22.5 ± 1.55 years. No one in group I had higher education, they are college students, housewives. In group II, 56% of women had higher education. According to our study, the average age of menarche onset in group I was 12.7 ± 1.16 years, for group II — 13.42 ± 1.4 years. All the girls in group I were pre-pregnant, while in group II 58.0% were pre-pregnant.

We conducted an analysis of extragenital pathology in women in two study groups. In the I group of women, this figure was 36.7%, and in the II group — 56.7%. The most common pathology in the studied groups were diseases of the urinary system – 38.3 and 28% of cases, respectively; diseases of the gastrointestinal tract and liver in group I - 25%, in group II – 30% of cases; vegetative vascular dystonia was detected in 23.3 and 22% of cases, respectively (Fig.1).

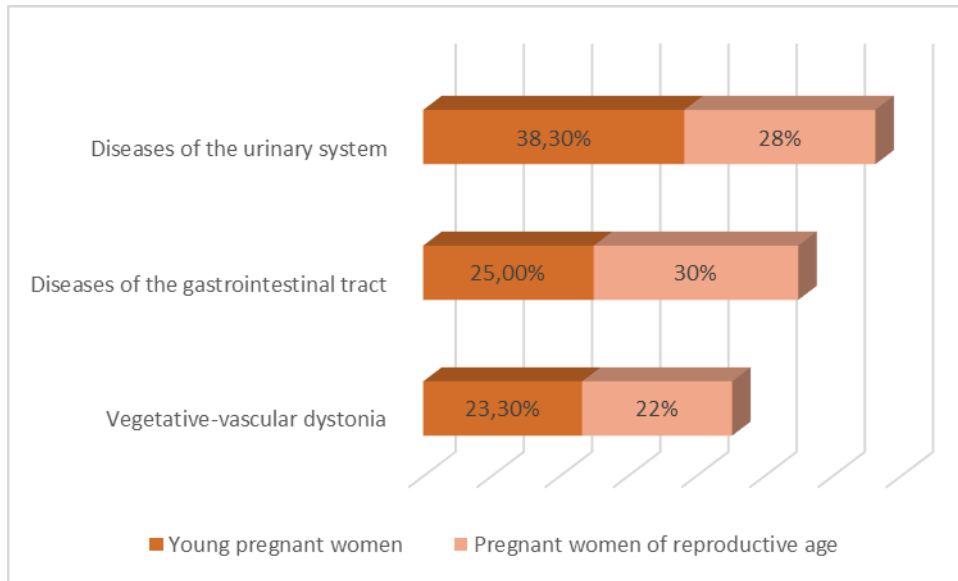


Fig.1. Prevalence of extragenital pathology

A risk factor contributing to the development of complications of pregnancy and childbirth was the late registration of pregnancy. Only one third of young pregnant women (group I) (45%) went to the polyclinic before 12 weeks, the majority of patients (43%) were registered between 13 and 28 weeks, after 28 weeks 8% of young pregnant women, 4% of young primiparous women were not under supervision; in group II 60% women went to the polyclinic within 12 weeks, and 40% - within 13 to 28 weeks (Fig.2).

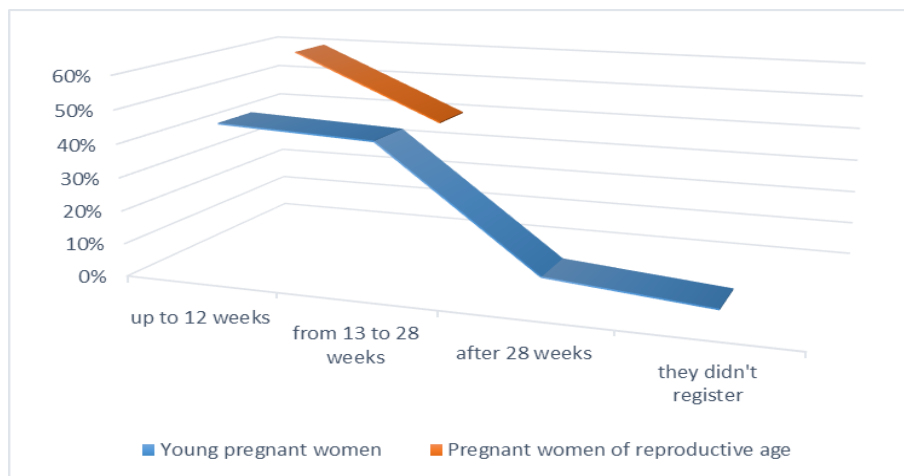


Fig.2. Gestation period at the time of registration

Of considerable interest is the nature of the course of pregnancy and its complications. Teenage pregnancy proceeded with great complications. According to our observations, the course of pregnancy in the studied groups was complicated by the threat of termination of pregnancy in I gy. — 73.3%, II gy. — 43.3%, III gy. — 42%, moderate preeclampsia (I gy. — 17%, II gy. — 30%), placental insufficiency (46.6; 20% respectively), anemia of pregnant women (90; 60%, respectively), gestational pyelonephritis (45; 35%, respectively) (Fig.3).

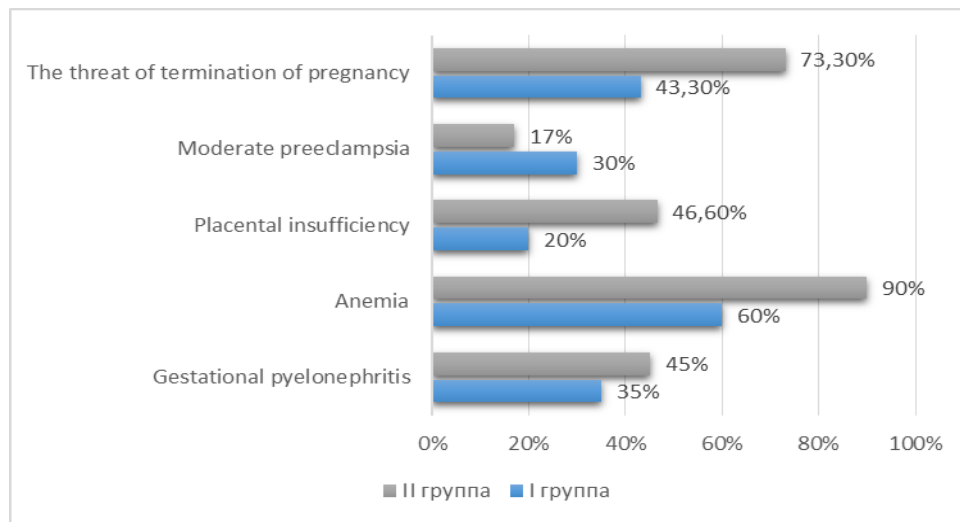


Fig.3. Pregnancy complications in young and women of reproductive age

It should be emphasized that pelvic presentation was statistically significantly more common in young pregnant women (I) — 18%, while in the group of girls aged 20-25 years (II) this indicator was 8%.

The majority of patients in both groups had full-term labor. However, premature birth was significantly more common in the young group (20.0 and 8.0% of cases, respectively). There were no significant differences between the women of groups I and II when assessing the duration of childbirth. It should be noted that anomalies of labor activity in group I are noted in 13%, in group II — 6.7%; premature detachment of a normally located placenta occurs (PPRP) in group I, in 10% of cases, in group II — 3.3% of cases; prenatal rupture of fetal membranes (DRPO) in group I — 36.7%, in group II — 46.7%. Cesarean section was also performed more often in young people, in group I this indicator was 60%, and in group II — 36.7% (Fig.4). Indications for surgical delivery were different: In the young, the main indications were labor abnormalities and moderate preeclampsia, in the older age group — severe preeclampsia and extragenital pathology. There were no significant differences between anthropometric indicators and Apgar score among newborns born to mothers of different ages. When analyzing the fruit factors, the following results were obtained: newborns from mothers aged 13-19 years have a lower body weight and less height.

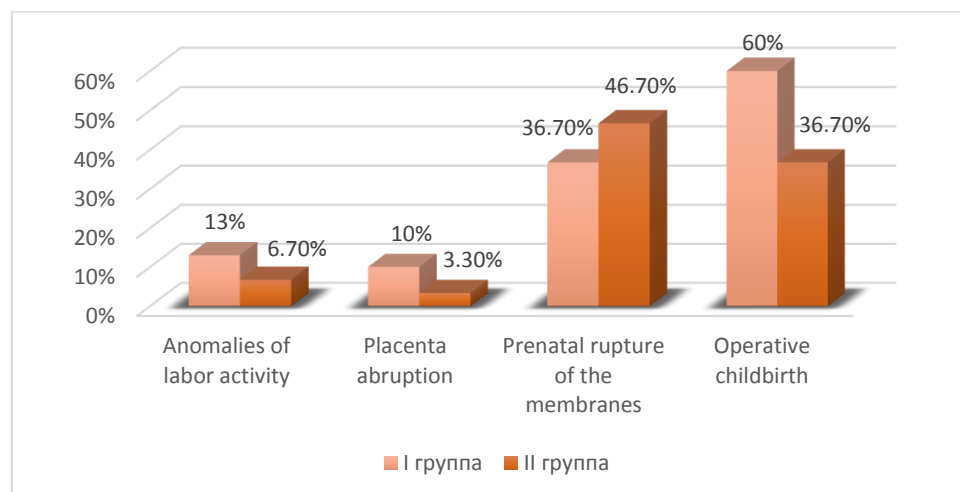


Fig.4. Complications of childbirth in young and women of reproductive age

Conclusions. Thus, according to the results of our study, the majority of young first-time mothers (I gr.) have a younger menarche age (12.7 years) compared with women of fertile age. By the time of pregnancy, young primiparous (I) are somatically healthier. Pregnancy in adolescents (I) is more often complicated by anemia, the threat of termination, and placental insufficiency. In this regard, newborn children of young mothers have less weight and height. In young first-time mothers (I gr.), childbirth is

more often complicated by abnormalities of labor activity, accompanied by pathological blood loss and a large percentage of injuries. In the group of young primiparous (I gy.), the percentage of children born by caesarean section is lower than in the primiparous of other groups (II gy.). Thus, the condition of newborns is closely related to the state of the reproductive health of the mother.

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