



increase in IL-1 β and IL-6, as in the basic group ($2,0 \pm 0,03$ pg / ml) and in control - $1,0 \pm 0,02$ pg / ml ($P > 0.05$).

Conclusions. These data suggest that the premature labor content in blood serum cytokines vary in different directions. No significant difference in the concentrations of IL-1 β , IL-6 levels in pregnant women with primary group definition were identified elevated levels of IL-8, IL-2 in peripheral blood can be used as non-specific markers for early detection of preterm labor. The method has high sensitivity, specificity, and safe for mother and fetus.

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COURSE OF PREGNANCY AND CHILDBIRTH WITH COAGULOPATHY

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Introduction. In violation of blood coagulation can meet the doctor in the practice of any profession, but even hematologist sometimes feels some difficulties in identifying the real reason, and in the choice of adequate therapy. This abnormality is found in 14-18% of pregnant women and growing every year, and is on the third leading cause of mother mortality.

Aim: to identify the impact of coagulopathy on the course of pregnancy and childbirth.

Results. The investigation was conducted at the maternity house №2 m. Odessa. We was parsing 90 women from 20 to 35 years. It was created 2 groups of observation, the first included 60 women with coagulopathy, the second - 30 healthy (control group). All patients were comprehensively examined. The results of special studies: D-dimers - 400, fibrinogen - 15 g / l in 2 semester, prothrombin index - 200% in 3 trimester ,platelet aggregation - 80%). Among the study group, mild preeclampsia at 50 people, placental dysfunction in 40, mild anemia at 55, polyhydramnios in 30 ,early postpartum hemorrhage in 35 people.

Conclusions. After analyzing the results it must be concluded that the presence of coagulopathy complicating pregnancy and childbirth, so you need to allocate women with this pathology at risk of obstetric complications and thoroughly diagnose coagulopathy

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CHANGE UTERINE BLOOD FLOW BEFORE LABOR

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Introduction. Readiness to leave the pregnant women for childbirth has great practical significance; it allows the possibility predicted by anomalies of labor activity. At the present time, no data of research on the hemodynamic of the cervix before labor and during labor.

The aim - the study of a blood flow of the uterus on the eve of physiological labor.

Material and methods. The study included 30 pregnant women between the ages of 18 to 24 years in terms of 37-42 weeks of gestation, which was determined by Doppler blood flow in the general uterine artery, in its ascending and descending branches, arteries and veins in the stroma of the cervix, in the descending branch of the uterine artery at the level of projection of the isthmus. During the study calculated the peak systolic velocity of blood flow (PSV), end diastolic velocity (EDV), resistance index (RI) and systolic-diastolic ratio (SDR). The studies were conducted in the dynamics, 3-5 and 1-2 days prior to delivery. For statistical analysis used Student's t-test .



Results. The results of our study revealed a number of characteristic changes in uterine blood flow on the eve of physiological labor. As we approach the date of birth recorded a decrease in peripheral resistance index (RI and SDR) in the uplink and in the descending branch of the uterine artery. And in the descending branch of these processes in recent weeks gestation are more active. Five days before the birth of SDR in the ascending branch of the uterine artery is reduced from $1,88 \pm 0,11$ to $1,71 \pm 0,03$ conventional units (c.u.) ($P < 0.05$), with RI with $0,45 \pm 0,03$ to $0,40 \pm 0,01$ c.u. ($P < 0.05$), indicating that the increase in blood flow and decrease in peripheral vascular resistance of the uterus on average 7-8%. At the same time, the blood flow in the descending branch of the uterine artery is increased by 20-25%, as evidenced by a decrease in SDR with $1,86 \pm 0,12$ to $1,63 \pm 0,16$ c.u. ($P < 0.05$), and IR with $0,44 \pm 0,01$ to $0,38 \pm 0,09$ c.u. ($P < 0.05$). Such changes in the blood supply to the uterus leads to a substantial redistribution of the total uterine blood flow in favor of the descending branch of the uterine artery responsible for the blood supply to the cervix. Another feature of the uterine perfusion before labor is the restructuring of the cervical hemodynamic. Against the background of coordinated contractions of the myometrium as they approach the due date marked increase in the absolute values of the velocity of blood flow in all areas of the cervix. In the last two weeks of gestation in the arterial blood flow velocity and peripheral stomas areas is increased by 30-35%, in the central zone of 16-20%. 3 days before labor in the peripheral zone IR is $0,65 \pm 0,06$ c.u.; SDR $3,31 \pm 0,59$ c.u., in stomas zone IR is $0,63 \pm 0,06$ c.u., SDR $2,78 \pm 0,41$ c.u., but for 1-2 days before delivery IR and SDR are reduced by 15-18% and equal in the peripheral zone IR $0,59 \pm 0,01$ c.u., SDR $2,68 \pm 0,14$ c.u.; in the area of SDR stomas $0,56 \pm 0,01$ c.u., SDR and $2,45 \pm 0,10$ c.u. ($P < 0.05$).

Conclusions. Blood supply to the uterus before birth leads to a substantial redistribution of the total uterine blood flow. During 5 days before perfusion is enhanced cervix while reducing peripheral resistance index (RI and SDR) in the uplink and in the downlink branch of the uterine artery. Blood flow in the descending branch of the uterine artery is increased by 20-25%. As we approach the date of birth is marked increase in the absolute values of the velocity of blood flow in all areas of the cervix. Further examination of issues hemodynamic uterus and cervix eve of childbirth will predict the possible development of abnormalities of labor and optimize tactics of patients in labor.

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**MODERN APPROACH TO THE PROBLEM OF OVARIAN
HYPERSTIMULATION SYNDROME**

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Introduction. The emergence of the ovarian hyperstimulation syndrome (OHSS) is associated with the stimulation of ovulation in the treatment of infertility. Hyperstimulation syndrome manifests in cystic transformation of the ovaries, increasing their sizes, and output of the liquid portion of blood from the vascular bed into the abdominal, pleural cavity and pericardium. This is due to the increase in ovarian neo-angiogenesis against the background of excessive response for induction of ovulation or controlled stimulation of the ovulation.



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