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**ESTIMATION OF THE INFLUENCE OF VEGETOVASCULAR DYSTONIA**

**ON PREGNANCY AND ACT OF DELIVERY**

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**Introduction.** Currently, the frequency of treatment of pregnant women to neurologists with symptoms of vegetovascular dystonia (VVD) is steadily increasing. This diagnosis can lead to various complications during pregnancy, during act of delivery and the postpartum period, to increase the numbers of perinatal mortality and childhood disability.

**Materials and methods.** A study of 96 pregnant women aged 17 to 42 years was conducted. Patients were divided into 2 groups. The first group consisted of 66 women, who were observed with neurologists and therapists, diagnosed with vegetovascular dystonia, delivered during this pregnancy and in an anamnesis. The second group was a control group - 30 pregnant women.

Patients underwent standard laboratory tests (general and biochemical blood analysis, general urine analysis, hormonal, bacteriological studies, coagulogram), cardiomonitor examination of the fetus and dopplerometric examination of utero-placental and fetoplacental blood flow rates. They also were examined by obstetrician-gynecologist, and a neurologist, an ophthalmologist, an anesthesiologist.

**Results.** Leading syndromes in patients from the first group were: asthenic (n = 13), with cerebral angiodystonia (n = 23), tachycardial (n = 18) and cardiac syndrome (n = 12). Frequent complications were early toxicosis (22.7%), threat of termination of pregnancy (4.5%), undeveloped pregnancy (1.5%) in the period of 8-9 weeks, 3 pregnant women (6.1%) - delay fetal development: 2 women (3.03%) - against a background of moderate and severe gestosis, 1 woman (1.52%) - against a background of polyhydramnios. In 1 patient (1.5%), despite ongoing treatment, severe gestosis developed. During the dopplerometric study of utero-placental and fetoplacental blood flow rates in 10 pregnant women (15.2%), their deceleration was diagnosed. When examining the cardiotocogram in 13 pregnant women (19.7%), uniform periodic fetal accelerations and tachycardia were recorded.

In the control group, in the same study, 3 women (10%) had a violation of uteroplacental blood flow and severe variable fetal decler- sations with bradycardia. These patients were shown emergency operative delivery (caesarean section), due to the presence of indications from the side of the fetus. In the remaining pregnant women from the control group, the birth occurred in the period of 37-41 weeks physiologically. In the first group, 17 women (25.8%) were delivered operatively, due to the presence of indications from the fetus and from the mother, and in 49 women the births passed through the ral birth canal.

**Conclusion.** Thus, in the group of women with vegetovascular dystonia, the frequency of deliveries by operative route is 15.8% higher than in the control group.