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# BIOMEDICAL SCIENCES





to prevent further spreading of spirochetes. So, it is necessary to make diagnosis as early as possible in pregnancy.

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## **THE STUDY OF HYPERTENSIVE DISORDERS IN PREGNANT WOMEN AND COMPLICATIONS TO LABOUR AND FETAL DEVELOPMENT**

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**Introduction.** Pre-eclampsia is the complete or partial failure of trophoblast invasion of the myometrial segments of the spiral arteries causing impaired perfusion of the fetoplacental unit. Antiphospholipid syndrome (APS) is the presence of autoantibodies to phospholipids which lead to severe pre-eclampsia.

**Materials and methods.** Research analyzed on 30 primigravidas. Further divided into two main groups:

1st 20 primiparas – favourable perinatal outcome of labor and the birth of a healthy child with Apgar score of 8-9 ; 2nd 10primiparas – pre-eclampsia detected in the 2nd trimester with unfavourable outcome

	-premature	birth,		miscarriages.
2a:	diagnosed	with	APS	- 4primiparas
2b:	pre-eclampsia	without	APS,normotensive	6 primiparas.

The diagnosis was made on the complaints of the patients and diagnostics -blood pressure monitoring, 24 hour urine, ultrasound, and biophysical profile.

**Results.** 20 pregnant women with normal pregnancy gave birth with healthy fetus (66.6%).In 10 pregnant with pre-eclampsia the courses of pregnancy were complicated with premature birth and miscarriages (33.3%).In 4 pregnant of group 2a -termination of pregnancy of all 4 patients due to perinatal death (13.32%). In group 2b the course of pregnancy was complicated with intrauterine growth restriction in 2patients (6.66%); premature birth – 1 (3.33%) and there were 3 cases of induction of labour in the 36th weeks (9.99%)

High risk group is 2a with APS. Normotensive women with mild pre- eclampsia give birth to a child with monitoring and sufficient treatment leads to a better prognosis whereas in case of severe pre-eclampsia leading to termination of pregnancy.

**Conclusion.** Study confirms the fatal outcome to the mother & fetus thus; monitoring blood pressure from the 1st trimester till the end of pregnancy and screening for antibodies prior to pregnancy will be good prognosis.