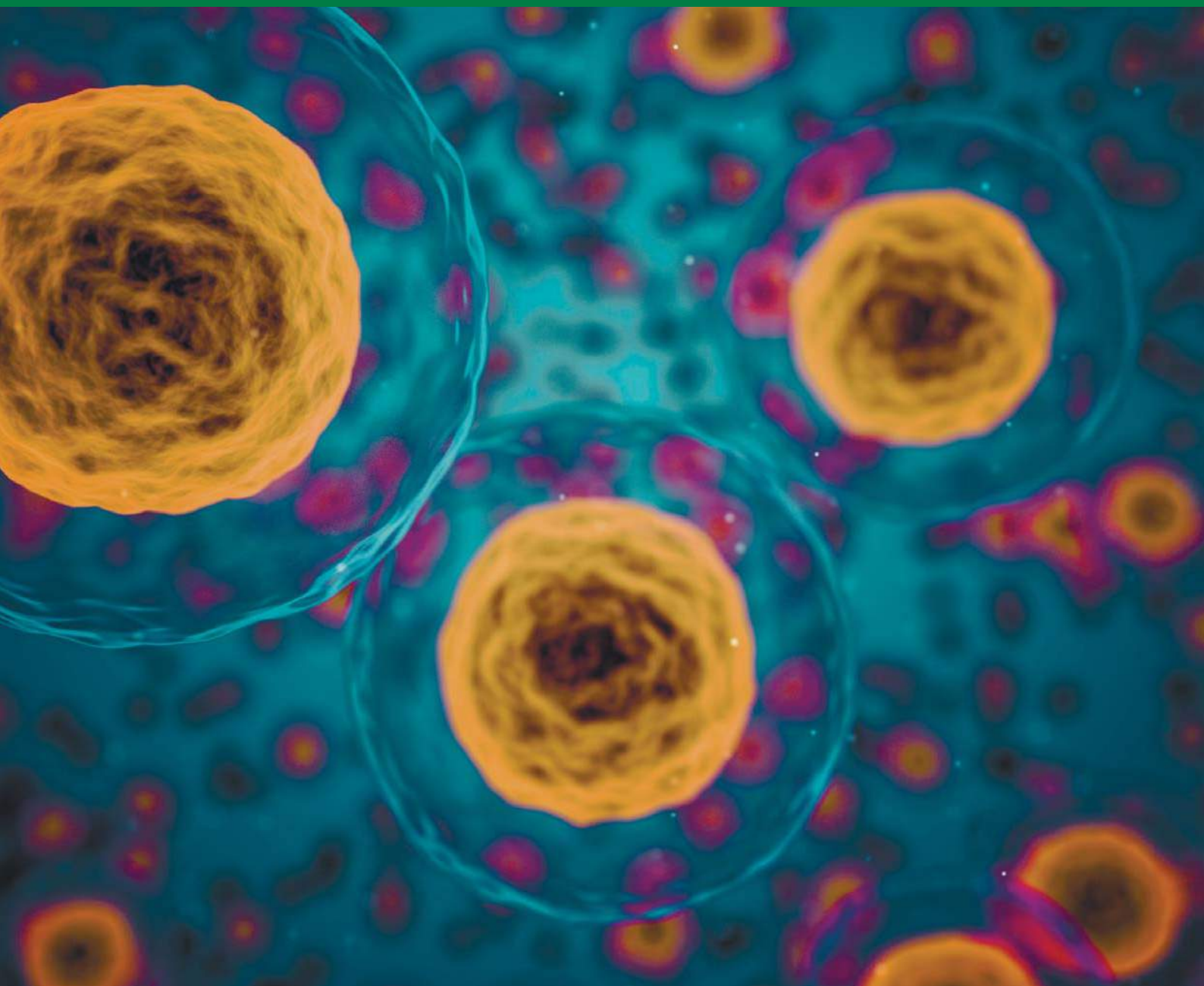
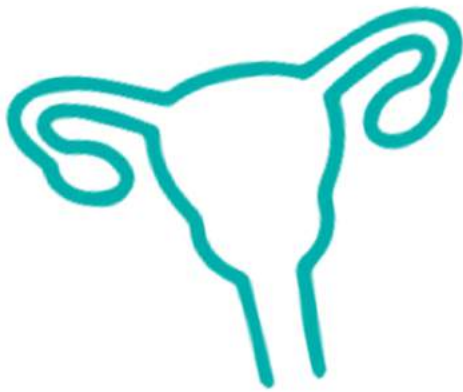


Kharkiv National Medical University

INTERNATIONAL SCIENTIFIC INTERDISCIPLINARY CONFERENCE ISIC - 2021



**KHARKIV NATIONAL
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OBSTETRICS & GYNECOLOGY





the pressure is comparatively low. The occurrence of Braxton's contractions makes the blood flow to the chorionic plate on the fetal side of the placenta. From there the highly oxygenated blood enters the fetal circulation.

In many cases, unreasonable drugs carried out and didn't show a significant improvement of these contractions, it more effective to be hydrated, changing position or rest, walking, listening to relaxing music and warm bath.

Braxton Hicks contractions are the body's manner of getting ready for actual true labor, however they don't suggest that labor has begun or is ahead to begin.

These contractions don't end in dilation of the cervix however may have a role in cervical softening.

Braxton Hicks contractions are a typical part of pregnancy. They can be uncomfortable, however they're not so painful.

Bachir Almoghrabi

COMPLICATION OF DELIVERY IN AN OBESE WOMAN

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Obesity is currently one of the main diseases in the population due to poor lifestyle choices, and the latest study by the World Health Organization shows that about 27% of the world's population is between overweight and obesity, and the same recent statistics made by Eurostat on 21/07/2021 shows that 53% of the European population are overweight and 20% are obese. According to world studies, women with a body mass index(BMI) > 30 have a higher risk of complications during childbirth.

The main purpose of the scientific work is to assess the dependence of the outcome of childbirth on the mother's BMI.

The study of world statistical data, scientific publications, analysis of clinical cases of labor management in pregnant women with obesity was carried out.

Obese women have a high risk of miscarriage or loss of a fetus before the 20th week of pregnancy, and stillbirth or loss of a child after the 20th week of pregnancy. After



vaginal delivery, overweight and obese women had a 19% increase in bleeding compared to normal vaginal deliveries.

The presence of some chronic diseases associated with obesity, such as diabetes during pregnancy, positively affects the growth of the fetus, which leads to premature birth and increases the risk of caesarean section by up to 48% for the first cesarean section (CS) and up to 85% when the mother has already undergone a successful CS, while in normal cases 20% during the first CS and 66% during second CS, which explain the increase in the number of cesarean sections in the population by an increase in obesity among population, which has reached more than 33%. In Europe, the latest statistics showed that 1 to 3 babies were born by CS, where this percentage is much higher compared to previous years.

At the same time, obesity increases the percentage of surgical morbidity from 20% in a normal pregnancy to 34%, which is a high indicator. It is pleasant to note that obesity surgeries have high complications at the same time, such as blood clotting, loss of large amounts of blood and problems with mobilization after childbirth. Increased bleeding during labor is most commonly seen in cases of high BMI and is called postpartum hemorrhage. While after a cesarean section, women with any class of obesity increased the likelihood of severe bleeding by 14%.

After a clear comparison of the values in the case of pregnancy with obesity, we see a clear increase in the percentage of complications in this case. Then, the hypothesis about the relationship between overweight and complications of childbirth is correct. This means that education and awareness of this need to be more frequent and very well known to every woman prior to pregnancy.

Obesity can be resolved before and even during pregnancy. An obese woman, with the help of some specialists or her doctor, can follow a special diet or make small changes in her lifestyle, like activities.



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