

ANALYSIS OF CAUSES OF INTRAUTERINE GROWTH RESTRICTION

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The problem of intrauterine growth retardation (IUGR) has been drawing more and more attention recently. Frequency of this complication of pregnancy and the resulting perinatal morbidity and mortality as well as the risk of sudden infant death are increasing. According to different authors, IUGR frequency varies from 1 to 31.2%. The level of perinatal mortality among children with IUGR is 4-8 times higher than among children born with normal body weight, and it constitutes 65-70% depending on the term of IUGR and background diseases, and it is 90% among premature infants. Perinatal morbidity of children born with IUGR, is 47-50%.

Causing disorders of neuropsychological and somatic development, IUGR adversely influences the further development of children and adolescents.

Intrauterine growth retardation is a pathological condition that occurs due to inadequate maternal-fetal circulation and leads to giving birth to infants with birth weight and/or birth length below the 10th percentile for gestational age.

In 2008-2011, there was made an analysis of 953 case records of newborns who were on treatment in department of pathology of newborns and department of premature of Sumy Regional Children's Clinical Hospital (SRCCH), and IUGR was diagnosed among 134 newborns. Age of women who gave birth to children with IUGR signs ranged from 18 to 42. 56.7% (76) of these women were pregnant for the first time, and for 66.7% (89) of them it was the first birth delivery. Encumbered obstetric history was observed in 26.7% (36) cases. 20,1% (27) of mothers had medical abortion in the anamnesis.

Background diseases were found in 36.6% (49) women. Speaking about the complications of pregnancy, 30% (40) of women were diagnosed with colpitis, 46,6% (42) – with threatened miscarriage, 100% (134) – with anemia of pregnancy, 60% (80) – with chronic placental insufficiency, 23,3% (31) – with gestosis of the first half of pregnancy, 30% (40) – gestosis of the second half of pregnancy, 20% (27) – with SARS in the second half of pregnancy.

Almost all the children studied had signs of perinatal hypoxic lesions of NS of different severity level. Among the syndromes of lesions of NS, excitation syndrome predominated. In 13 (18,6%) children of the main group and 2 (6.7%) newborns out of comparison group in the early neonatal period the syndrome of vegeta visceral disorders was identified, and it manifested itself by violation of microcirculation, thermoregulation and motility of the gastrointestinal tract. Long and expressed transient states (primary pathological loss of body weight, thermoregulation violation) occurred in 51.4% (36) infants of the core group, indicating the lack of adaptation at birth.

Thus, IUGR remains a multifactor pathology, in the implementation of which both the hereditary and external factors of the environment are very important. Increased frequency of births with IUGR is caused by combined effect of socioeconomic, environmental, medical and biological factors which have led to deteriorating the health index of women of reproductive age. The analysis shows that IUGR is formed because of negative premorbid condition and pregnancy complications. Among them, it is vitally important to emphasise the risk of miscarriage and chronic fetoplacental insufficiency observed in every second

patient. High sickness rate and low adaptive capabilities during neonatal period are peculiar for newborns with IUGR.