PREGNANCY AND CHILDBIRTH COMPLICATIONS IN OVERWEIGHT WOMEN.

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ANNOTATION: *Obesity is one of the most common diseases of metabolism. In recent years, its frequency has been increasing and reaches 20-50 percent in economically developed countries. Obesity and overweight occur in 25.0-37.0% of the female population in Uzbekistan The results of many studies conducted in recent years confirm that the process of pregnancy and childbirth in overweight women is much more complicated. Have a normal body weight, but prevent perinatal problems (hypertensive diseases during pregnancy,, macrosomia, as well as complications born by surgery.*

Keywords: *obesity, pregnancy, childbirth*

ОСЛОЖНЕНИЯ БЕРЕМЕННОСТИ И РОДОВ У ЖЕНЩИН С ИЗБЫТОЧНОЙ МАССОЙ ТЕЛА.

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АННОТАЦИЯ: *Ожирение является одним из наиболее распространенных заболеваний обмена веществ. В последние годы его частота увеличивается и достигает 20-50 процентов в экономически развитых странах. Ожирение и избыточная масса тела встречаются у 25,0-37,0% женского населения Узбекистана. Результаты многих исследований, проведенных в последние годы, подтверждают, что процесс беременности и родов у женщин с избыточной массой тела протекает значительно сложнее. Профилактика перинатальных проблем (гипертоническая болезнь при беременности, макросомия), а также осложнений оперативного родоразрешения.*

Ключевые слова: *ожирение, беременность, роды.*

ORTIQCHA VAZNI BOR AYOLLARDA HOMILADORLIK VA TUG'RUQNING KECHISHI VA ASORATLARI .

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ANNOTATSIYA: *Semirib ketish metabolizmning eng keng tarqalgan kasalliklaridan biridir. So'nggi yillarda uning chastotasi ko'payib bormoqda va iqtisodiy rivojlangan mamlakatlarda 20-50 foizga etadi. O'zbekistonda semirish va ortiqcha vazn ayollar aholisining 25,0-37,0 foizida kuzatiladi So'nggi yillarda o'tkazilgan ko'plab tadqiqotlar natijalari ortiqcha vaznli ayollarda homiladorlik jarayoni va tug'ish ancha murakkablashganini tasdiqlamoqda. Perinatal muammolarni(homiladorlik paytida gipertenziv kasalliklar, , makrosomiya) shuningdek jarrohlik yo'li bilan yakunlangan tug'ruqning asoratlarni oldini olish.*

Kalit so'zlar: *semizlik, xomiladorlik, tug'ruq*

Tadqiqot materiallari va usullari

1. Lipid metabolizmining buzilishi (umumiy xolesterin, TG, HDL xolesterin, LDL xolesterin, VLDL xolesterin).

3. Purin metabolizmining buzilishi (siydik kislotasi). III. Gormonal holatni baholash 3-5-kunida gormonlarni aniqlash: umumiy testosteron, SHBG (erkin androgenlar indeksini hisoblash bilan), prolaktin, LH, FSH, kunlik siydik bilan erkin kortizolni chiqarib yuborish.

Jigar, buyrak usti bezlari, tos a'zolari, sut bezlari va kalipermetriyani ultratovush tekshiruvining morfofunktsional usullari (qorin old devori va elka triseps mushaklari mintaqasida teri osti yog 'qalinligi).

Natijalari. Semiz ayyollarda homiladorlik bir qator onalik va perinatal xavf bilan bog'liq. Ushbu xavflarning darajasi va chastotasi semirishning og'irligi bilan ortadi. Reproduktiv yoshdagi homiladorlikni rejalashtirish bo'yicha ayollarda vazn yo'qotish va bu xavflarni kamaytirishi internatistlar va akusher-ginekologlarning muhim vazifalaridir.

Semirib ketish organizmdagi yog 'to'qimalarining ortiqcha miqdori bilan tavsiflanadi. Tana massasi indeksi (BMI) to'g'ridan-to'g'ri yog 'to'qimalarining massasi bilan o'zaro bog'liq va hozirgi vaqtda semizlikni aniqlash uchun foydalaniladi, bunda BMI (homiladorlikdan tashqari) -30 kg / m2 [1]. Yog 'to'qimasi faol endokrin organ hisoblanadi. Yog 'to'qimalarining ko'pligi bilan leptin darajasi ko'tariladi va adiponektin darajasi pasayadi, bu esa insulin qarshiligiga (IQ) olib keladi. Semirib ketish ko'pincha giperandrogenizm bilan ham bog'liq. Ushbu va boshqa turli xil gormonal o'zgarishlar anovulyatsiyani keltirib chiqaradi [2].

Semizlikning o'zi homiladorlikning salbiy oqibatlari xavfini oshiradigan omilmi yoki bu xavfni oshiradigan boshqa patologik holatlarning rivojlanishiga moyil bo'ladimi, hali hammasi to'liq aniq emas [3]. Homiladorlikning salbiy natijalari ko'pincha semirib ketgan ayollarning sezilarli qismida uchraydigan uglevod metabolizmining buzilishi bilan bog'liq. Shu bilan birga, normal glyukoza bardoshligi bo'lgan semiz ayollarda murakkab homiladorlik ehtimoli oshib bormoqda [4].

Patogenezda metabolik moddalarning metabolik, qon tomir va yallig'lanishga qarshi mexanizmlarini regulyatsiya qilishning turli mexanizmlaridan foydalaniladi, deb ishoniladi. Ushbu taxmin ba'zi bir asoratlar paydo bo'lishi progresiya bilan ortib borishini tasdiqlaydi [1,2,6].

Bachadonda homilaga ta'sir etuvchi glyukoza, lipidlar va proinflamatuar sitokinlar darajasining ko'payishiga, metabolik dasturlashdagi vaqtinchalik yoki doimiy o'zgarishlarga javoban epigenetik o'zgarishlar va bu hayot davomida turli xil kasalliklarga chalinish xavfining kuchayishi sifatida namoyon bo'ladi [7].

Reproduktiv yoshdagi ayollar orasida semirishning tarqalishi qo'llanilgan mezonga, o'qish yiliga va o'rganilayotgan populyatsiyaning xususiyatlariga qarab keng farq qiladi, ammo umumiy populyatsiyada semirish tarqalishining ko'payishiga mos ravishda ushbu ayollar nisbati aniq o'sishi kuzatilmoqda [8]. 2011-2012 yillarda o'tkazilgan NHANES (Milliy sog'liqni saqlash va ovqatlanishni tekshirish bo'yicha tadqiqot) tadqiqotiga ko'ra, 20 yoshdan 39 yoshgacha bo'lgan semiz odamlarning ulushi 31% ni tashkil etdi (BMI -30 kg / m2); eng yuqori tarqalish afroamerikalik ayollar orasida (56,6%) [9]. Taqqoslash uchun: 1980 yilda (BMI muntazam qo'llanilishidan oldin) birinchi tug'ruqdan oldin ayollarning atigi 7 foizida tana vazni 95 kg dan oshgan [10].

Tug'ilishga ta'siri. Semirib ketish ko'pincha anovulyatsiya bilan tavsiflangan polikistik tuxumdon sindromi (TPTS) bilan bog'liq. TPTS -da IR asosiy patogenetik mexanizmlardan biridir. Reaktiv giperinsulinemiya normal follikulogenezni buzadi deb o'ylashadi. PCOS bo'lgan ayollarda vazn yo'qotish va metformin bilan davolashda kuzatilgan ovulyatsiyani tiklash ushbu tushunchani qo'llab-quvvatlaydi [11, 12]. Ammo, hatto PCOS bo'lmagan taqdirda ham, semiz ayollarda tug'ish muammosi mavjud. Homiladorlik vaqti tana vaznining o'sishiga mutanosib ravishda ko'payadi [13].

Semirib ketish bilan bog'liq bo'lgan salbiy omillar tuxumdonlar funktsiyasini buzadi va oositlarning sifatini pasaytiradi, bundan tashqari, endometriumning retseptorlari apparatiga sezgir salbiy ta'sir ko'rsatishi mumkin. Bir necha kuzatuv tadqiqotlari shuni ko'rsatdiki, vazn yo'qotish semirib ketgan ayollarda foydali gormonal o'zgarishlarga va unumdorlikning yaxshilanishiga olib keladi [14, 15]. Ushbu dastlabki natijalarni tasdiqlash uchun katta randomizatsiyalangan sinovlar zarur.

Reproduktiv yordam beradigan texnologiyalar (YBT) yordamida bepushtlikni davolash samaradorligi. Semirib ketgan ayollarda bepushtlik uchun ART davolash paytida tana vaznining normal vazniga ega bo'lgan ayollarga nisbatan muvaffaqiyatsizlik xavfi yuqori. Bir qator tadqiqotlarda bepushtlik davolash samaradorligining pasayishi olingan oositlarning soni va sifati pastligi, shuningdek embrionlarning sifati pastligi bilan bog'liq edi [16, 17]. Boshqa tadqiqotlar shuni ko'rsatdiki, klinik homiladorlik va tirik tug'ilishning taqqoslanadigan ko'rsatkichlari bilan semirib ketgan ayollar ovulyatsiyani rag'batlantirish uchun gonadotropin dozalarini normal tana vazniga ega ayollarga qaraganda ko'proq talab qiladi [18, 19].

33 ta tadqiqotning muntazam tekshiruvi va meta-tahlilida, ekstrakorporal urug'lantirishning (IVF) / ICSI (ingliz tilidan ICSI - IntraCytoplasmic Sperm Injection, lit. Spermatozoidlarni sitoplazmaga kiritish, spermatozoidlardan spermatozoidalar) ning 48 ming davolash tsiklini o'z ichiga olgan. BMI 2525 kg / m2 bo'lgan BMI <25 kg / m2 bo'lgan ayollar bilan taqqoslaganda klinik homiladorlik (RR = 0.90) va tirik tug'ilish (RR = 0.84) bilan kasallanishning kichik, ammo statistik jihatdan sezilarli pasayishi va

xavfning sezilarli darajada oshishi kuzatildi erta homiladorlikning yo'qolishi (RR = 1.31) [20].

Donor tuxumidan foydalanadigan ayollarda (YBT) davolash tsikllari natijalarini muntazam ravishda qayta ko'rib chiqishga ko'ra, semirib ketgan oluvchilarda klinik homiladorlik darajasi tana vazniga ega bo'lgan ayollardan farq qilmadi (RR 0.97, 95% CI 0.83-1.16) [21]. Bu semirish bilan bog'liq tug'ilishning pasayishi (hech bo'lmaganda qisman) oosit sifati pasayishi bilan bog'liqligini ta'kidlaydi.

Shu bilan birga, olib borilgan tadqiqotlar asosan retrospektiv bo'lib, bemorni tanlash mezonlari bo'yicha farqlanadi va tug'ilishga salbiy ta'sir ko'rsatishi mumkin bo'lgan muhim qo'shimcha omillar (masalan, bepushtlik, chekish, teri osti yog 'tarqalishi yoki qo'shma endokrinopatiyalar) haqida ma'lumotlar mavjud emas. ...

Kontseptsiyadan oldin vazn yo'qotish, EKO unumdorligini davolash bilan shug'ullanadigan semiz ayollarda homiladorlik natijalarini yaxshilaydi [22, 23].

Kilogrammni erta homiladorlikning yo'qolishiga ta'sirini baholaydigan tasodifiy tekshiruvlar mavjud emas, ammo kuzatuv tadqiqotlari vazn yo'qotish dasturlaridan so'ng homiladorlik natijalarining yaxshilanganligini ko'rsatdi [27].

Uglevod almashinuvining buzilishi. Semizlik, shubhasiz, 2-toifa diabet mellitus (DM) bilan kasallanishning ko'payishiga hissa qo'shganligi sababli, uglevod metabolizmining buzilishi ko'pincha semiz ayollarda homiladorlik holatini og'irlashtiradi [28].

Bundan tashqari, turli xil tadqiqotlar natijalari semiz ayollarda homiladorlik davridagi diabet kasalligi (GDM) tarqalishining shunga o'xshash yoshdagi umumiy aholi bilan taqqoslaganda (mos ravishda 6-12% va 2-4%) aniq ko'rsatib turibdi [29]. GDM chastotasi ideal tana vazniga nisbatan har 1 kg / m2 uchun 0,92% ga oshadi [1, 30]. Tug'ilgandan so'ng uglevod almashinuvi normal holatga kelishi mumkin; semirib ketgan ayollarda tug'ruqdan keyingi davrda qandli diabetning davomiyligi normal tana vazniga ega ayollarga qaraganda 2 barobar ko'proq kuzatiladi [30].

GDM uchun skrining odatda 22-24 xaftada amalga oshiriladi. homiladorlik, ammo diabet kasalligi uchun xavfli omillar mavjud bo'lsa (og'ir semirish, GDM yoki tarixda katta vaznga ega bolalar tug'ilishi, glyukozuriya, PCOS, diabet bilan kasallangan birinchi qarindoshlar va boshqalar), homiladorlikning birinchi trimestridayoq og'iz orqali glyukoza bardoshlik testini o'tkazish kerak [3].

Homiladorlik gipertenziyasi. Onaning vazni va BMI preeklampsi va homiladorlik gipertenziyasining rivojlanishi uchun mustaqil xavf omilidir [28, 36-38].

Deyarli 1,4 million ayolni qamrab olgan 13 kohort tadqiqotlarini muntazam ravishda qayta ko'rib chiqishga ko'ra, preeklampsi xavfi ideal BMI dan yuqori bo'lgan har 5-7 kg / m2 uchun 2 baravar ko'payishi ko'rsatilgan [36]. Ushbu tendentsiya doimiy gipertoniya va qandli diabet bilan og'rigan ayollarni tahlildan chetlatilgan holatlarda yoki boshqa kasalliklarga moslashtirilgandan keyin ham saqlanib qoldi. Kogort tadqiqotlar vazn yo'qotishdan keyin preeklampsi xavfini kamayganligini ko'rsatdi [12].

Induktsiya va o'z-o'zidan paydo bo'ladigan tug'ruq (PR). Semirib ketish, o'z-o'zidan va tibbiy jihatdan ko'rsatiladigan PR xavfini oshiradi, birinchi navbatda

gipertoniya, preeklampsiya va uglevod metabolizmining buzilishi. PRning patogenezi qon tomir va yallig'lanishga qarshi omillarni o'z ichiga olishi kerak. Tizimli tekshiruv shuni ko'rsatdiki, ortiqcha vazn va semirishda PRning nisbiy xavfi 1.30, 95% CI 1.23-1.37 (normal tana vazniga ega ayollar bilan taqqoslaganda) va BMI o'sishi bilan ortdi [39].

Homiladorlikni keyinga qoldirish. So'nggi paytlarda semirish va uzoq muddatli homiladorlik assotsiatsiyasi to'g'risida tobora ko'proq ma'lumotlar paydo bo'ldi [29, 41-43]. 4 ta yirik aholi kohort tadqiqotlarida, semiz ayollarda uzoq muddatli homiladorlik xavfi 1,2-1,7 baravarga ko'payganligi ko'rsatildi [29, 30, 41, 43]. Semirib ketishdagi gormonal buzilishlar mehnatni qo'zg'atishni sekinlashtirishi mumkin deb taxmin qilinadi.

Tug'ma xomilalik anomaliyalar. Onaning semirib ketishi homilaning tug'ma nuqsonli rivojlanishining mutlaq xavfini biroz oshishiga olib keladi va bu xavf semirish darajasiga mutanosib ravishda ko'payadi [45-47].

Ushbu buzilishlarning patogenezi to'liq aniq emas, ammo metabolik va gormonal kasalliklar, birinchi navbatda giperinsulinemiya bilan bog'liqligi taxmin qilinadi.

Kuzatuv ishlarini muntazam ravishda qayta ko'rib chiqish va meta-tahlil qilish shuni ko'rsatdiki, semirib ketgan onalar asab naychalari nuqsonlarini rivojlanish xavfini oshirgan (RR1.87, 95% CI 1.62-2.15), spina bifida (RR) 2.24, 95% CI 1.86-2.69), yurak-qon tomir anormalliklari (RR 1.30, 95% CI 1.12-1.51), septal nuqsonlar (OR 1.20, 95% CI 1 , 09-1.31), lablar va yuqori tanglay yoriqlari (OR 1.20, 95% CI 1.03-1.40), anorektal atreziya (OR 1.48, 95% CI 1.12-1.97) , gidrosefali (OR 1.68, 95% CI 1.19-2.36) va oyoq-qo'llarining anormalliklari (OR 1.34; 95% CI 1.03-1.73).

Ushbu ma'lumotlar bir qator cheklovlarga ega, ya'ni semirib ketgan ayollarda intrauterin anormalliklarni prenatal ultratovush diagnostikasi sezilarli darajada qiyinlashadi, bu esa keyinchalik tashxis qo'yilishiga va tibbiy sabablarga ko'ra abortning pasayishiga olib keladi [50]. Bir qator tadqiqotlar konjenital anomaliyalar uchun qo'shimcha xavf omili bo'lgan homiladorlikdan oldin diabetga chalingan ayollarni tahlildan chetlashtirmadi va bu topilmalarga ta'sir qilgan bo'lishi mumkin [51]. Semirib ketish mezonlari va diagnostika usullari tadqiqotlar davomida har xil edi.

Albatta, semiz ayollar normal tana vazniga ega ayollarga qaraganda qandli diabet va gipertenziya bilan kasallanishadi, bu perinatal o'limni tushuntirishlaridan biri bo'lishi mumkin.

Biroq, ushbu xavf qoidabuzarliklar yaxshi nazorat qilingan taqdirda ham saqlanib qoladi. Ushbu hodisalarni shakllantirishning potentsial mexanizmlariga semirishning metabolik oqibatlari (prostatsiklin ishlab chiqarish pasayishi bilan giperlipidemiya), homila harakatchanligining pasayishi va vaqtinchalik gipoksiya davri kiradi.

Makrosomiya . Homiladorlikdan oldin ayolning semirib ketishi ham, homiladorlik paytida ortiqcha vazn ortishi ham makrosomiya shakllanishiga ta'sir qiladi (ya'ni homilaning homiladorlik davri uchun kattaligi (og'irligi> 4 kg va tug'ilish paytida uzunligi> 54 sm)).

Ko'pgina tadqiqotlar homiladorlikdan oldin onaning BMI va yangi tug'ilgan chaqaloqning vazni o'rtasidagi chiziqli bog'liqlikni ko'rsatdi [3, 51, 53]; Shunday qilib,

semiz onalar makrosomiya bilan kasallanish darajasi yuqori [1, 2, 10, 29, 41]. Ushbu munosabatlar semiz ayollarda GDM chastotasiga bog'liq emas [4, 51, 53].

Makrosomiya 2 ta yuzaga kelishi mumkin bo'lgan asoratlarga ega: elka distosiyasi va keyinchalik semirishni rivojlanishiga moyilligi. Kelajakdagi kohort tadqiqotlari ma'lumotlariga ko'ra, semiz ayolda tana vaznini normallashtirish katta homila bo'lish xavfini kamaytiradi [58, 59].

Bolalarda autizm va boshqa aqliy rivojlanish kasalliklari. Aholiga asoslangan holda o'tkazilgan tekshiruvda onaning IR va bolalardagi autizm va boshqa aqliy rivojlanish kasalliklari bilan kasalligi [54] o'rtasida bog'liqlik aniqlandi. Ushbu kuzatish qo'shimcha tasdiqlashni talab qiladi.

Semirib ketish reproduktiv funktsiyaga salbiy ta'siridan tashqari, yurak-qon tomir va serebrovaskulyar kasalliklarga, 2-toifa diabetga, uyqu apnesi sindromiga, osteoartritga va ayrim saraton turlariga olib kelishi mumkin. Shuning uchun so'rovnomada boshqa tadqiqotlar ham bo'lishi mumkin. Semirib ketgan ayollarni kontseptsiyadan oldin tayyorlash taktikasi quyidagilarni o'z ichiga olishi kerak.

• endokrin kasalliklarni qoplash / bartaraf etish (agar mavjud bo'lsa);

• insulinga sezgirlikni oshirish (uglevod almashinuvining aniqlangan buzilishlari bilan);

• Ozish;

• progesteron preparatlari bilan luteal fazani qo'llab-quvvatlash.

Semirib ketgan ayollarda reproduktiv funktsiyani optimallashtirish va homiladorlik natijalarini yaxshilash uchun homiladorlikni rejalashtirish bosqichida vazn yo'qotish kerak

Semirib ketishning birinchi tavsiyasi dietani o'zgartirish, faol turmush tarzi va xulq-atvorga javoblarni o'zgartirishdir.

Oziqlanish samaradorligida hech qanday parhez sezilarli foyda keltirmadi, shuning uchun asosiy narsa iste'mol qilinadigan oziq-ovqat miqdorini kamaytirish va jismoniy faollikni oshirishdir [62]. Agar 3 oy ichida. turmush tarzi o'zgarishi fonida tana vaznining 5 foiziga ozishga erishilmaydi, dori terapiyasi boshlangan [1-3].

Xulosa. Reproduktiv yoshdagi ayollarning semirib ketishi bir qator umumiy somatik va reproduktiv muammolar bilan bog'liq bo'lib, bu tug'ilishning pasayishiga olib keladi. Yog 'to'qimasi ko'plab gormonlarning periferik sintez joyidir, shuningdek qon tomir tizimining ishida va immunitetni shakllantirishda faol ishtirok etadi, shuning uchun uning ortiqcha tarkibi metabolik, gormonal, qon tomir va yallig'lanishga qarshi kasalliklar bilan birga keladi.

Semirib ketgan ayollarda normal tana vazniga ega bo'lgan ayollar bilan taqqoslaganda, o'z-o'zidan homiladorlikning chastotasi va turli usullar bilan (ovulyatsiyani stimulyatsiya qilish, ART) bepushtlik davolash samaradorligi pasayadi. Homiladorlikdan so'ng semiz ayollarda tug'ma homila anomaliyalari, makrosomiya, o'lik tug'ilish, homiladorlik gipertenziyasi, homiladorlik qandli diabet, muddatidan oldin tug'ilish va boshqa bir qator asoratlar xavfi ortadi. Og'irlikni yo'qotish hayz ko'rish

funktsiyasiga ijobiy ta'sir qiladi, homilador bo'lish va sog'lom bola tug'ilishi ehtimolini oshiradi va homiladorlikning salbiy oqibatlari xavfini kamaytiradi.

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