

## THE COURSE OF PREGNANCY, CHILDBIRTH AND POSTPARTUM PERIOD IN WOMEN WITH UTERINE FIBROIDS

**Isakulova M.M., Ibragimova N.S.**

*assistants at the Department of Clinical and Laboratory Diagnostics with a course of clinical and laboratory diagnostics at the Faculty of Postgraduate Education, Samarkand State Medical University, Uzbekistan, Samarkand*

**Boboniyozova X.A.**

*cadet of the Department of Clinical and Laboratory Diagnostics with a course of clinical and laboratory diagnostics of PGE, Samarkand State Medical University, Uzbekistan, Samarkand*

**Abstract.** The authors of the work conducted a retrospective analysis aimed at studying the characteristics of the course of pregnancy and childbirth in women at risk for miscarriage with uterine fibroids. Based on the conducted research, the most significant risk factors for the development of uterine fibroids are described, and the frequency of complications during pregnancy and childbirth is identified. Based on the results obtained, general recommendations for the management of pregnancy and childbirth are given.

**Keywords:** uterine fibroids, myomectomy, risk group.

## ТЕЧЕНИЕ БЕРЕМЕННОСТИ, РОДОВ И ПОСЛЕРОДОВОГО ПЕРИОДА У ЖЕНЩИН С МИОМОЙ МАТКИ

**Исакулова М.М., Ибрагимова Н.С.**

*ассистенты кафедры Клинико-лабораторной диагностики с курсом клинико-лабораторной диагностики ФПДО, Самаркандского Государственного Медицинского Университета. Узбекистан, Самарканд*

**Бобониёзова Х.А.**

*курсант кафедры Клинико-лабораторной диагностики с курсом клинико-лабораторной*

*диагностики ФПДО, Самаркандского Государственного  
Медицинского Университета, Узбекистан, Самарканд*

**Аннотация.** Авторами работы проведен ретроспективный анализ, направленный на изучение особенностей течения беременности и родов у женщин группы риска по невынашиванию беременности с миомой матки. На основании проведенного исследования, описаны наиболее значимые факторы риска развития миомы матки, выявлена частота осложнений беременности и родов. В соответствии с полученными результатами даны общие рекомендации по ведению беременности и родов.

**Ключевые слова:** миома матки, миомэктомия, группа риска.

**Relevance.** Uterine myoma is one of the most common benign tumor diseases of the female reproductive system [2, 10]. Частота ее колеблется от 24 до 50% [1, 6, 7]. Research conducted in recent years indicates a tendency towards “rejuvenation” of this pathology, an increase in the number of women suffering from uterine fibroids under the age of 30, that is, in the active reproductive period [3, 8, 9].

The variability of the course of pregnancy in combination with uterine fibroids, a wide range of methods for managing patients with symptoms of uterine fibroids, the varying impact of therapy on fertility and the lack of comprehensive recommendations for managing women in the prenatal, postpartum and postpartum periods determined the purpose of our study [4, 5, 11].

**The aim of the study:** to study the characteristics of the course of pregnancy and childbirth in women at risk for miscarriage with uterine fibroids.

**Methods and materials of the study.** We conducted a retrospective analysis of 110 birth histories of women undergoing inpatient treatment at Maternity Complex No. 1 in Samarkand. The subjects were divided into 2 groups: Group I – pregnant women with uterine myoma (n=60), Group II – practically healthy women (n=50). The obtained materials were processed on a personal computer using the package of applied standard computer programs “Microsoft Excel”, “Statistica 10.0”.

**Results of the study.** In the course of the study, we found that the average age of women in group I was  $33.2 \pm 3.5$  years, in group II  $31.4 \pm 2.9$  years.

Evaluation of menstrual function showed that in group I the average age of menarche was  $15.3 \pm 2.5$  years, in group II this figure was  $13.6 \pm 1.9$  years. Menstrual dysfunctions were noted in group I in 17% of cases, in group II – in 28% of patients.

The analysis of parity of pregnancy and childbirth showed that primiparous women accounted for 38.3%, multiparous women 61.7% in Group I and 40% and 60% in Group II. 20% of patients in Group I and 26% of women in Group II had a history of abortions. Spontaneous miscarriages (2 or more) occurred in 100% of those

examined in Group I. Premature births in this group were in 45% of women, in group II - in 24%. In group II there was no history of spontaneous miscarriages, only 14% of women had a pregnancy termination at the woman's request before 12 weeks, in group I there were twice as many such women (26.7%).

In the structure of gynecological diseases of group I, pathology of the cervix was not detected, while in group II, erosion of the cervix was present in 12% of cases. The main pathology of the ovaries is cysts - they account for 3.3% of women in group I, and 6% in group II.

Among extragenital pathologies, the most common are thyroid gland lesions (15% and 12% in groups I and II, respectively), and cardiovascular diseases (32% and 46% in groups I and II, respectively). Gastrointestinal tract diseases were also observed in 8% of both groups I and II; urinary system pathology: 30% of women in group I and 26% of cases in group II; visual impairment was observed in 28.3% of patients in group I and 32% of pregnant women in group II; mild to moderate anemia occurred in 13.3% of women in group I and 24% of patients in group II.

As for the features of the gestational process, its course was complicated in groups I and II: placental disorders - 11.67% and 58%, moderate preeclampsia - 10% and 36%, polyhydramnios - 1.67% and 0%, oligohydramnios - 0% and 12%, respectively, in the examined patients of the studied groups.

Analysis of the onset of labor in Group I was accompanied by premature rupture of membranes in 30% of women, in Group II in 32% of patients. In Group I, term labor occurred in 90% of cases, premature labor – in 10% of women.

Vaginal births occurred in 37% of pregnant women in Group I and in 84% of women in Group II. Caesarean section was used in 63% of women in Group I and 16% of women in Group II. During operative delivery in Group I, the scope of surgical intervention in some cases was supplemented by myomectomy. The total blood loss in women after operative delivery averaged  $852.3 \pm 125.1$  ml.

Among the complications of the birth act, weakness of labor activity was established in 27% of women in group I, and rapid labor was established in 10% of patients. At the same time, in group II, the percentage of complications was lower and amounted to 4% and 6% - weakness of labor forces and rapid labor, respectively.

The average weight of newborns in Group I was  $3323 \pm 365$  g. The average length of the child's body was  $51.7 \pm 2.4$  cm. 28.33% of newborns in this group received an Apgar score of 8/9 points; there was one stillbirth in Group I. Intrauterine growth retardation was detected in 6.67% of cases. As for Group II, the average weight of newborns varied within  $3150 \pm 425$  g, height –  $49.7 \pm 2.6$  cm. The Apgar score of 8/9 points was noted in 92%, one case of stillbirth, 20% of children in this group were born with intrauterine growth retardation.



**Conclusions.** Based on the analyzed data, we have established risk factors for the development of uterine fibroids, among which the most common are menstrual dysfunction, the presence of endocrine diseases, a high frequency of medical abortions and miscarriage. Women in this risk group have a high percentage of operative deliveries, and natural births are complicated by abnormalities in labor activity, requiring additional treatment measures and a decision to change the tactics of managing such women with mandatory implementation of the principle of a differentiated approach to treatment.

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