# COMPARATIVE CHARACTERISTICS OF THE STRUCTURE OF PREGNANCY COMPLICATIONS IN HIV-INFECTED WOMEN

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HIV infection tends to increase among women of reproductive age, despite the improvement of modern health care both in Uzbekistan and around the world. Studying the impact of HIV infection on the development of gestational and perinatal complications is an urgent task of modern healthcare.

The purpose of the study: to conduct a comparative analysis of the structure of gestational complications in HIV-infected women.

Research materials and methods. The main group consisted of 48 HIV-infected women who were being monitored at the City's AIDS Center. The comparison group consisted of a retrospective study of 119 birth histories and outpatient records of HIV–infected women delivered in maternity hospitals in Tashkent No. 1,8,9. The patients of the main group underwent measures aimed at improving the functioning of the fetoplacental system. The control group consisted of 40 pregnant women with HIV-negative status.

The results obtained: Among the women of the main group, repeat births prevailed, which amounted to 82%, and 18% were primiparous. An analysis of the data on the results of viral load determination showed similar indicators in the main and comparison groups. A comparative analysis showed that this pregnancy in the first half took place in the main group against the background of the threat of termination of pregnancy in 9 (19%) cases, in the control group – in 7 (17.5%). In the comparison group, the threat of early termination of pregnancy was observed in 46 (39%) cases. Vomiting of mild to moderate severity in pregnant women was observed in 11 (23%) cases in the main group. Ptyalism was also observed in 2 (5%) women of the control group. An analysis of the course of the second half of pregnancy in the examined groups showed that the threat of premature birth in the comparison group was significantly more common – 29 (24%) cases than in the main – 3 (6%) and control – 5 (10%) groups. Also, the presence of hypertensive disorders during this pregnancy was more often observed in the comparison group. Pregnancy–induced hypertension occurred in 14 (12%) cases in the comparison group, 3 (6%) in the main group, and 4 (10%) in the control group. Mild preeclampsia was observed in 3 (6%) patients in the main group, 2 (5%) in the control group, and 16 (13%) in the comparison group. Severe preeclampsia was not observed in the main and control groups, in the comparison group it occurred in 9 (7%) cases. When analyzing these results, it was found that in HIV–infected pregnant women, the incidence of complications such as grade 1A violation of uteroplacental-fetal blood flow was observed in 15 patients (30%), grade 1B - in 11 (22%), grade 2 – in 10 (20%). Polyhydramnios was observed in 12 (24%), and lack of water in 5 (10%). Fetal retardation syndrome occurred in 9 cases (18%), fetal malformations - in 4 (8%).

Conclusions. Thus, HIV-infected women have a high risk of developing various gestational complications, in particular, disorders in the mother-placenta-fetus system, and therefore the search for rational methods of preventing these disorders in order to reduce perinatal morbidity and mortality is an urgent task of modern obstetrics.


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