

UDC 618.3-008.6

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ROLE AND PLACE OF EXTRAGENITAL PATHOLOGY OF NEAR MISS CASES IN OBSTETRIC PRACTICE

This article touches on the case of "near miss" in obstetric practice, on the example of State municipal state enterprise "Regional Perinatal Center No. 3" for 2016. The structure of heavy maternal incidence, frequency and features of emergency of nearmissis defined in the background of extragenital pathology.

Purpose of the study. The research purpose is to estimate structure of nearmiss cases in Turkistan region, features of nearmiss caused by extragenital pathology and its consequences.

Material and methods. The retrospective analysis of all 93 cases of nearmissis carried out which received treatment in State municipal state enterprise "Regional Perinatal Center No. 3" for 2016. Criterion of selection in this studied group was submission of the map of critical states in departments of protection of a maternity and the childhood at regional Management of Health care and in the Ministry of health and social development, according to the order of the Ministry of Healthcare RK No.389 of 28.05.2010. "About the approval of the Instruction for monitoring of critical states at pregnant women, women in labor, puerperas".

Results and discussion. For 2016 in the perinatal center of the accouchement of 8723 women, 93 cases of nearmiss are registered that made 1% of all childbirth. From all quantity of 93 cases in 50 cases (53%) lived in the city, in 43 cases (47%) lived in rural areas. Background extragenital pathology was available from 93 cases in 79.2% (in absolute figures 74 cases) it: iron deficiency anemias in 54 cases that made 58%, the varicosity of the lower extremities 13 cases of 13.9%, chronic diseases of respiratory organs 10 cases of 10.7%, a disease in cardiac - vascular system 3 cases of 3.2%, chronic infections of an urinary system of 8 cases of 8.6%.

Conclusions:

1. The case of nearmiss in obstetric practice is more often met than maternal mortality, and in respect of studying for the purpose of prophylaxis of maternal mortality, are very valuable sources of information, each case of nearmiss regardless of the reasons it caused it has to be analyzed in details among experts.

2. The obstetric reasons of nearmiss cases prevail in structure of heavy incidence of mothers, but existence of chronic extragenital pathology leads to a fast decompensation of adaptable mechanisms.

3. Health of the newborns born from mothers who transferred nearmiss is associated with the increased incidence, mortality and a mortinatality. One of the main reasons for trouble of fetus in fetal life and during the early neonatal period is the complicated course of pregnancy with an exacerbation of extragenital pathology.

Key words: a case of "near miss", maternal mortality, extragenital pathology.

When studying a situation in the sphere of health protection of mother maternal mortality traditionally undertook a starting point. The lethal outcome is the most unpleasant, that pregnancy can come to the end, and studying the circumstances which led to the death of mother, allows to highlight not only clinical problems, but also removable or remediable factors at a stage of the organization of a medical care. Different health systems try acceptance of a number of programs worldwide, not to allow cases of maternal, analyzing already allowed a case of maternal mortality. At the same time a number of epidemiologists and doctors of clinical physicians express opinion that the number of cases of maternal mortality is quite slight now to serve as a sensing marker of quality of the provided medical care. In the last decade identification of nearmiss, began to be considered as addition or an alternative of studying of maternal mortality. Cases of nearmiss are defined as patients with organ dysfunction demanding an intensive care and transfer to the intensive care unit which would die in the absence

of performing the corresponding treatment. Maternal cases of nearmiss are considered as a case of women, close to death because of the complications which arose during pregnancy, childbirth or within 42 days after the delivery, but survivors.

According to WHO data (2009), a critical state of nearmiss are:

1. Dysfunction of warmly vascular system:
 - shock,
 - heart attack,
 - heavy hypoperfusion (Sodium lactatum > 5 mmol/l or > 45 mg/dl)
 - heavy acidosis (pH < 7,1)
 - long use of vasoactive medicines,
 - warmly pulmonary resuscitation
2. Dysfunction of respiratory system:
 - Shar cyanosis,
 - Difficult respiration,
 - Heavy tachypnea (level respiration > 40 breaths a minute),

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- Heavybradypnoea(level respiration <6 breaths a minute),
- A heavy anoxemia (O2 a saturation>90% for ≥ 60 min. orPAO2/FiO2<200).
- Intubation and ventilation, not the bound to anesthesia
- 3. Renal dysfunction:
 - the oligouriya which is not answering introduction of liquid and diuretics
 - heavy sharp azotemia (creatinine>300 mcmol/ml or>3.5 mg/dl),
 - dialysis for a sharp renal failure.
- 4. Coagulation dysfunction:
 - inability to form blood clots,
 - heavy sharp thrombocytopenia (<50000 thrombocytes/ml),
 - large transfusion of blood or erythrocytes (≥ 5 units)
- 5. Hepatic dysfunction:
 - jaundice in the presence of a preeclampsia,
 - heavy sharp hyperbilirubinemia (bilirubinemia> of>100 mcmol/l or >6.0 mg/dl).
- 6. Neurologic dysfunction:
 - the long-lived losses of consciousness or coma (durationof >12 hours),
 - paralysis,
 - uncontrollable spasms / epileptic status,
 - the complete paralysis.
- 7. Parent dysfunction:
 - a hysterectomy owing to an infection of a uterus or bleeding.

Heavy maternal complications are defined as potential life-endangering states. It is extensive category of clinical conditions, including diseases which can threaten the woman's life during pregnancy, childbirth, and also after the end of pregnancy. This is a large puerperal bleeding, heavy preeclampsia, eclampsia, sepsis / heavy systemic infection, and also hysterorrhesis.

The critical procedures which are carried out in such conditions are those procedures which demand management life-threatening and, perhaps, life-threatening conditions. The ratio of cases of nearmiss to maternal mortality differs on regions. For example, in France this index makes 1:19; in London-1:118; in India-1:6.

Purpose of the study. The research purpose is to estimate structure of nearmiss cases in Turkestan region, features of nearmiss caused by extragenital pathology and its consequences.

MATERIAL AND METHODS

The retrospective analysis of all 93 cases of nearmiss carried out which received treatment in State municipal state enterprise "Regional Perinatal Center No. 3" for 2016. Criterion of selection in this studied group was submission of the map of critical states in departments of protection of a maternity and the childhood at regional Management of Health care and in the Ministry of health and social development, according to the order of the Ministry of Healthcare RK No.389 of 28.05.2010. "About the approval of the Instruction for monitoring of critical states at pregnant women, women in labor, puerperas".

RESULTS AND DISCUSSION

For 2016 in the perinatal center of the accouchement of 8723 women, 93 cases of nearmiss are registered that made

1% of all childbirth. From all quantity of 93 cases in 50 cases (53%) lived in the city, in 43 cases (47%) lived in rural areas. Background extragenital pathology was available from 93 cases in 79.2% (in absolute figures 74 cases) it: iron deficiency anemias in 54 cases that made 58%, the varicosity of the lower extremities 13 cases of 13.9%, chronic diseases of respiratory organs 10 cases of 10.7%, a disease is cardiac - vascular system 3 cases of 3.2%, chronic infections of an urinary system of 8 cases of 8.6%.

According to the revealed data the nearmiss case in the ratio to childbirth was made 93:8723, thus, to fall on each 94 childbirth 1 case of nearmiss. According to the chart No.1 in 2/3 cases the obstetric reasons caused near miss, 1/3 was caused by extragenital pathology and made 28% of all amount of critical conditions.

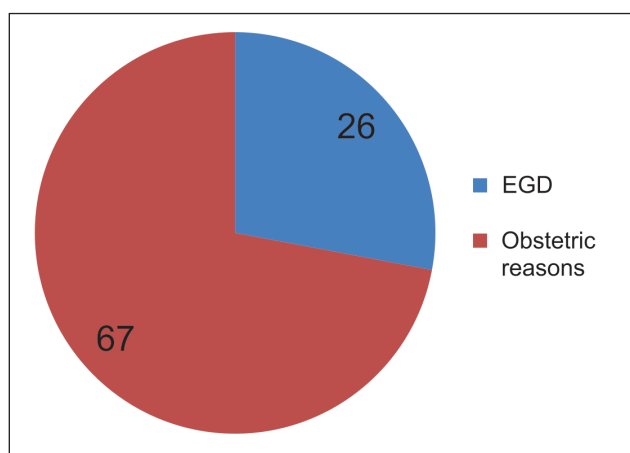


Chart No 1 - Ratio of the Reasons which caused nearmiss (the case of nearmiss)

From the specified 93 cases of heavy incidence of mothers in 2 cases passed into group of maternal mortality, 1 case the bound to obstetric bleeding, 1 case with the acquired heart disease, and already in group of maternal mortality extragenital pathology made 50% as the reason which caused a lethal case. Extragenital pathology is that adverse hum noise of development of pregnancy on which possibilities of adaptable mechanisms are reduced or limited, and failure of compensatory stocks of an organism occurs is ready quicker. The ratio of maternal mortality to cases of an okoloptera 2:93, in group of heavy incidence is the share of 47 cases 1 case of maternal mortality.

Heavy incidence of mothers in the majority cases was the indication for an early delivery or arose at the time of delivery, thus the state of health at newborn these mothers was associated with the increased incidence and mortality. On delivery times at mothers of this group: in the full-term childbirth happened in 52-55.9%, the prematurely born term of 41-44.1%. Still births occurred in 12 cases (12.9%) and the death of the newborn in the early neonatal period 3 cases (3.2%), and in 7 cases (7.5%) the newborn needed an intensive care and resuscitation.

CONCLUSIONS

1. The case of nearmiss in obstetric practice is more often met than maternal mortality, and in respect of studying for the

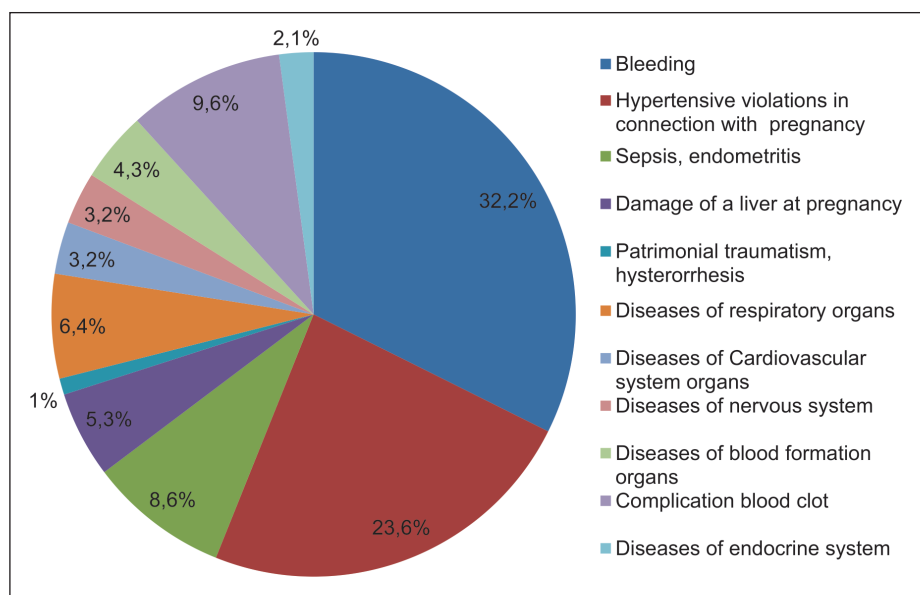


Chart No 2 - Structure of nearmisses for the year of 2016

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Мақала 2016 жылғы «№3 Аймақтық Перинаталды орталық» Мемлекеттік муниципалды мекеме мысалындағы акушерлік тәжірибедегі «өте қиын жағдай» туралы тақырыпты қозғайды. Аналық ауру-сырқаулардың қиын жағдайларының құрылысы, өте қиын жағдайлар кезінде көрсетілетін шұғыл көмектің жиілігі мен белгілері экстрагенитальды патология негізінде анықталады.

Зерттеудің мақсаты. Түркістан аймағында экстрагенитальды патологиямен шақырылған кризисті жағдайлардың құрылымын бағалау.

Материал және әдістері. 2016 жыл ішінде «Облыстық перинатальды орталық №3» стационарында ем алған барлық кризисті жағдайдың 93-іне ретроспективті сараптама жүргізілді. ҚР ДСМ «Жүкті әйелдерде, босанатын әйелдерде және босанған әйелдерде дағдарысты жағдайлардың мониторинг жөніндегі нұсқауды бекіту туралы» №389 28.05.2010 жылғы бұйрығына сүйене отырып, облыстық Денсаулық Сақтау басқармасының қарамағындағы Ана мен бала қорғау бөлімшесінің берген критикалық жағдайлар карталары зерттеу тобы ретінде тандалды.

Нәтижелері және талқылауы. 2016 жылы перинатальды орталықта 8723 әйел босандырылды, оның ішінде 93 жағдай критикалық болып тіркелді, бұл босану санына шаққанда 1% құрайды. 93 жағдай жалпы санынан 50-і (53%) қала тұрғыны, ал 43 жағдай (47%) ауылды аймақта өмір сүрген. Фонды экстрагенитальды патология 93 жағдайдың 79,2% орын алған, бұл: теміртапшылықты анемия – 54 жағдайда (58%), варикозды ауру-13 (13,9%), тынысалу жүйесінің аурулары - 10 (10,7%), жүрек қантамыр жүйесінің аурулары 3 (3,2%). Несеп шығару жүйесі 8 (8,6%) жағдай тіркелген.

Қорытынды

1. Акушерлік тәжірибеде кризисті жағдайлар ана өлімінен де көп кездеседі. Осы жағдайды зерттеу ана өлімін болдырмау мақсатында көп мәлімет береді. Әр кризисті жағдай пайда болу себебіне қарамастан мамандар арасында қатаң түрде сараптамдан өту қажет.

2. Акушерлік себептер ана аурушандығында орасан зор орын алғанмен, созылмалы экстрагенитальды патология бейімделу механизмінде декомпенсацияға бірден алып келеді.

3. Кризисті жағдайды өткерген аналардан туылған нәрестелерде аурушандық, шетінеу, өлі туылу қаупі жоғары болады. Нәресте үшін құрсақ ішінде және ерте неонатальды кезеңде қолайсыздық тудыратын негізгі себеп асқынған жүктіліктің экстрагенитальды патология өршуімен бірлесіп келуі.

Негізгі сөздер: кризисті жағдай «near miss», ана өлімі, экстрагенитальды патология.

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purpose of prophylaxis of maternal mortality, are very valuable sources of information, each case of nearmiss regardless of the reasons it caused it has to be analyzed in details among experts.

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Research transparency

Research did not have a sponsorship. The authors are absolutely responsible for presenting the release script for publication.

Declaration about financial and other relations

All authors took part in elaboration of article conception and writing the script. The release script was approved by all authors. The authors did not get the honorary for the article.

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РОЛЬ И МЕСТО ЭКСТРАГЕНИТАЛЬНОЙ ПАТОЛОГИИ В СЛУЧАЯХ ОКОЛОПОТЕРИ В АКУШЕРСКОЙ ПРАКТИКЕ

Статья затрагивает тему о «критическом состоянии» в акушерской практике, на примере Государственного муниципального учреждения «Региональный Перинатальный Центр №3» за 2016 год. Структура тяжелых случаев материнской заболеваемости, частота и признаки экстренной помощи при критических состояниях определяются на основе экстрагенитальной патологии.

Цель исследования. Оценить структуру случаев околопотери по Туркестанскому региону, особенностей случаев околопотери, вызванных экстрагенитальными патологиями, и ее последствия.

Материал и методы. Проведен ретроспективный анализ всех 93 случаев околопотери, которые получали лечение в ГККП «Областной перинатальный центр №3» за 2016 год. Критерием подбора в данную исследуемую группу явилась подача карты критических состояний в отделы охраны материнства и детства при областном Управлении здравоохранения и в Министерство здравоохранения и социального развития, согласно приказу МЗ РК №389 от 28.05.2010 г. «Об утверждении Инструкции по мониторингу критических состояний у беременных женщин, роженец, родильниц».

Результаты и обсуждение. За 2016 год в перинатальном центре родоразрешены 8723 женщины, зарегистрированы 93 случая околопотери, что составило 1% от всех родов. Из всего количества 93 случая в 50 случаях (53%) женщины проживали

в городе, в 43 случаях (47%) проживали в сельской местности. Фоновая экстрагенитальная патология имела из 93 случаев в 79,2% (в абсолютных цифрах 74 случая), это: железодефицитные анемии в 54 случаях, что составило 58%, варикозное расширение вен нижних конечностей в 13 случаях - 13,9%, хронические заболевания органов дыхания в 10 случаях - 10,7%, болезни сердечно-сосудистой системы 3 случая - 3,2%, хронические инфекции мочевыделительной системы 8 случаев - 8,6%.

Выводы

1. Случаи околопотери в акушерской практике встречаются гораздо чаще, чем материнская смертность, и в плане изучения с целью профилактики материнской смертности являются очень ценными источниками информации, каждый случай околопотери вне зависимости от причин, его вызвавших, должен детально анализироваться среди специалистов.

2. Акушерские причины случаев околопотери преобладают в структуре тяжелой заболеваемости матерей, но наличие хронической экстрагенитальной патологии приводит к быстрой декомпенсации адаптационных механизмов.

3. Здоровье новорожденных, родившихся от матерей, перенесших случай околопотери, ассоциируется с повышенной заболеваемостью, смертностью и мертворождаемостью. Одной из основных причин неблагоприятного исхода плода во внутриутробной жизни и в ранний неонатальный период является осложненное течение беременности с обострением экстрагенитальной патологии.

Ключевые слова: случай околопотери «near miss», материнская смертность, экстрагенитальная патология.

For reverence: Nurkhasimova R.G., Ayazbekov A.K., Ibrayeva D.E., Ramanova S.T. Role and place of extragenital pathology of near miss cases in obstetric practice // *Medicine (Almaty)*. – 2017. – No 6 (180). – P. 82-85

Article received 04.04.2017

Article accepted for publication 19.06.2017