TASHKENT MEDICAL ACADEMY

100 TMA ANNIVERSARY

Journal of Educational and Scientific Medicine

Issue 1 (1) | 2023

OAK.uz

Google Scholar

Supreme Attestation Commission at the Cabinet Ministers of the Republic of Uzbekistan

ISSN: 2181-3175

Journal of Education & Scientific Medicine

ISSN 2181-3175

Tashkent Medical Academy

Research Article

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Features of the Course of Pregnancy and Childbirth After in Vitro Fertilization (IVF), Considering the Factor of Infertility

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Abstract

Background. One of the most popular ART methods is in vitro fertilization (IVF), which is the most effective method of infertility treatment. The study of the characteristics of pregnancy after IVF is of great practical importance, since only 55-70% of these pregnancies end in the birth of live children.
Purpose. To study the features of the course of pregnancy in women after in vitro fertilization.
Methods. The outcomes of pregnancy and childbirth were assessed in 155 patients after in vitro fertilization. The study was conducted in pregnant women after IVF, as well as 20 patients in the control group with spontaneous pregnancy.
Results. The results of pregnancy and childbirth in 155 patients after in vitro fertilization were evaluated. The study was conducted in pregnant women after IVF. The course of pregnancy with IVF has been accompanied by obstetric complications, such as placental dysfunction, preeclampsia, fatal growth retardation syndrome, and premature birth. This has led to the need for a more differentiated approach to managing pregnancy after IVF.
Conclusion. All women who have IVF treatment should be at high obstetric and perinatal risk and need more careful management of pregnancy and childbirth compared to women with spontaneous pregnancy.

Keywords: pregnancy, childbirth, in vitro fertilization

INTRODUCTION

It should be noted that in the treatment of infertility using ART, not only the very fact of successful conception through IVF is important, but also the subsequent normal course of pregnancy and childbirth, which ensures the birth of a healthy child [1,11,12]. In this regard, studies devoted to optimizing the tactics of managing and delivering pregnancies resulting from the use of IVF are of great importance. The obvious goal of such research is to improve perinatal outcomes and prevent any risks to the woman's health status [6,8,14,15]. At the same time,0 the problem of choosing the optimal method of delivery (CS or vaginal delivery) seems to be especially relevant, since in the application to the contingent of pregnant women of the IVF program, the strong influence of “defensive medicine” is still felt, contributing to an exorbitantly high% of abdominal births, significantly exceeding the same indicator among deliveries in women with natural conception [3,5].

The onset of pregnancy in IVF programs is only the first stage, after which the tasks of carrying the pregnancy and giving birth to a healthy child follow. In this regard, it seems quite natural to increase the number of works that study the features of the course and outcomes of pregnancy after IVF [2, 9,13].

Features of the course of pregnancy after IVF are due, on the one hand, to infertility factors in the couple, and on the other hand, hormone therapy used in the program of superovulation stimulation and support of the corpus luteum in early pregnancy [1]. Hormone therapy is a trigger mechanism for the activation of autoimmune processes, viral and bacterial infection, and thrombophilic conditions [4,16]. In addition, IVF treatment of infertility is often used in patients of middle age, with a long period of infertility, with various genital and somatic diseases that can adversely affect the course and outcome of pregnancy [7]. That is why the course of pregnancy in patients after IVF is characterized by a high incidence of obstetric pathology and miscarriage, which can neutralize the success of IVF [2,10].

Unfortunately, neither foreign nor domestic litera-

ture provides sufficient data on the percentage of full -term pregnancy, complications of pregnancy after IVF, the condition of fetuses and newborns in groups with various infertility factors; this information summarizes only a small number of works on this problem. At the same time, a complete understanding of this would contribute to the development of optimal approaches to managing pregnancy after IVF [5, 14].

Aim of the study was to conduct a comparative analysis of the influence of the infertility factor on the course of pregnancy resulting from in vitro fertilization and its perinatal outcomes.

MATERIALS AND METHODS

We have studied 155 patients after IVF who applied to the maternity complex at the age of 21 to 47 years (main group). Of these, group 1A - women (n=92) with female infertility; group 1B - women (n=56) with male infertility, group 1C - women (n=7) with unclear genesis of infertility. The control group consisted of 20 women with spontaneous pregnancy (SNP).

This study evaluated the course of pregnancy and perinatal outcomes in women with pregnancy after IVF, depending on the factor of infertility. The study included a comparison of data on the initial state of the patients, the course of pregnancy and childbirth, as well as the condition of the newborns.

Criteria for inclusion of patients in this stage of the study:

- female infertility of tubal origin, endocrine genesis and / or male factor of infertility (in the absence of severe pathozoospermia);
- Unexplained infertility.

The study did not include patients with:

- miscarriage up to 22 weeks of pregnancy;
- malformations of the genital organs;
- combined / combined genesis of infertility.

The clinical characteristics of pregnant women were carried out according to a specially designed examination card, which included: a thorough collection of anamnestic data, heredity, family history, the state of health of pregnant women, obstetric and gynecological history, the course of pregnancy, childbirth, and the postpartum period.

Obstetric examination determined the duration of pregnancy, the position of the fetus, the nature of the fetal heartbeat. In case of delivery through the natural birth canal, the total duration and duration of each of the three periods of labor, the nature of the labor inducing measures used, the nature of complications in childbirth and the treatment used were recorded. During abdominal delivery, the total duration of the operation and the time to fetal extraction were monitored, the nature of complications and the treatment used were recorded. The amount of blood loss during vaginal and abdominal delivery was assessed gravimetrically, taking into account amniotic fluid.

The study of the state of newborns included an Apgar score at the 1st and 5th minute of life, the determination of anthropometric parameters (weight, body length and their ratio). The degree of maturity of children was determined according to the Bishop scale.

RESULTS

The average age was 31,84±0,46 years in the main group and 27,35±1,19 years in the control group. The most common women after IVF were aged 30 to 34 years, who accounted for 32,9%, the least of all - 21–24 years, which amounted to 10 cases (6,5%). According to the data of our study, the patients were comparable in terms of age (p<0,001).

The duration of infertility was 7,89±0,27 years, where the minimum value was 2 years, and the longest period of infertility was 17 years among married couples.

81 patients suffered from primary infertility (52,3%; 30,47±5,67; 95% CI: 29,21-31,72), secondary - 74 (47,7%; 33,34±5,34; 95 % CI: 32,10-34,57).

According to the number of previously performed ineffective IVF, 3 women (1,94%) had 1 cycle, 1 (0,65%) had 3, 1 (0,65%) had 4, and 1 (0,65%) - 5. Among the causes of infertility, the following factors were identified: female - 92 (59,3%) cases, male - 56 (36,2%) and idiopathic - 7 (4,5%). In the structure of the female factor of infertility in 63 (40,6%) cases there was tubal, 12 (7,7%) - polycystic ovaries, 7 (4,5%) - "depleted" follicular reserve, 10 (6,5%) - anovulatory cycle.

The course of this pregnancy in the examined women (n=175) was studied. Singleton pregnancy occurred in 97 (62,6%) women in the main group and in 12 (60%) women in the control group. Twin pregnancies were 33,5% (52 women) in the main group and 40% (8 women) in the control group. Pregnancy with triplets occurred only in the main group and amounted to 3,9% (6 women).

When studying the course of this pregnancy, it was shown that vomiting of pregnant women, requiring inpatient treatment, occurred in the main group in 98 (56%) women, in the control group in 9 (5,1%), p=0,33.

The threat of early spontaneous miscarriage occurred significantly more often in women after IVF. In pregnant women with tubal-peritoneal factor of infertility, this complication was noted in 56 women (32,0%; p=0,04), with male factor - 22 (12,6%; p=0,02), with an unclear factor - in 2 (1,1%; p=0,01), in the control group in 1 (0,6%). The most common clinical symptoms of threatening early spontaneous miscarriage were observed at 6, 8 and 10 weeks of pregnancy (table 1).

At the same time, bloody discharge from the genital tract was observed in 21 (12,0%) women in group 1A and in 4 (2,3%) women in group 1B. Retrochorial hematoma without external bleeding in 3 (1,7%) women in group 1A and in one (0,6%) woman in group 1B. In other cases, pregnant women complained of pulling pain in the abdomen without detachment of the chorionic tissue. Recurrent clinical symptoms of threatened abortion in the 1st trimester were observed in 49 (28,0%), 12 (6,9%), 2 (1,1%), 1 (0,6%) women, respectively, groups

(p=0,01).

Table 1

Terms of observation, threatening early spontaneous miscarriage by weeks of gestation in the examined women

Gestational age	1A group n=92		1B group n=56		1C group n=7		Control group n=20	
	n	%	n	%	n	%	n	%
5-6 weeks	52	29,7	14	8,0	1	0,6	1	0,6
7-9 weeks	49	28,0	12	6,9	2	1,1	-	-
10-11 weeks	46	26,3	12	6,9	1	0,6	2	1,1
Note: the indicators were statistically significant, p<0,05								

Considering the above results, we can conclude that there is a trend towards an unfavorable course of gestation in the 1st trimester in women with female factors of infertility.

The threat of late spontaneous miscarriage was recorded in 29 (16,6%), 11 (6,3%), 3 (1,7%) and 1 (0,6%) patients in groups, respectively (p=0,041). Recurrent symptoms of late spontaneous miscarriage were observed in 26 (14,9%), 11 (6,3%), 1 (0,6%) and 1 (0,6%) women, respectively.

The threat of preterm birth was recorded in 26 (14,9%), 12 (6,9%), 1 (0,6%) and 1 (0,6%) women, respectively (p=0,031). Bloody discharge from the genital tract during pregnancy was observed only in 1 (0,6%) woman with a marginal placenta from the infertility group due to the female factor. Recurrent symptoms of the threat of preterm labor were observed in women of the main group, i.e. in 12 (6,9%), 8 (4,6%) and 1 (0,6%) women, respectively, groups.

The results for other obstetric complications among the groups are presented in table 2.

Table 2.

Incidence of pregnancy complications in women (%)

Obstetric complications	1A group n=92		1B group n=56		1C group n=7		Control group n=20	
	n	%	n	%	n	%	n	%
Hypertensive disorders	21	12,0	4	2,3	1	0,6	-	-
Inconclusive fetal condition	8	4,6	4	2,3	-	-	-	-
Placental insufficiency	12	6,9	4	2,3	1	0,6	1	0,6
Placental abruption	11	6,3	6	3,4	1	0,6	-	-
Fetal growth retardation	4	2,3	2	1,1	-	-	-	-
Rupture of membranes	24	13,7	4	2,3	-	-	-	-
Note: the indicators were statistically significant, p<0,05								

The most common complications of gestation in women in our study were amniotic fluid rupture at different stages of pregnancy (16%) and hypertensive disorders during pregnancy (14,9%), which were more common in women of the main group. Placental insufficiency II grade occurred in 8 (4,6%) women and was manifested by fetal growth retardation and unconvincing fetal condition.

An analysis of the timing of labor showed that preterm labor was in 35 (20,0%) women. Premature births were observed in 18 (10,3%), 16 (9,1%) and 1 (0,6%) women of the main group, respectively, in the subgroups. All deliveries in the control group were at full term. Statistically significant differences were obtained between the main and control groups, p=0,03. An analysis of the features of delivery methods showed that women after IVF were delivered by caesarean section.

Body weight and height of newborns in the subgroups did not differ significantly, p=0,89 and p=0,92, respectively. In women with infertility due to the male factor, the average body weight of children was 3112,2±45,2 grams, the average height was 46,7±0,89 cm. In women with infertility due to the female factor, the average body weight of children was 3088,6±52,2 grams, average height 44,1±0,78 cm. Children of women with an unclear infertility factor had an average of 3121,2±67,6 grams, average height 46,2±0,23 cm.

In the comparison group, the average body weight of newborns was 3400,0±52,2 grams, the average height was 49,4±1,02 cm.

In all children born after in vitro fertilization, the Apgar score was 7,7±0,07-8,7±0,06 points. There were no significant differences in perinatal outcomes in subgroups of women after IVF (p=0,045). Thus, when evaluating newborns at the 1st minute of life in the group of women with endocrine factor of infertility, there was a statistically significant decrease in the indicator to 7,6±0,65 points compared to the group of male infertility, where the score was 8,3±0,27 points (p<0,05). When assessed on the Apgar scale at the 5th minute of life in the group of women with endocrine and tubal-peritoneal factors of infertility, there was a statistically significant decrease in the indicator – 7,4±0,51 and 7,1±0,31, respectively, compared with the group of male infertility genesis – 8,9±0,19 (p<0,05).

In three cases, antenatal death of fetuses with premature birth was observed in women in the main

group. Similar cases were not observed in the control group (p=0,003).

Delivery of women after IVF was mainly carried out by caesarean section. In subgroups with endocrine and tubal-peritoneal infertility, a lower Apgar score of newborns was noted than in the control group. Pregnancy in women with tubal-peritoneal and endocrine infertility was accompanied by a high frequency of perinatal losses. Therefore, all women who have undergone IVF infertility treatment should be at high perinatal risk and need more careful management of pregnancy and childbirth compared to women with spontaneous pregnancy.

DISCUSSION

Analysis of the somatic health data of the observed pregnant women did not reveal significant differences among the groups (p≥0,05). However, women with tubal-peritoneal infertility are significantly more likely to suffer from inflammatory diseases of the pelvic organs, uterine myoma and intrauterine pathology. Women with male factor infertility in the course of pregnancy do not significantly differ from women whose pregnancy occurred spontaneously (p>0,05). In pregnant women with tubal peritoneal infertility, a statistically significantly greater number of cases of threatened early spontaneous miscarriage and threatened preterm birth was recorded (p<0,05). The presence of clinical symptoms of a threatened abortion determines the duration of progestin support. However, this therapy is not a guarantee of favorable outcomes and effectively manifests itself in an integrated approach to treatment.

Analyzing the frequency of such a complication as preeclampsia, it should be recognized that there were no significant differences in the studied groups. However, there is a relationship between the median urinary tract infection in patients whose pregnancy occurred as a result of IVF, with the formation of the clinical picture of this complication. For women with spontaneous pregnancy, this relationship is not observed. There were no differences in perinatal outcomes (p>0,05), despite a significant difference in the course of pregnancy in the groups, which allows us to conclude that the management of gestation is correct. Thus, for more effective management of pregnancy resulting from IVF, it is necessary to take into account the factor of infertility, predicting the possibility of complications.

CONCLUSION

Pregnancy after IVF is characterized by a higher incidence of obstetric complications compared with women with spontaneous pregnancy. The course and outcome of pregnancy after IVF in the 1st trimester depend on the cause of infertility: the frequency of reproductive losses with tubal-peritoneal infertility is 7,1%, with endocrine infertility - 29%, with male -5,4%. The second trimester of pregnancy is characterized by a favorable course in male infertility, a relatively low rate of spontaneous miscarriage (0,6%) in TPB, and a continuing high rate of abortion (5%) in endocrine infertility. In the 3rd trimester of pregnancy in patients after IVF, the incidence of severe forms of hypertensive disorders and fetal growth retardation is 2-3 times higher than the general population. In this regard, women of reproductive age who have become pregnant as a result of the use of ART programs should be included in the risk group for the development of obstetric and perinatal complications.

Ethics approval and consent to participate - All patients gave written informed consent to participate in the study.

Consent for publication - The study is valid, and recognition by the organization is not required. The author agrees to open publication

Availability of data and material - Available

Competing interests - No

Financing – Self

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BEPUSHTLIK OMILINI HISOBGA OLGAN HOLDA EKSTRAKORPORAL URUG'LANTIRISHDAN (EKU) SO'NG HOMILADORLIK VA TUG'RUQNING KECHISHI.

Mirzayeva D.B.
Toshkent Tibbiyot Akademiyasi

Abstrakt

Dolzarbligi. Bepushtlikni davolashda yordamchi reproduktiv texnologiyalarning eng samarali usullaridan biri bu ekstrakorporal urug'lantirish (EKU) bo'lib kelmoqda. EKUdan. keyin homiladorlikning kechishi xususiyatlarini o'rganish katta amaliy ahamiyatga ega, chunki bu usul natijasida homiladorlikning atigi 55-70% holatlarida tirik bolalar tug'ilishi bilan yakunlanadi.

Maqsad. Ekstrakorporal urug'lantirishdan keyin ayollarda homiladorlikning kechishini o'rganish.

Tadqiqot. EKUdan so'ng homiladorlik va tug'ruq kechishi natijalari 155 ta bemorda kuzatildi. Tadqiqot EKUdan keyin homilador ayollarda, shuningdek, nazorat guruhidagi o'z-o'zidan homiladorlik yuzaga kelgan 20 ta bemorda o'tkazildi.

Natijalar. EKU dan so'ng yuzaga kelgan homiladorlik yo'ldosh disfunksiyasi (PD), preeklampsiya, homilalik o'sishdan orqada qolishi, muddatdan oldingi tug'ruq kabi akusherlik asoratlari bilan kechdi. Bu esa EKU dan so'ng personallashgan ravishda homiladorlikni olib borish zarurligini taqozo etadi

Xulosa. EKU bilan davolangan barcha ayollar yuqori akusherlik va perinatal xavf guruhida bo'lishi kerak va o'z-o'zidan homiladorlik yuzaga kelgan ayollar guruhiga qaraganda homiladorlik va tug'ruq nazorat ostida olib borilishi kerak.

Kalit so'zlar: homiladorlik, tug'ruq, ekstrakorporal urug'lantirish

ОСОБЕННОСТИ ТЕЧЕНИЯ БЕРЕМЕННОСТИ И РОДОВ ПОСЛЕ ЭКСТРАКОРПОРАЛЬНОГО ОПЛОДОТВОРЕНИЯ (ЭКО), УЧИТЫВАЯ ФАКТОРА БЕСПЛОДИЯ.

Мирзаева Д.Б.
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Абстракт

Актуальность. Одним из наиболее популярных методов ВРТ остается экстракорпоральное оплодотворение (ЭКО), которое является самым эффективным методом лечения бесплодия. Изучение особенностей беременности, наступившей после ЭКО, имеет важное практическое значение, так как только 55-70% данных беременностей заканчивается рождением живых детей.

Цель. Изучить особенности течения беременности у женщин после экстракорпорального оплодотворения.

Методы. Проведена оценка исходы беременности и родов у 155 пациенток после экстракорпорального оплодотворения. Исследование проводилось у беременных наступивших после ЭКО, а также 20 пациентки контрольной группы со спонтанной наступившей беременностью.

Результаты. Течение беременности с использованием ЭКО сопровождались акушерскими осложнениями, таких как плацентарная дисфункция (ПД), преэклампсия, синдром отставания роста плода, преждевременные роды. Это привело к необходимости более дифференцированного подхода к ведению беременности после ЭКО.

Вывод. Все женщины, прошедшие лечение бесплодия методами ЭКО, должны находиться в группе высокого акушерского и перинатального риска и нуждаются в более пристальном ведении беременности и родов по сравнению с женщинами с самопроизвольно наступившей беременностью.

Ключевые слова: беременность, роды, экстракорпоральное оплодотворение.