У 8 (25 %) пациенток с нарушением целостности промежности в родах диагностированы и другие осложнения родов, которые не выявлены в группе контроля ($\chi^2 = 7{,}00$, $p < 0{,}008$). Среди них слабость родовой деятельности наблюдали у 3 (9,4 %), сопутствующие разрывы шейки матки, влагалища, больших и малых половых губ – у 2 (6,25 %), несвоевременное излитие околоплодных вод – у 2 (6,25 %), гипотоническое кровотечение – у 1 (3,1 %) женщины. Тогда как у 8 (25 %) женщин в контрольной группе были отмечены только разрывы шейки матки, влагалища, больших и малых половых губ.

У новорожденных от матерей первой группы масса тела составил Ме = 3470 (3170–3803) гр, рост – Ме = 54 (53–55) см. Масса тела у новорожденных от матерей второй группы была равна Ме = 3525 (3170–3728) гр, рост – Ме = 54 (52–55,3) см. Все дети родились в удовлетворительном состоянии с оценкой по шкале Апгар 8/9 балов на 1-й и 5-й минутах. Только 1 новорожденный из основной группы родился с оценкой по шкале Апгар 6/7 балов на 1-й и 5-й минутах соответственно.

Выводы

В результате работы было установлено, что с целью предупреждения самопроизвольного разрыва промежности в настоящее время выполняют в 78,1 % эпизиотомию ($p = 0{,}0001$), учитывая, что резаная рана заживает лучше, чем рваная. Факторами риска травматизации промежности являются первые роды, которые произошли у 53 % ($p < 0{,}009$) женщин, что связано с ригидностью родовых путей у данных рожениц; сопутствующие гинекологические заболевания, диагностированные у 87,5 % ($p < 0{,}024$) женщин. Также у пациенток с травматизацией промежности в родах наблюдали в 56,3 % случаев ($p < 0{,}022$) осложнения беременности и в 25 % случаев ($p < 0{,}008$) различные осложнения родов, что возможно связано с общим патогенетическим механизмом их развития.

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RISK FACTORS AND CLINICAL SYMPTOMS IN PATIENTS WITH VOMITING OF PREGNANCY

Introduction

Emesis Gravidarum is nausea and vomiting during pregnancy. It can be physiological and pathological (hyperemesis) [1]. About 0,3–3 % pregnancies experience hyperemesis [1]. Some countries mild nausea and vomiting also included in diagnosis, in that case prevalence rate will be high [4]. At early stage of hyperemesis critical symptoms are absent but at later severe

dehydration symptoms are present [2]. Although reports of maternal deaths nowadays appear not much but old days more significant deaths are reported. Most causes are genetic predisposition – like close relatives experienced hyperemesis, but paternal genes are not playing a role [3]. In recurrent pregnancies chances are high but not 100 %. This indicates multifactorial aetiology rather than purely maternal genetics [3]. Infection, psychiatric and hormonal contributions, maternal stress, malnutrition, gastrointestinal diseases, trauma and neurological damage are also important [4]. Patients with prolonged hyperemesis are slightly younger, obese, have history of allergies and restrictive diet. So this concludes strong immunity is a protective factor [4]. A Netherland study says 3,2 % of H.pylori cases have hyperemesis. This was carried on 5,549 women among them 1,932 have occasional vomiting and 601 are reported daily vomiting, demonstrated that women who were H.pylori positive were more likely to report daily vomiting. Also pregnant women who diagnosed with H.pylori have average 2.1kg weight loss in pregnancy and there is a slightly reduced in baby's weight at birth. But some authors say H.pylori is an independent cause because in nonpregnant women also it causes digestive problems. Peak level of hCG and estrogen in first trimester may cause emesis [5]. Usually estrogen induces nausea and vomiting in healthy women and women uses oral contraceptives [1]. Also, hyperemesis presence more in multiple pregnancy and molar pregnancy confirm it [5]. But still the exact cause is unknown and multifactorial. Because of unknown pathogenesis, treatments are supportive and symptomatic in most cases.

Goal

To analyse the most common risk factors and symptoms of hyperemesis gravidarum.

Material and methods of research

A retrospective study of risk factors and clinical symptoms in 100 patients with vomiting of pregnancy at obstetrics department of Gomel regional clinical hospital in 2017–2019 was conducted. Statistical analysis was carried out using non-parametric criteria (χ^2), $P < 0,05$.

The results of the research and their discussion

Among 100 patients 92 women were at the age of 21 to 35 (92,0 %) and 8 women were at the age of 35 to 42 (8,0 %), $P < 0,001$. Among this group a largest number of women were admitted at their first trimester: 81 women (81,0 %) were below 12 weeks and other 19 (19,0 %) were at their second trimester, $P<0,001$. Most of them were having regular menstruation cycle except 12 (12,0 %) with menstrual cycle dysfunction. On analysis of gynaecological history 22 patients were having pathology of the cervix and 13 were reported with endometriosis without severe complications. In family history analysis 80,0 % ($P < 0,001$) patients were having positive results for their mother or sister hyperemesis history. 35 patients (35,0 %) had history of chronic gastritis and chronic pancreatitis, 2 women were reported with hernia of oesophagus. 42 (42,0 %) women were having normal BMI range from 18,5 to 30. 4 women with severe dehydration symptoms were having BMI below 18,5, 54 women were obese and BMI was above 30. 62 (62,0 %) women were primigravidae and among them 3 were expecting twin pregnancy. 20 patients had normal delivery, 12 were delivered with C-section and 6 had history of stillbirth. Lab analysis shows 3 of them are having ketonuria and 2 were reported with metabolic acidosis.

All patients had normal blood pressure, body temperature and pulse. 6 of them had recent weight loss about 2–3 kg. 93 (93,0 %) women were having nausea and vomiting from mild to moderate range, 7 of them were having severe vomiting. In those 6 of them had severe dehydration symptoms like dry lips, sunken eyes and mild degree of metabolic acidosis were noted. 63 patients (63,0 %) were mainly hospitalized for weakness in addition to vomiting. Frequency of vomiting below 5 times per day noted among 40 women, below 8 times per day among 32 women, below 10 times per day 20 women and more than 10 times per day among 8 women.

About 75,0 % had duration of vomiting for 10 days approximately. Other 20,0 % range from 1 to 1,5 months and 5 were having clinical symptoms for 3 months. In additionally 20,0 % of patients were reported with mild anaemia in their routine blood report.

All were treated with Ascorbic acid and Metoclopramide. Patients with moderate to severe vomiting were given IV Ringer solution and IV glucose. Patients with anaemia were given iron and folic acid supplementation. All are given vitamin supplementation (vitamin B12 and B6). All patients were responded to medications and had good prognosis.

Conclusion

The most significant risk factors in the study were young age of patients, family history of vomiting during pregnancy, diseases of the gastrointestinal tract, first pregnancy, first trimester of pregnancy ($P < 0,001$). 93,0 % of women were having nausea with mild to moderate vomiting. the most common clinical symptoms they had were nausea, vomiting, salivation, weakness. Only 7,0 % of patients were having severe vomiting and among them majority of dehydration clinical symptoms like dry lips, sunken eyes, ketonuria and metabolic acidosis were noticed. About 75,0 % had duration of vomiting for 10 days approximately. 20,0 % of patients were reported with mild anaemia in their routine blood report.

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ASSESSMENT OF CONTRACEPTIVE KNOWLEDGE AMONG SRI LANKAN POPULATION

Introduction

Due to biological, psychological, and social changes during puberty, youth is characterized by impulsiveness and risk-taking. Even though this risk-taking behavior is well known among the adults due to various social and cultural aspects of Sri Lanka sex education and safe sex practice is not an education material that is given much of an importance to. This reckless attitude has led to an unfortunate event of lack of knowledge about any sex related topics among both children and adults likewise among the public [1].

Modern contraceptives refer to family planning methods used to prevent pregnancy. Knowledge about contraceptive methods is important in effective family planning and prevention of unplanned pregnancies. In Sri Lanka among both sexually active and non-active popu-