

# Estimation of Anamnesis and Gestation Course, Complicated with Premature Discharge of Amniotic Fluids

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## ABSTRACT

In the article the comparisons on the basis of the socio-demographic data, medical data, obstetrics-gynecological data, and also on the basis of the conditions during the pregnancy with premature discharge of the amniotic fluids and cases of premature rupture of the membrane are depicted. It is shown that pregnancies with premature discharge of the amniotic fluids are characterized by having complications, which are affected by different factors. Such pregnancy complications as the threat of premature interruption, previous extragenital, infectious and viral diseases are also one of the factors of the premature rupture risk of fetal membranes.

**Key words:** Pregnancy, Complications, Premature discharge of the amniotic fluids.

## Introduction

Pre-delivery discharge of amniotic fluids represents the complex obstetrics problem, many aspects of which in great extent remain unsolved in connection with the absence of single opinion in relation to the pregnancy outcome for mother and fetus [6, 7]. In connection with this for achievement of health improvement of mother and child are presently developed by the rational tactic programmes of pregnant women management with premature discharge of amniotic fluids [2, 4].

Premature discharge of amniotic fluids is met in the timely deliveries in 10-19% cases [6]. The long-term time without amniotic fluids is dangerous by the development of suppurative-septic complications in mother and fetus. Until now this circumstance is an indicator for conduction of delivery induction in 2-3 times after premature discharge of amniotic fluids. However, this tactics often leads to the development of anomalies of delivery activity and fetus hypoxia in deliveries and, as a result, to the increase of frequency of operative delivery and natal complications [3, 5].

The aim of research is to study peculiarities of pregnancy

management and delivery outcome at the premature discharge of amniotic fluids.

## Material and Methods

214 pregnant women were under observance in the second and third trimester aged from 18 to 43 years old (average age is  $27.3 \pm 3.82$  years old). The basic group was made by 180 pregnant women with the threat of pregnancy interruption, and also different pathology of premature rupture of fetal membranes. In the control group 34 women with physiological course of pregnancy entered into this group. The pregnant women with threat of PRFM were divided into three groups according to the term of gestation: I group – 16-21 weeks of gestation – 49 (27.2%), II group – 22-27 weeks of gestation – 50 (27.8%), III group – 28-36 weeks of gestation – 81 (45%).

The data of anamnesis of all patients, course and complication of the present pregnancy, deliveries and post-natal period were studied. The data of somatic and obstetrics anamnesis were analyzed.

The materials of study were developed at assistance of computer programme STATISTICA 6.0 [1]. The criteria of significance  $p > 95\%$  was taken as the minimal threshold of reliability.

## Results and Discussion

According to the design of conducted study, I experimental group was made by 81 ( $45.0 \pm 4.9\%$ ,  $p \leq 0.001$ ) pregnant women with the threat of premature miscarriages (gestation term is 16-21 weeks), complicated by

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premature discharge of amniotic fluids. 50 (27.8±5.8%,  $p \leq 0.001$ ) patients with the threat of late miscarriages (gestation term is from 22 to 27 weeks) entered into II group. 49 (27.2±4.7%,  $p \leq 0.001$ ) examined ones with the threat of premature deliveries (gestation term is 28-36 weeks) entered into III group.

The examined women of I group were aged from 18 to 31 years old that made in average 22.72±4.72 years old. Among pregnant women of II and III groups the age range was represented from 18 to 36 years old. The pregnant women, included in the control group, were aged within from 20 to 30 years old, average age is 23.28±7.93 years old.

The results of conducted study showed that in I group the first pregnancy was in 47 (58.0%), and repeated pregnancy – in 34 (42.0%) of women. In women of the control group the first pregnancy was observed in 10 (52.6%) and repeated pregnancy in 9 (47.4%) patients. Primipara pregnant women in I group were 60 (74%), multipara – 21 (25.9%). In the group of healthy pregnant women there were 12 (63.1%) and 7 (36.8%), respectively.

It follows from the data stated that pregnant women differed by number of primary and repeated deliveries. Thus, the number of primipara women of I group in several times exceeded the same one in the control group for 5.4%, and the number of multipara women was smaller at the same quantity. It should be noted that from 18 (37.5%) of multigravida of I group 10 (20.8%) women were primipara ones, and in the group of healthy pregnant women – from 4 (57%) only 2 (28.6%) were primipara women. At comparison of indicators of all three experimental groups it was detected that the first pregnancy in II group made 28.0% (14 women) cases, and in III group – 29.3% (12) cases. The number of repeated pregnant women in these groups made respectively 37 (73.4±6.3%,  $p \leq 0.001$ ) and 36 (73.3±6.2%,  $p \leq 0.001$ ) patients. In II group of primipara women was 26 (52.0±5.3%,  $p \leq 0.001$ ), and in III group – 28 (57.1±4.9%,  $p \leq 0.001$ ) respectively. Multipara women with gestation term 22-27 weeks made 42.0±5.8% cases (21 pregnant women), with the term of pregnancy 28-36 weeks – 49.0±8.2% cases (24 women).

The pregnant women of I group indicated on the age of menarche beginning from 10 to 16 years that averagely made 13.10±0.70 years old. The early age of menarche beginning is 10 years was marked in I group in 9 (18.7%) pregnant women, on the later menarche (16 years) marked 6 (16.7%) pregnant women. In II and III groups, as in I group the age of menarche beginning fall on the interval of 10-15 years. However, the early age of

menarche beginning (in 10 years) was marked only in 4 women in each group that made respectively 8±1.9 and 8.2±2.1 % cases. In the control group the age of menarche beginning was registered within the limits of 11-15 years that made averagely 12.8±2.7 years old.

It is known that social factors are the important factor of risk of pregnancy interruption on the early terms (up to 28 weeks) and premature deliveries. The conducted studies showed that pregnant women in all three experimental groups with premature discharge of amniotic fluids were under effect of such factors, as the low level of social provision, disorder of family life and harmful conditions in the daily routine and on the work.

In the process of study the dependence in the development of premature discharge of amniotic fluids from several medical factors of risks was detected. The analysis of anamnestic data showed that abortions and interrupted pregnancies up to 28 weeks in the examined pregnant women, premature deliveries and diseases of urogenital system of inflammatory character took place (Figure 1). On the whole, in the group of pregnant women with premature discharge of amniotic fluids the number of abortions was registered in 102 (56.7±4.9%) women, that in 1.7 times higher than in the control group (32.3±4.0%), the number of miscarriages – in 157 (87.2±2.7%), that in 4.5 times exceeded indicators of control group (17.6±5.5%). The premature deliveries in the anamnesis were met only in the patients with premature rupture of fetal membranes in 53.9±5.1% cases (97 women). 168 (93.3±1.92%) women of experimental and 6 (17.6±5.5%) patients of the control group indicated on presence of urinogenital infection.

Among the previous diseases in the patient's anamnesis there were frequent ARVI until the present pregnancy – 45.5% cases (82 women), anemia – in 50.0% (90) cases, hypertension disease – in 29.4% (53) cases, hypotonic disease – in 17.8% (32) cases, digestive system diseases – in 9.4% (17) cases, urinary system – in 27.2% (49) cases. From the gynecological diseases in the anamnesis in the period between pregnancies in the patients of experimental group, coleitis of different etiology was met in 39 (21.7%), salpingo-oophoritis in 27 (15.0%), endocervicitis in 5 (2.7%).

This pregnancy passed with complications in 142 (78.8±3.2%,  $p \leq 0.001$ ) pregnant women of experimental group. These complications displayed themselves in pains in lumbar spine and in the lower abdominal department, periodic pressure boost, anemia and presence of protein in the urine.

The results of study showed that in pregnant women in all experimental groups met more frequently in the lower

abdominal department and in the small of back. During collection of anamnestic data the pregnant women complained more frequently on the pain in the small of back with the term of pregnancy 16-21 weeks. At that pains, as a rule, bear spasmodic and also aching-nagging character. On the whole, according to groups the nagging pains were observed in 20 patients, from which in 11 the term of pregnancy made 16-21 weeks. The spasmodic character of pains also was typical for pregnant women of I group – 13 of 19 pregnant women. The dull character pains during long time are most frequently present in the pregnant women of III group (Figure 2).

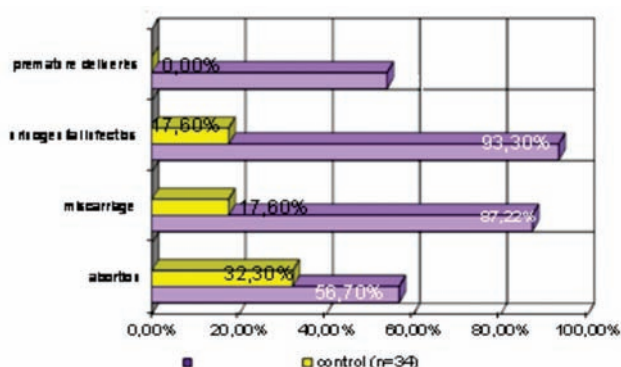


Figure 1: Indicators of obstetrics anamnesis in the examined pregnant women

complications, which are effected by different factors. We should relate to unsatisfactory social and living conditions, unsettle state of family life, low educational level, repeated and frequent pregnancies, young and elder age of woman to the social-demographic factors. The previous medical abortion, spontaneous miscarriages, infectious and inflammatory urinogenital system diseases serve as clinical-anamnestic factors of risk. The different complications of the current pregnancy, such as the threat of premature pregnancy interruption, previous extragenital, infectious and viral diseases are also the factors of risk of the premature rupture of fetal

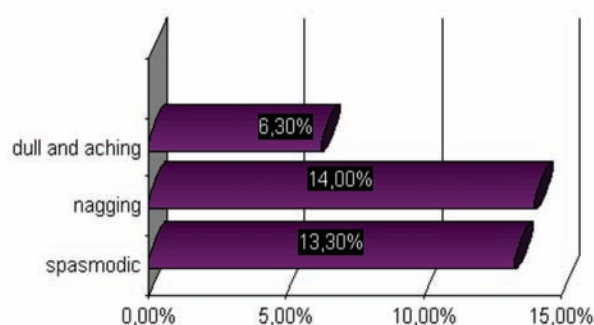


Figure 2: Character of pains in the examined pregnant women of experimental group

**Table 1** : Occurrence frequency of pregnancy complications in the experimental groups

Pregnancy complications	Experimental groups					
	I group (n=49)		II group (n=50)		III group (n=81)	
	Abs.	%	Abs.	%	Abs.	%
Lumbar pain	20	40.8	8	16.0	7	8.6
Lower abdominal department pains	27	55.1	13	26.0	7	8.6
Anemic	12	24.5	10	20.0	8	9.9
Hypertension	3	6.1	7	14.0	6	7.4
Albuminuria	-	-	1	2.0	6	7.4
Edemas	4	8.2	3	6.0	1	1.2

Edemas (8.2%) and anemia (24.5%) were most frequently met in the pregnant women of I group, however the protein in urine was not detected (Table 1).

Albuminuria was detected in 2.0% cases, edemas – in 6.0% and anemia – in 20.0% in the pregnant women of II group. In the presence of albuminuria was detected in 7.4%, edemas – in 1.2% and anemia – in 9.9% in the pregnant women of III group.

The difference was also detected in relation to indicators of the arterial pressure. The indicators of arterial pressure increased averagely to 140-150/90-100 mm Hg in the pregnant women of I group. The average arterial pressure made 150/100 mm Hg in II and III groups.

Thus, the pregnancy course in women with premature discharge of amniotic fluids is characterized by

membranes.

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