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ACTUAL ASPECTS OF PREVENTION OF REPRODUCTIVE LOSSES

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Annotation. To reduce the rates of miscarriage and the frequency of congenital malformations of the fetus, examination of married couples planning a pregnancy, full preconception preparation, screening studies and early detection of infections, genetic, endocrine and immune pathologies, appropriate therapeutic intervention, timely decision on abortion, if the fetal pathology still developed, a clear interaction of pediatric, obstetric services, geneticists and family doctors are necessary.

Keywords: social medicine, clinical research, research methodology, improvement of research models, reproductive losses.

Organization and management of health care (social medicine) involves ensuring the provision of medical assistance to the population of the country, its regions, individual settlements, in aggregate and to individual groups, taking into account age, gender, disease profile, medical and preventive work, as well as scientific research aimed at study of incidence, demographic indicators, physical development, effectiveness and standards of medical care, foreign and domestic experience in this. In accordance with the national standard of the specialty [1], for this purpose they use socio-hygienic, medical-statistical, experimental, economic, historical and other

research methods. The experimental method involves changing the parameters of the provision of medical care at the level of a country, region, its regions, a network of medical institutions or a separate specialized institution with a subsequent assessment of the result of organizational influence. The negative results of administrative decisions are that patients do not receive a full examination and / or necessary treatment. Most often this happens due to lack of resources or irrational use of resources. Insufficient persistence of healthcare organizers in finding a means of meeting the needs for diagnosis and treatment of certain groups of patients, irrational management decisions may be associated with an incomplete understanding of all stages of the work of clinicians. A possible solution to this problem may be the conduct of clinical studies in the patient population, for which changes in the conditions of medical care are planned.

In connection with the foregoing, the aim of this study was to optimize the model for the prevention of genetically determined reproductive losses.

Material and methods. To achieve this goal from 2008 to 2013, a prospective randomized longitudinal cohort comparative study was conducted at the Ukrainian Institute of Clinical Genetics in a contingent of 314 patients, among which two groups were identified. The main group included 154 women with a history of reproductive losses, the control group included 160 practically healthy women who underwent for pregnancy preconception care. Patients of the main group were divided into two subgroups during the study, according to the principle of the presence (98 women) or absence (46 women) of pathological changes in the karyotype, manifested by clinically significant malformations. Patients from the main and control groups were examined using medical genetic maps, clarification of complaints, obstetric anamnesis, anamnesis vitae, a detailed assessment of the phenotype, pedigree, gynecological status, ultrasound examination of the kidneys, pelvic organs, and other internal organs.

In addition, we studied the factors affecting the health of women, which lead to reproductive losses, in large samples, which statistically reflect the state of the issue

on a national scale and in the Kharkov region. Epidemiological, clinical, cytogenetic data were studied in women of the Kharkov region in dynamics in terms of preventing the effectiveness of preserving pregnancy and reducing the risk of the appearance and severity of malformations in children [2].

Results and discussion. Statistical data on the number of newly registered cases of congenital anomalies, deformations, and chromosomal abnormalities in full-term and premature newborns and children up to 1 year of age, which were recorded in medical institutions of the city of Kharkov, are analyzed (these data are selectively presented in Table 1).

Table 1

Congenital malformations, deformations and chromosomal abnormalities in full-term and premature newborns and children under 1 year of age, recorded in hospitals in city of Kharkov, Kharkov region* and Ukraine ** in 2006 and 2011

Year Term of pregnancy	2006		2011	
	Full-term pregnancy	Premature pregnancy	Full-term pregnancy	Premature pregnancy
City of Kharkov				
Maternity	297	13	214	22
Outpatient hospital	508	116	413	105
Total	805	129	627	127
	934		754	
Kharkov region, thousands	3,2		3,6	
Ukraine, thousands	53		55	

Notes:

* according to the Kharkov Regional Health Administration [3];

** according to the State Statistics Service of Ukraine [4].

The analysis was also subjected to data on the financing of a network of specialized medical institutions, certain regulatory acts (laws, orders of the Ministry of Health of Ukraine, Health Care Departments in city of Kharkov and Kharkov region). An

experiment on the influence of managerial decisions was carried out taking into account the experience of a previous clinical study.

The frequency of malformations was 2.5% of the total number of such cases in the Kharkov region in 2011. The planned and conducted management experiment included the impact on all the main points of influence available to the clinician within the available resources. As a result of the study, proposals were made to reduce reproductive losses. They can be achieved by a full examination of couples who are planning a pregnancy, preconception preparation for pregnancy, examination and treatment of pregnant women. Unfortunately, the available treatment methods do not always avoid congenital anomalies (deformities). In this case, the woman should have the opportunity to choose: to maintain pregnancy and minimize manifestations of fetal pathology, or to terminate the pregnancy. To reduce the rates of miscarriage and the frequency of congenital malformations of the fetus, married couples planning a pregnancy need a full-fledged medical-genetic examination. Timely information on the need and possibilities of such an examination should be provided to couples planning a pregnancy, family doctors and obstetrician-gynecologists.

The study was conducted on the basis of a specialized medical institution, which all couples in the Kharkov region apply to if they received a referral for a medical genetic examination as part of preconception care, women who had suspected fetal malformations, and a significant number of such patients from others regions of Ukraine. A clinical study was part of an examination of this category of patients in the medical genetic center itself. Its results reflect the general trends of preventive research of the entire network of medical facilities in city of Kharkov, Kharkov region and Ukraine, and also allow comparison of the results with similar indicators of other countries (Fig. 1).



Fig. 1. Schematic diagram of research in several areas

of reproductive loss prevention

Conclusions. Evaluation of the patterns of the onset of healthy and pathological pregnancies in a clinical experiment allows us to plan a more effective study of organizational influences for the effective prevention of reproductive losses. The system of medical and social measures in the healthcare system at the state level that is necessary for the best organization of a full and timely examination and treatment of women with a high risk of miscarriage is justified. Calculations were made of the resources that must be provided to medical institutions in the Kharkov region to reduce reproductive losses. The prospect of further research is to evaluate the effectiveness of the model for the prevention of reproductive losses based on the results of its systemic implementation.

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