

ANALYSIS OF MATERNAL RISK FACTORS IN THE DEVELOPMENT OF ADVERSE PERINATAL OUTCOMES

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Abstract

The aim of the study was to investigate the prevalence of major maternal risk factors in two clinical groups of women and to assess their potential impact on the course of pregnancy and delivery. A comparative analysis of obstetric, gynecological, and somatic history was performed in 60 women divided into two groups. The study revealed that women in Group II significantly more often had chronic somatic diseases, infectious foci, anemia of pregnancy, and a family history of allergic diseases, indicating a less favorable background for gestation and childbirth.

Keywords: pregnancy, risk factors, anemia of pregnancy, chronic pathology, perinatal outcomes.

Introduction

Perinatal complications largely depend on maternal health status, the course of pregnancy and labor, as well as the presence of chronic somatic and infectious diseases. Numerous studies emphasize the importance of a comprehensive assessment of maternal risk factors that influence fetal and neonatal adaptation. In this context, a comparative analysis of the prevalence of adverse maternal factors in different groups of pregnant women is of particular relevance.

Aim of the Study

To analyze and compare the prevalence of major maternal risk factors in two clinical groups of women.

Materials and Methods

The study included 60 women who were divided into two groups:

Group I — 20 women,

Group II — 40 women.

A retrospective analysis of medical records was performed with an assessment of obstetric, somatic, and hereditary history. The analyzed factors included pregnancy-related pathologies, chronic somatic and infectious diseases in the mother, anemia of pregnancy, characteristics of labor and delivery, preterm birth, and a family history of allergic diseases.

Results

The analysis demonstrated that most adverse maternal risk factors were more frequently observed in women of Group II.

Pregnancy complications, including bacterial vaginosis and mastitis, were identified in 2 (3.3%) women in Group I and in 9 (15.0%) women in Group II. Chronic somatic diseases were present in 5 (8.3%) women in Group I and in 18 (30.0%) women in Group II. A similar trend was observed for chronic infectious foci, which were detected in 5 (8.3%) and 16 (26.7%) women, respectively.

Particular attention should be paid to the high prevalence of moderate and severe anemia of pregnancy, which was diagnosed in 14 (23.3%) women in Group I and in 32 (53.3%) women in Group II, indicating a pronounced burden of anemia in Group II.

Complicated labor and operative delivery were recorded in 5 (8.3%) women in Group I and in 15 (25.0%) women in Group II. Preterm birth was relatively uncommon but occurred more frequently in Group II, with 4 (6.7%) cases compared to 1 (1.7%) case in Group I.

A family history of allergic diseases was found in 2 (3.3%) women in Group I and in 22 (36.7%) women in Group II, suggesting a significant genetic contribution to an unfavorable pregnancy background.

Discussion

The obtained data indicate that women in Group II are characterized by a significantly less favorable somatic and obstetric background. The high prevalence of chronic diseases, infectious foci, and anemia of pregnancy may contribute to placental dysfunction, complicated labor, and adverse perinatal outcomes.

Of particular importance is the high rate of anemia, which is considered one of the key modifiable risk factors. In addition, the pronounced family history of allergic diseases may play a role in shaping maternal and fetal immune characteristics.

Conclusion

Women in Group II demonstrated a significantly higher prevalence of adverse maternal risk factors compared with Group I. The most significant factors included anemia of pregnancy, chronic somatic and infectious diseases, and a family history of allergic disorders. These findings highlight the need for early identification and targeted correction of maternal risk factors in order to improve pregnancy and delivery outcomes.

Future Perspectives

Further studies should focus on evaluating the impact of the identified maternal risk factors on neonatal outcomes and on the development of comprehensive preventive strategies.

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