Relationship of Complications in Labor with Subclinic Hypothyrosis During Pregnancy

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Summary: Subclinical hypothyroidism (SCH) is a common diagnosis among women of reproductive age. The importance of providing the mother with an adequate thyroid during pregnancy is well known. However, the effect of SCH during pregnancy and the effectiveness of its treatment on maternal fetal outcome have not been studied. This article discusses recent data on SCH in pregnant women and how these data are reflected in current clinical care. A close relationship between the endocrinologist, maternal and fetal specialist and the resuscitator is critical to optimizing outcomes for both the mother and the fetus.

Keywords: subclinical hypothyrosis, pregnancy, metabolism, labor, anamnesis.

Purpose of the study: to determine the relationship between subclinical hypothyroidism occurring during pregnancy with negative results in delivery.

Materials and research methods. The material for the study was the medical history of 67 pregnant women who were in the hospital from 2020 to 2021. In whom we assessed the outcome of labor depending on laboratory parameters. The surveyed selection criterion was a low level of thyroid hormones of varying degrees. All pregnant women had a history of subclinical hypothyroidism pathology. Hereditary burden was not a criterion for exclusion from the group of subjects. Statistical analysis was carried out using the Statistica package according to the Pearson method.

Research results. Analyzing the anamnestic data, we found the fact that 47 pregnant patients (70.1%) had complaints of an attack of suffocation, a feeling of malaise in 34 (50.7%), which grew more with each trimester of pregnancy. Palpitations (31.3%) cases. What can confirm and be symptoms of subclinical hypothyroidism. See further figure 1

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Based on the results of this study, we found that 28 (41.8%) pregnant women had preterm labor, 35 of them (52.5%) timely labor, 4 (11.4%) urgent operative labor reasons for placental abruption, 5 urgent operative delivery for preeclampsia (14.2%) and 4 (11.4%) cases of caesarean section for pelvic head imbalance. Complications after childbirth were 19 cases of bleeding (28.3%), increased blood pressure in 12 cases (17.9%), a feeling of shortness of breath (suffocation) in 14 cases (20.89%). We think that all these cases are associated in one way or another with subclinical hypothyroidism, since these patients had impaired metabolism. All patients underwent standard tests such as a general blood test, a general urine test, and the coagulation system. See further figure 2.
A general blood test in 48 women (71.6%) was found to be anemia, of these patients, in 18 we found severe anemia (37.5%), and in 30 (62.5%) mild anemia. Leukocytes were increased by an average of $2.1 \times 10^9$ mmol / L, the leukocyte formula was shifted to the left side. ESR was increased and averaged 15 mmol / l. These data indicate inflammatory processes in the body.

A general urinalysis showed that 24 patients (35.8%) had cases of proteinuria, 8 had cilinduria (11.9%), 5 pregnant women (7.4%) and 8 (11.9%) %) crystalluria. Judging by the conclusion of the general analysis of urine, we can say that chronic metabolic disorders were present in the pregnant women whom we examined.

We studied the level (FNG, INR, APTT, thrombin time) in the examined women in the coagulation system. The coagulation system of the studied women did not differ from the reference values, but was biased towards physiological hypercoagulation, which is considered a normal process in women in the third trimester of pregnancy.

**Discussion.** In the studied women, during the examinations, we found the fact of inflammatory processes, cases of low hemoglobin content in the blood, a change in the general analysis of urine, which indicates a disturbed metabolic process in the organism. All these facts are important and should have been eliminated during pregnancy. Eliminating all these risk factors would have been impossible if not treating and diagnosing a case of subclinical hypothyroidism at the time, which happened to the studied patients in our case.

In the examined women in the coagulation system, we studied the level (FNG, INR, APTT, thrombin time) in the examined women in the coagulation system. Following the indicators of all the studies conducted, it can be assumed that the pregnant women participating in our study had the fact of subclinical hypothyroidism, which is confirmed by the history data and the analyzes performed during the examination. Many of the complications that have arisen can be a consequence of subclinical hypothyroidism that arose during pregnancy, while the pregnancy itself aggravated the condition of the patients even more (thrombin time). The coagulation system of the studied women did not differ from the reference values, but was biased towards physiological hypercoagulation, which is considered a normal process in women in the third trimester of pregnancy.

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**List of references**


