

**PREVALENCE AND DYNAMICS OF FACTORS CONTRIBUTING TO EXCESS
BODY WEIGHT IN PREGNANT WOMEN BY AGE (RESULTS OF 3-YEAR
EPIDEMIOLOGICAL MONITORING)**

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Relevance

Hypertensive disorders in pregnant women are among the most common and significant cardiovascular diseases and syndromes. The significance of this problem is determined by the fact that pregnancy in women with hypertensive conditions is often accompanied by severe health problems and even death of the mother (up to 40% in some countries), high rates of childhood and perinatal morbidity and mortality, and a number of obstetric complications [2]. Hypertensive conditions in pregnant women is a concept encompassing various clinical and pathogenetic variants of hypertensive disorders [5].

In some cases, women have a history of chronic kidney disease before pregnancy, which is the etiological factor for increased blood pressure; in others, it is essential hypertension; in others, in normotensive women before pregnancy, the increase in blood pressure is caused by the pregnancy itself, the so-called gestational forms - gestational hypertension and preeclampsia [1].

Moreover, in the structure of the causes of arterial hypertension during pregnancy, the greatest role is played by the latter, which, according to MABrown and MLBuddle [4], constitute the predominant part of all hypertensive disorders in pregnant women: gestational hypertension - 43%, preeclampsia - 27%, essential hypertension - 19%, preeclampsia against the background of previous hypertension - 7%, secondary (symptomatic) hypertension - 4% [6].

The purpose of the study based on the results of a clinical and epidemiological study, to substantiate innovative strategic directions for the prevention of hypertensive and vegetative crises in pregnant women in the Fergana Valley of Uzbekistan.

Materials and methods

Object of study. During the period 2019–2021, 1,500 pregnant women from women's outpatient clinics at maternity hospitals in Andijan were examined.

Subjects of research there was venous blood and its serum for biochemical analysis.

Research methods. General clinical, epidemiological, instrumental (EchoCG, ECG, ultrasound examination of internal organs), biochemical (cholesterol, triglycerides, sugar) and statistical methods were used.

Results and discussion. Our study found that overweight (BMI) as a risk factor for GC is characterized, at the end of the 3-year prospective study (2021), by the following levels of detection frequency under the influence of age in pregnant women: in the group of pregnant women up to 20 years old - 30.88%, at 21-24 years old - 22.15%, at 25-29 years old - 17.02%, at 30-34 years old - 21.43%, at 35-39 years old - 17.24%, at 40-44 years old - 10.00% and at ≥ 45 years old - 0.0%. Depending on age, its prevalence frequency is determined with a difference of 3 times or more. High detection is noted in the age groups of those examined - up to 20 years and 21-24 years.

Over the 3-year monitoring period, a statistically significant decrease in BMI was confirmed: in women under 20 years of age – 14.2% [RR = 0.64%; DU = 0.72 – 0.56; $\chi^2 = 8.65$; $P < 0.05$], at 21–24 years of age – a decrease of 17.8% [RR = 0.53%; DU = 0.61 – 0.45; $\chi^2 = 126.27$; $P < 0.05$], at 25–29 years of age – a decrease of 17.3% [RR = 0.41%; DU = 0.49 – 0.34; $\chi^2 = 160.43$; $P < 0.05$], at 30–34 years of age – a decrease of 23.8% [RR = 0.58%; DU = 0.66 – 0.50; $\chi^2 = 29.68$; $P < 0.05$], at 35–39 years – a decrease of 32.8% [RR = 0.60%; DU = 0.68 – 0.53; $\chi^2 = 13.95$; $P < 0.05$], at 40–44 years – a decrease of 50.0% [RR = 0.67%; DU = 0.74 – 0.59; $\chi^2 = 2.4$; $P < 0.05$] and at ≥ 45 years – 0.0% and 0.0% - without dynamic changes.

Conclusion

In the population of pregnant women, a higher frequency of the following risk factors for hypertensive and vegetative crises with characteristic dynamic changes is observed: stress 40.4% (with an increase of 0.5%), dyslipoproteinemia 13.2% (with an increase of 2.1%), excess body weight 33.0% (with an increase of 5.1%), hyperglycemia 21.3% (with an increase of 8.8%), physical inactivity 32.8% (with an increase of 6.1%) and low consumption of vegetables and fruits 38.0% (with a decrease of 0.1%). With age, the frequency of detection of risk factors increases by 3-4 times. The risk of an increase in risk factors begins from the first trimester of pregnancy, reaching the highest values in the third trimester. The presence of risk factors and comorbid pathologies in the population of pregnant women increases the likelihood of developing crises to 78.0%.

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