



Obesity in Pregnancy: Risks and Management

Khayatova Malika Farkhodovna

Assistant professor of the department of Anatomy, Bukhara State Medical institute,
malikaxayotova@gmail.com

Annotation: Maternal obesity is now considered one of the most commonly occurring risk factors seen in obstetric practice.

Compared with women with a healthy pre-pregnancy weight, women with obesity are at increased risk of miscarriage, gestational diabetes, preeclampsia, venous thromboembolism, induced labour, caesarean section, anaesthetic complications and wound infections, and they are less likely to initiate or maintain breastfeeding. Babies of obese mothers are at increased risk of stillbirth, congenital anomalies, prematurity, macrosomia and neonatal death. Intrauterine exposure to obesity is also associated with an increased risk of developing obesity and metabolic disorders in childhood. This article reviews the prevalence of obesity in pregnancy and the associated maternal and fetal complications. Recommendations and suggestions for pre-conception, antenatal and postnatal care of women with obesity are presented, and current research in the Uzbekistan and future research priorities are considered.

Keywords: body mass index, complications, management, obesity, pregnancy, risk.

CONTEXT OF THIS REVIEW

Maternal obesity is now considered one of the most commonly occurring risk factors seen in obstetric practice, and obstetricians are increasingly faced with caring for women who are obese. Such patients pose particular management problems relating both to increased risks of specific complications, and to medical, surgical and technical challenges in providing safe maternity care. It is therefore not surprising that obesity is associated with increased rates of maternal and perinatal morbidity and mortality. Despite these problems, there remains a lack of awareness of both the range and severity of the problems associated with obesity in pregnancy.

Relevance of the problem

Obesity is one of the important medical and social problems of modern medicine in protecting the health of mothers and children [1].

The urgency of the problem is indicated by the progressive increase in obesity, often among women of reproductive age and severe perinatal outcomes. Who takes attention to obesity as the epidemic of the century; in 2006, about 300 million obese patients were registered in the world. In Western Europe, from 10 to 25% of the population is obese (with a BMI of $> 30 \text{ kg / m}$), in the USA - from 25 to 30%, in Russia, obesity and overweight affect more than 25% of the able-bodied population and in the countries of Central Asia from 22 to 26% [16].

According to the literature and practice in obstetrics, indicate that obesity significantly complicates the course of pregnancy and childbirth, contributing to the occurrence of obstetric complications 2-3 times more often than in women with normal body weight [2].

Objective: Comparative study of the process of pregnancy and childbirth in normal and obese pregnant women. Determine the relationship of complications with the degree of obesity.

Research methods:

1. Calculation of the body mass index of pregnant women
2. Dependence of complications of pregnancy and childbirth on the degree of obesity by correlation analysis.

Venue: Bukhara Regional Perinatal Center.

Data source: the birth histories of 60 women delivered in the Bukhara Regional Perinatal Center in the period from October 1 to December 1, 2022 were analyzed.

Clinical groups: All women examined were divided into 3 clinical groups according to the level of obesity. Group 1 consists of a woman with a BMI of 30.0 to 34.9, that is, with an I degree of obesity; Group 2 - women with the II degree of obesity, whose BMI is 35.0-39.9; 3 clinical group on the III degree of obesity, BMI >40.0.

In the literature, excess body weight is estimated by body mass index (BMI) or Quetelet index. It is calculated by the formula: body weight (kg) / height squared (m) [3,17].

There is a classification of body weight according to the BMI of the International Group on Obesity (IOFT):

insufficient body weight is <18.8;

the normal mass range is observed at a BMI of 18.5 to 24.9;

overweight ranges from 25.0 to 29.9;

The I degree of obesity occupies the range from 30.0 to 34.9;

II degree of obesity corresponds to 35.0–39.9;

The III degree of obesity is >40.0 [4].

Medical and social features of clinical groups: 1 group includes 20 women, of which the average age is 26 years. Their 19 women are married, 15 are working, 2 are students. The cure of average body weight during pregnancy is 15 kg.

The 2nd clinical group includes 20 women with an average age of 30 years. All women are married, 18 are working. The average weight during pregnancy increased by 13 kg.

The 3rd clinical group consists of 20 women, their average age is 32 years. All women are married, 17 are working. The average weight gain during pregnancy was 11 kg.

Outcomes

The study identified the following common complications: 13 women in the first clinical group identified a risk of preterm birth, which was 65% of the total group, with 14 cases accounting for 70% of women in groups 2 and 14 women in the 3rd clinical group, accounting for 70% of the total.

The frequency of delivery by caesarean section was 10 in the 1st clinical group, 13 in the 2nd group and 16 cases in the 3rd clinical group. Thus, the highest incidence of this complication was found in the 3rd clinical group, which accounted for 80% of the total number of women, and the higher the level of obesity, the higher the frequency of incisions.

Premature rupture of the membranes was observed in 8 women in the 1st clinical group, in 11 cases in the 2nd group and in 13 clinical cases in the 3rd group, which reflects the clinical status associated with the degree of obesity.

Maternal obesity is associated with increased insulin resistance throughout pregnancy compared to normal-weight women, resulting in increased placenta-mediated glucose transport to the fetus. In addition, increased insulin resistance in obese women increases the risk of gestational diabetes, which alters glucocorticoid-mediated timesvtrios of the fetal lungs at the end of pregnancy and inhibits the maturation of surfactant, which increases the risk of developing RDS at birth. Maternal obesity is associated with increased insulin resistance during normal pregnancy in women who carry glucose across the placenta. In addition, insulin resistance in obese women increases the risk of developing gestational diabetes, which alters fetal lung development with glucocorticoid at the end of pregnancy and reduces the maturity of surfactants[5].The study identified 5 cases of gestational diabetes diabetes mellitus, which is 8% of the total number of women studied.

According to some authors, obesity can alter the maternal HPA axis and lead to increased amounts of cortisol in the fetus. The prolonged stay of the fetus in excess of glucocorticoids is a key mechanism that affects the development of its body. In particular, the regulation of the maternal hypothalamic-pituitary-adrenal (HPA) axis determines the effect of stress hormones on the fetus, the effect of fetal programming of the HPA axis, as well as the course and outcome of labor. During a normal pregnancy, the maternal HPA axis undergoes significant changes associated with an increase in cortisol concentrations three times higher than normal levels by the third trimester. The fetus is partially protected from high levels of maternal glucocorticoids by the action of the enzyme 11 β -hydroxysteroid dehydrogenase-2, which is expressed in the placenta. This enzyme acts on the conversion of cortisol in its inactive form to cortisone, thereby protecting the fetus from excessive exposure to glucocorticoids. Although much of the cortisol is converted to cortisone by the placenta, excess cortisol can reach the fetus in cases of impaired placental function, such as as a result of maternal stress, infection, or inflammation. Obesity can affect the placental transport of fatty acids, which leads to an increase in the driving force of diffusion through the placenta, impaired development of the placenta, as well as a change in the surface area for exchange. This leads to an increase in the penetration of lipids through the placenta, resulting in dyslipidemia and fat accumulation in the fetus [6].

It is known that the pathology of the subsequent and early postpartum periods in overweight women is bleeding, which occurs in 6-30% of women, which is 2-5 times higher than in women with normal body weight [7,19]. In the study groups, this pathology was not detected . The postpartum period in obese women in childbirth is often accompanied by complications of an infectious and non-infectious nature. Thus, endometritis develops in 2.6-17% of cases, subinvolution of the uterus - in 35%, lochiometra - in 12-14%, thrombophlebitis - in 8-21.5%; in general, various postpartum complications in obese women are noted in 47-53% of cases [8,18]. When analyzing the study group, postpartum endometritis was detected in 4 cases, which is 6% of the total number of examined. This seems to be due to the timely prevention of postpartum purulent-septic complications, by prescribing antibiotic therapy [9].

Findings

According to the findings, the total number of complications during pregnancy and childbirth in obese women is higher than in women with normal body weight. All women were divided into 3 clinical groups according to the degree of obesity. In the course of the studies, it was revealed that complications such as the threat of premature birth, premature rupture of the membranes are more common in women from the 3rd clinical group, that is, BMI>40.0. The frequency of delivery by cesarean section was 10 cases in the 1st clinical group, 13 cases in the 2nd group, 16 cases were noted in the 3rd clinical group, thereby proving that the greater the BMI, the higher the frequency of cesarean section. When assessing the condition of newborns, it was revealed that the higher the degree of obesity of a pregnant woman, the lower the apgar scores in newborns. Thus, a straightforward correlation between complications of pregnancy and childbirth and the degree of obesity is revealed.

Prophylaxis

Despite the presence of a large number of complications, obesity is not a contraindication to pregnancy. In preparation for conception, a woman needs to conduct pregravid training not only with an obstetrician-gynecologist, but also with an endocrinologist. According to WHO, the optimal BMI should be from 18 to 24.9 kg/ m². A BMI of 25 to 29.9 is considered as overweight, from 30 - as obesity. Training of such patients in the "School for Obese Patients" is recommended. Thus, a pregnant woman can get information about the gestational risks due to obesity, the adverse effect on the fetus of somatic diseases. In the preconceptional period, it is important to direct measures to reduce body weight: diet therapy, optimal physical activity regimen, correction of endocrine disorders and drug therapy for obesity [10,12].

During pregnancy, a woman should be guided by certain rules: carrying a pregnancy should be accompanied by strict control of the total body weight and gain during pregnancy, which should not exceed 5-6 kg. Compliance with proper nutrition: in order to reduce the excitability of the food center, frequent meals (6-8 times a day) are recommended. Food should be low-calorie, but at the same time occupy a large volume in the stomach, which helps to eliminate the feeling of hunger [13,14]. Snacks such as crackers, dried fruit and yoghurts are recommended. From the diet of a pregnant woman, it is necessary to exclude taste substances that help increase the excitability of the food center and enhance appetite. The protein content in the diet of a pregnant woman should be 20% of the daily diet, the proportion of fats is about 30%, and carbohydrates - 50%. The energy value of the diet should be on average 2500 kcal per day. It is important to understand that a pregnant woman can not starve, as this can lead to the development of ketonemia. Pregnant women are advised to keep a schedule of the results of systematic weighing [11,20].

References

1. Farxodovna, X. M. (2022). Comparative Analysis of the Morphofunctional State of the Fetoplacental System in Obese Pregnant Women. *International journal of health systems and medical sciences*, 1(5), 27-30.
2. Хаятова, М. Ф., & Тешаев, Ш. Ж. (2020). Морфологические особенности строения околоплодных оболочек у беременных на фоне ожирения. *Новый день в медицине*, (1), 100-104.
3. Farxodovna, X. M. (2022). Morphological Features of the Structure of the Fetoplacental System in Pregnant Women against the Background of Obesity. *Research Journal of Trauma and Disability Studies*, 1(9), 100-104.
4. Хаятова, М. Ф. (2022). ОСЛОЖНЕНИЯ БЕРЕМЕННОСТИ И РОДОВ У ЖЕНЩИН С ОЖИРЕНИЕМ. *BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI*, 2(12), 646-651.
5. Muxiddinova, I. M. (2022). IMPACT OF ENERGY DRINKS AND THEIR COMBINATION WITH ALCOHOL TO THE RATS METOBOLISM. *Gospodarka i Innowacje.*, 22, 544-549.
6. Muxiddinova, I. M. (2022). EFFECTS OF CHRONIC CONSUMPTION OF ENERGY DRINKS ON LIVER AND KIDNEY OF EXPERIMENTAL RATS. *International Journal of Philosophical Studies and Social Sciences*, 2(4), 6-11.
7. Muxiddinova, I. M. (2022). Effects of Energy Drinks on Biochemical and Sperm Parameters in Albino Rats. *CENTRAL ASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES*, 3(3), 126-131
8. Muxiddinova, I. M. (2022). Demage of Energy Drinks on the Spermatogenesis of Male Rat's. *Research Journal of Trauma and Disability Studies*, 1(9), 111-118.
9. Saidova, S. Y. (2021). Revealing echocardiographic and anthropometric changes in children from birth to 3 years old with congenital heart defects. *ACADEMICIA: An International Multidisciplinary Research Journal*, 11(9), 1071-1075.

10. Саидова, с. Ю. (2022). Выявление эхокардиографических и антропометрических изменений у детей, рожденных с врожденными пороками сердца (0-1 года). Журнал биомедицины и практики, 7(3).
11. Saidova, S. Y. (2021). Revealing echocardiographic and anthropometric changes in children from birth to 3 years old with congenital heart defects. *ACADEMICIA: An International Multidisciplinary Research Journal*, 11(9), 1071-1075.
12. Saidova, S. Y. (2021). A study regarding revealing echocardiographic and anthropometric changes in children from birth to 3 years old with congenital heart defects. *ACADEMICIA: An International Multidisciplinary Research Journal*, 11(10), 395-399
13. Мохигул Матякубовна, Р. . (2022). МОРФОЛОГИЧЕСКИЕ ОСОБЕННОСТИ ХРОНИЧЕСКОГО РЕЦИДИВИРУЮЩЕГО АФТОЗНОГО СТОМАТИТА СЛИЗИСТОЙ ОБОЛОЧКИ ПОЛОСТИ РТА. *Новости образования: исследование в XXI веке*, 1(5), 1097–1102.
14. Rasulova Mohigul Matyakubovna. (2022). Modern View on the Etiopatogenesis of Chronic Recurrent Aphthosis Stomatitis. *Eurasian Medical Research Periodical*, 15, 35–39.
15. Sobirovna, A. Z. (2022). Anthropometric Changes in the Cranial Region in Children of the Second Period of Childhood with Diabetes Mellitus. *Miasto Przyszłości*, 24, 85-87.
16. Azimova, Z. S. (2022). Side Effects of Dietary Supplement E171 (Titanium Dioxide) Associated With the Specific Toxicity of the Particles to the Body. *Research Journal of Trauma and Disability Studies*, 1(9), 60-66.
17. Azimova, Z. S. (2022). THE EFFECT OF FOOD DYES ON THE DEVELOPMENT OF KIDNEY DISEASES IN CHILDREN. *BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI*, 2(12), 652-658.
18. Muzaffarovna, K. S. (2021). Morphometric changes in the parameters of physical development of children with scoliosis. *ACADEMICIA: AN INTERNATIONAL MULTIDISCIPLINARY RESEARCH JOURNAL*, 11(2), 359-361.
19. Камалова, Ш. М., Тешаев, Ш. Ж., Changes in anthropometric parameters of physical development of children with scoliosis (2021). *Society and innovations*, 2(2), 432-440
20. Kamalova, S. M. (2021, January). CHANGES IN THE PARAMETERS OF THE PHYSICAL DEVELOPMENT OF 9-YEAR OLD CHILDREN WITH SCOLIOSIS. In *Archive of Conferences*(pp. 5-6).