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UNRESOLVED PROBLEM OF MODERN OBSTETRICS: THE PROBLEM OF ADDICTED MISSING OF PREGNANCY

Sultonova N.A*

*Department of "Advanced training of a general practitioner"
With the course "Emergency care" of the Bukhara Medical Institute,
Named after Abu Ali ibn Sino, Bukhara,
Republic of UZBEKISTAN

ABSTRACT

According to the definition of the World Health Organization, spontaneous miscarriage (abortion) is understood as spontaneous expulsion of an embryo or fetus weighing up to 500 g from the uterine cavity within 22 weeks of pregnancy [4;17]. A habitual miscarriage is considered to be a woman's history of 3 or more spontaneous abortions up to 22 weeks in a row. Spontaneous miscarriage (SPV) is the most common complication of early pregnancy, with an incidence ranging from 8 to 20%. Up to 80% of miscarriages occur in the first 12 weeks of pregnancy [2]. After 15 weeks, the overall risk of PWV is 0.6%, provided the fetus has a normal karyotype [13]. Preclinical termination of pregnancy occurs even more often and reaches 26% [10]. In 2003, the study confirmed that in the population the frequency of preclinical pregnancy loss is 26%, and after confirmation of pregnancy - 8% [12]. According to the timing of occurrence, an early spontaneous abortion is distinguished - up to 12 weeks and a late spontaneous abortion - from 12 to 22 weeks of pregnancy. ICD 10 structures SPV into: O03 Spontaneous abortion; O02.1 Failed miscarriage; O20.0 Threatened abortion; N96 Habitual miscarriage and O26.2 Medical care for a woman with recurrent miscarriage. A literature review is devoted to the problem of early pregnancy loss. The modern classification is presented, the issues of the etiology and pathogenesis of this complication, the criteria for diagnosis and differential diagnosis, as well as the standards of therapy and the possibilities of prevention are highlighted.

KEYWORDS: *Spontaneous Miscarriage, Miscarriage, Anembryonia, Frozen Pregnancy, Chromosomal Aberrations.*

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