

PELVIC-HEAD DISPROPORTION AS A PRIMARY DIAGNOSIS OF
CESAREAN

Pishenbaeva N. D., Yuldasheva D.Y.

Tashkent medical academy, Tashkent, Uzbekistan.

Relevance. The complex nature of msectionedical decision making in cases of disproportionality is demonstrated. Methods available to treat disproportionality have included cesarean section, cranial trepanation, forceps, induction of preterm labor, symphysiotomy, and inversion. Identifying women at risk for developing breech-head disproportionality will allow physicians to make preparatory and treatment decisions that can minimize maternal and neonatal morbidity.

PURPOSE: The overall objective of the study was to evaluate the validation of maternal anatomic anthropometric measurements to predict cephalopelvic disproportion among primiparous women attending a TMA maternity hospital.

METHODS: We conducted a retrospective study in a TMA maternity hospital. We studied 60 women who gave birth between September 17, 2022, and March 17, 2023. The mean maternal age was 19 years + 4.6 . The dependent variables were the mode of delivery: (a) vaginal delivery, (b) CS due to breech disproportion (c) CS without breech disproportion. The independent variables were maternal height and weight, number of prior vaginal deliveries, newborn weight, and birth weight index (BMI)/maternal height index. A polynomial regression model was used to analyze the relationship between newborn and maternal characteristics and the outcome variable.

Results: Among 60 first-born mothers, 40 were delivered by spontaneous and 20 mothers gave birth with a CW because of a confirmed cephalopelvic disproportion.

Disproportionality. Significant differences were noted for height, foot length, Michaelis horizontal and head circumference in mothers with and without CPD. Combined anthropometric measurements showed increased sensitivity and specificity. Combined anthropometric measurements showed increased sensitivity, specificity, and PPV. Foot length alone had a sensitivity of 27.8, specificity of 89.6, and PPV of 21.7%. When foot length combined with other anthropometric measurements such as height, Michaelis horizon, and maternal head circumference, sensitivity increases to 59.6%, 33.3%, and 30.4%, respectively.

Conclusions: In the present study, the variable that most predicted cephalopelvic disproportionality. The variable that most predicted cephalopelvic disproportion in the present study was maternal height. In addition, foot length, head circumference, and

horizontal diameter of MichaelisIn addition, foot length, head circumference, and horizontal Michaelis diameter were also found to be predictors of cephalopelvic disproportion.

LITERATURE:

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