



Resolution of Teleconference «High-risk pregnancy and childbirth. How to avoid perinatal losses»

03 March 2021

Bishkek (Kyrgyz Republic)

More than 6,000 healthcare professionals registered to participate in the teleconference "High-risk pregnancy and childbirth. How to avoid perinatal losses", which took place on March 3, 2021. Among the registered listeners were doctors from Ukraine, Uzbekistan, Tajikistan, Kyrgyzstan, Kazakhstan, Moldova, Georgia, Azerbaijan.

The teleconference program included several thematic reports:

- Features of the course of physiological pregnancy and high-risk pregnancy.
- Hypertensive disorders in pregnancy.
- Prediction and prevention of fetal growth retardation syndrome in women with a burdened reproductive history.
- Ketogenic states during pregnancy.
- Patient Blood management in obstetrics.

Conclusions and decisions based on the results of the discussion of the reports:

1. Nitric oxide is a necessary component of the physiological gestational transformation of the spiral arteries during the development of normal pregnancy. The substrate for the synthesis of nitric oxide is the conditionally essential amino acid L-arginine.
2. The development of hypertensive disorders of pregnant women and early preeclampsia is associated with altered metabolism of nitric oxide and / or insufficient synthesis, which manifests itself from the first trimester of pregnancy and may be a consequence of a reduced level of maternal L-arginine in blood plasma.
3. To prevent the development of hypertensive disorders and early preeclampsia in women with a burdened obstetric history, it is advisable to consider the inclusion of L-arginine in the preemptive therapy regimen, according to the level of evidence 1-B in the recommendations of the Society of Obstetricians and Gynecologists of Canada (SOGC).
4. Continue scientific research on the prevention of placental insufficiency and fetal growth retardation syndrome (FGRS) by donors of nitric oxide in combination with antioxidants in groups of women with risk factors for FGRS development.
5. Pregnancy is a ketogenic and diabetogenic state, which is associated with increased synthesis of placental lactogen and its ketogenic effect.

6. In the complex of antiketogenic, pathogenetically grounded infusion therapy of ketosis and ketoacidosis of pregnant women with nausea and vomiting, an important place is occupied by the use of infusion solutions with a high antiketogenic effect, based on the polyhydric alcohol xylitol.
7. The high prevalence of anemia during pregnancy, especially during repeated pregnancies, is often the cause of complications during childbirth and the postpartum period. To quickly restore the level of hemoglobin and iron depot in pregnant and parturient women, it is advisable to consider the inclusion of parenteral forms of iron, one of which is iron (III) hydroxide sucrose complex for intravenous use.

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