



**ASSESSMENT OF THE IMPACT OF LIVER DISEASES ON THE COURSE OF
PREGNANCY AND CHILDBIRTH**

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Relevance. Physiological pregnancy leads to a number of changes, primarily in laboratory indicators, which should be considered when developing liver pathologies. Liver diseases in pregnant women are characterized by a variety of causes, clinical manifestations, and prognoses. Liver diseases are among the most common and prognostically significant forms of gestational pathology, occurring in 3-5% of pregnant women. Liver pathologies during pregnancy have various etiological forms, clinical courses, and prognoses. They can generally be divided into two main groups: the first group includes liver damage caused by pregnancy itself (intrahepatic cholestasis, acute fatty liver disease, liver damage in preeclampsia, eclampsia, and HELLP syndrome). The second group consists of chronic diseases that existed before pregnancy (chronic hepatitis, cirrhosis of the liver, etc.). Key questions that a hepatologist must answer in liver diseases during pregnancy include whether the liver disease existed before pregnancy, determining the tactics of pregnancy planning, the need for pre-gravidar preparation, and the strategy for managing pregnancy and childbirth.

Objective. To study the frequency of occurrence and the course of pregnancy in women with liver diseases.

Materials and Methods. To clarify the frequency of liver disease during pregnancy, a retrospective analysis was conducted on 1150 delivery records of women who gave birth in the Republican Specialized Scientific and Practical Medical Center for Maternal and Child Health (RSNSPMCH) from 2023-2024. The results of the retrospective analysis showed that among the total population of pregnant women admitted for delivery at RSNSPMCH, 3.7% (n=43) had liver diseases unrelated to pregnancy. A clinical-statistical analysis was conducted on 43 pregnant women with liver diseases who gave birth at RSNSPMCH.

Results. According to the retrospective analysis, the average age of the patients was 28 ± 2.64 years. The age group of 26–35 years accounted for 55.6% of all cases, while the 18–25 years age group accounted for 38.8%. The analysis revealed that 41.7% were primiparas, and 54.2% were multiparas. Women with three or more pregnancies (multiparous) accounted for only 3.7%. The study evaluated the frequency of chronic liver diseases among pregnant women. Hepatitis B was found in 25.6% of the patients, indicating a high prevalence of this viral infection among pregnant women. Hepatitis C was registered in 9.3%, cirrhosis of the liver was diagnosed in 18.6%, and chronic cholecystitis occurred in 11.6% of the pregnant women. Toxic hepatitis was the most common liver pathology, accounting for 34.9% of cases. The study also examined the methods of delivery in pregnant women with chronic liver diseases. The data showed a high frequency of surgical delivery in this patient group. Cesarean section was performed in 62.8% of cases, while vaginal delivery occurred in 37.2% of patients.

Conclusions. The high frequency of cesarean section (62.8%) among pregnant women with chronic liver diseases confirms the need for an individualized approach to the choice of delivery tactics. Key aspects in decision-making include the mother's condition, the severity of liver



dysfunction, and the risk of complications during delivery. Management of labor in this patient group requires a multidisciplinary approach involving obstetricians-gynecologists, hepatologists, and anesthesiologists to minimize risks to both mother and fetus.

References

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