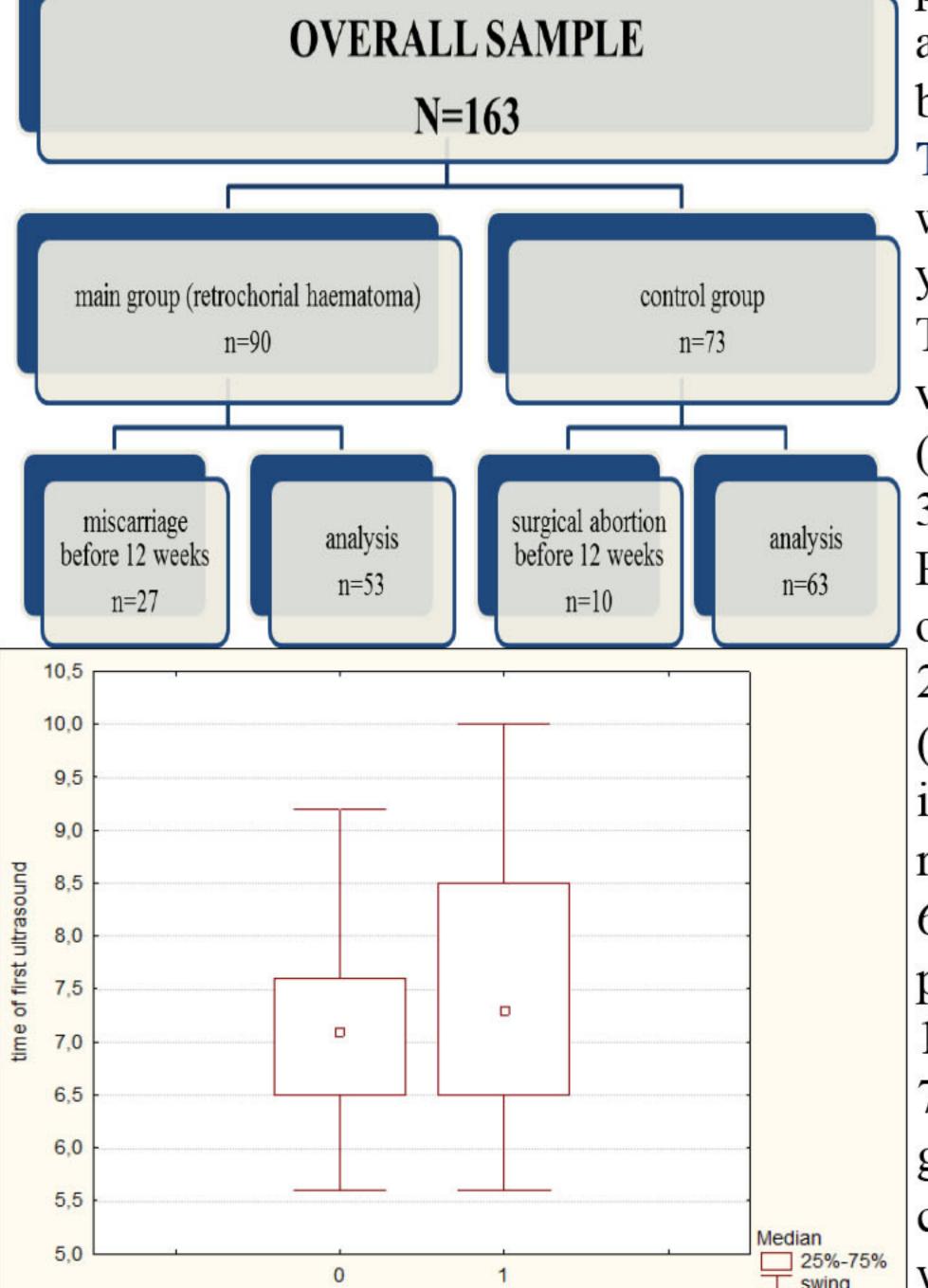
## PREGNANCY OUTCOMES IN PREGNANT WOMEN WITH RETROCHORIAL HEMATOMA

## IN THE IST TRIMESTER

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RELEVANCE. Several researchers agree that small, asymptomatic subchorionic hematomas do not impair the patient's prognosis, according to others researchers, pregnancy with retrochorial hematoma ends in miscarriage in a high percentage of cases, in the case of prolongation of pregnancy, patients with retrochorial hematoma have higher risk of maternal and neonatal complications. However, even among those who find a connection between retrochorial hematoma and late complications of pregnancy, there is no unanimity in the nature of these complications.

Objective: To study the peculiarities of pregnancy and its outcomes in patients with subchorionic hematoma in the Ist trimester Material and methods. The study was conducted in the Rostov-on-Don State "Perinatal Center" for the period from 1 January 2013 to 1 January 2015. The study group included 90 pregnant women with subchorionic hematoma in a period of 6 to 12 weeks (group I), 27 patients of the study group had silent miscarriage up to 12 weeks. So only 53 pregnant women were subjected to further analysis. The control group (II group) were 73 apparently healthy pregnant women (without subchorionic hematoma), of which 10 patients had surgical abortions as they desired up to 12 weeks, so 63 women remained in the control group. We analyzed the mode of delivery (vaginal delivery, cesarean section) and the frequency of perinatal complications (preterm delivery, fetal growth, placenta previa and accrete, premature detachment of normal placenta,



premature rupture of membranes, the abnormal discharge of placenta, hypotonic bleeding).

The Results. The average age of pregnant women in the study group was 29,7 ± 4,3 years, in the control group 29,4 ± 5,4 years. The frequency of cesarean section and vaginal delivery in the study group was 65% (34) and 35% (18), in the control group -38% (24) and 62% (39), respectively. Premature birth in the study group was observed in 13% (7), in the control group – in 2% (1). Chance of cesarean delivery (relative risk (RR) - 1.7884, the confidence interval (95% CI) - 1.1741, 2.7240, odds ratio (OR) - 3.0694, 95% CI -1.4285, 6.5952; p-value = 0.00357) and risk of preterm birth (RR -1.1339, 95% Cl 1.0162, 1.2652; OR - 9.4348, 95% CI - 1.1215, 79.3733; p-value = 0.01033) in the study group was significantly higher than in the control group. We didn't find any connection with the rest of perinatal complications.

CONCLUSION: The analysis of perinatal outcomes in patients with retrochorial hematoma showed that the risk of preterm birth is higher in 9.4348 times compared to apparently healthy women (without RHG). Besides, the chance of delivery by caesarean section in the study group is 3.0694 times higher.



Figure 1. Ultrasound scanning in retrochorial hematoma.