



CLINICAL COURSE OF PREGNANCY AND PERINATAL OUTCOMES IN
WOMEN WITH CERVICAL INSUFFICIENCY

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Objective: The aim of this study is to investigate the course of pregnancy and labor in pregnant women diagnosed with cervical insufficiency (CI), as well as to determine the perinatal outcomes affecting fetal and maternal health, and to perform a comparative assessment with the indicators of healthy pregnant women. The main objective of the research is to identify the frequency of preterm birth, fetal growth restriction, perinatal complications, and intrapartum complications in pregnancies complicated by CI, as well as to scientifically substantiate clinical recommendations for the prevention and management of these conditions.

Materials and methods: The study was conducted in the Department of Obstetrics of the Multidisciplinary Clinic of Samarkand State Medical University and was based on data collected from pregnant women diagnosed with cervical insufficiency (CI) and a control group of women with physiologically normal pregnancies during the period 2024–2025. A total of 60 pregnant women were enrolled in the study, of whom 40 constituted the main group with confirmed CI, and 20 formed the control group with an uncomplicated course of pregnancy. The study results were retrospectively analyzed based on delivery medical records, outpatient follow-up charts, and ultrasound examination reports. Pregnant women in the main group were divided into two subgroups according to the gestational age and the timing of CI diagnosis: the first subgroup included 20 women in whom CI was identified between 22 and 30 weeks of gestation, while the second subgroup included 20 women in whom CI was diagnosed after 30 weeks of gestation. The mean age of the pregnant women participating in the study was 25 ± 1.3 years. During the study, the course of pregnancy, complications associated with cervical insufficiency, the risk of preterm labor, fetal growth restriction, oligohydramnios, anemia, infections of the genitourinary system, and perinatal outcomes were comprehensively evaluated. In addition, the characteristics of the labor process, the mode of delivery, the condition of the newborns, and their adaptation indicators were analyzed. Based on the obtained data, a comparative analysis was performed between the main and control groups, the frequency and severity of perinatal complications in pregnancies complicated by CI were determined, and evidence-based recommendations for clinical practice were developed.

Results: The analysis demonstrated that the presence of cervical insufficiency (CI) had a significant impact on the course of pregnancy and perinatal outcomes. In the second subgroup of the main group, the most common extragenital pathologies were neurocirculatory dystonia and disorders of the cardiovascular system. Only in the first subgroup, pregnancy was complicated by placental insufficiency in 9 women (45%). Among the total of 60 pregnant women included in the study, 35 (58.3%) were primiparous and 25 (41.7%) were multiparous. In the main group, the course of pregnancy was characterized by early toxicosis in 22.5% of patients, threatened



miscarriage in 47.5%, anemia in 60.0%, and infections of the genitourinary system in 75.0% of cases. The analysis of anamnestic data showed that among close relatives of the examined women, cardiovascular diseases were detected in 19.0% of cases, urinary tract pathologies in 17.5%, and endocrine system diseases in 15.0%. In addition, a history of complicated pregnancy and labor was noted among close female relatives. Only 36.0% of pregnant women in the main group presented with a full complex of clinical symptoms associated with CI, whereas in most cases a combination of two different symptoms (48.0%) or monosymptomatic forms (12.0%) was observed. Despite the therapeutic measures undertaken, pregnancy complications related to cervical insufficiency persisted in 37.5% of women in the first subgroup and in 22.0% of women in the second subgroup. According to the analysis of the labor process, delivery was completed by surgical intervention in 12 patients (20.0%), mainly due to the risk of preterm birth and placental insufficiency. The obtained results indicate that cervical insufficiency is a significant factor influencing the course of pregnancy and the development of perinatal complications, and they scientifically confirm that early detection and the implementation of appropriate preventive and therapeutic measures are of great importance for preserving maternal and fetal health.

Conclusions: The analysis of the medical history of pregnant women with cervical insufficiency showed that pregnancy complications are often associated with impaired cervical function, a history of preterm birth or miscarriage in previous pregnancies, chronic genitourinary infections, anemia, endocrine disorders, and other extragenital pathologies. Based on the study results, in 37.5% of women in the first subgroup and in 22.0% of women in the second subgroup, despite the treatment provided, cervical insufficiency led to a complicated course of pregnancy with an increased risk of preterm delivery, and in some cases required surgical intervention during labor. Ultrasound examinations in women of the first subgroup more frequently revealed delayed fetal biometric parameters, which confirms the direct negative impact of cervical insufficiency on pregnancy progression and perinatal outcomes. The obtained data indicate that in pregnancies complicated by cervical insufficiency, the risk of perinatal complications is significantly higher. These findings scientifically substantiate that early diagnosis of this condition and the timely implementation of preventive and therapeutic measures are crucial for ensuring favorable maternal and fetal outcomes