



INFLUENCE OF EMBRYOTOXIC FACTORS ON THE FETUS

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Abstract: During the twentieth century, human life expectancy in Central Europe increased from 45 to 75 years. This dramatically changed situation cannot be attributed solely to improvements in the field of social hygiene (improved quality of drinking water and other environmental factors). Experts believe that the increase in average life expectancy is largely due to the use of drug treatment for patients.

Key words: embryotoxic factors, fetus, electromagnetic radiation

Introduction: There is not the slightest doubt that medications are often absolutely necessary during pregnancy, that is, during a period characterized by a clear danger to the life and health of the pregnant woman and the fetus. The use of medications during this period according to indications is often mandatory. Without this, many diseases caused by or occurring during pregnancy, as well as many life-threatening fetal malformations and postpartum complications can lead to the death of the pregnant woman and the fetus. If a woman does not have chronic diseases, then the issue of using drug therapy will become relevant only if she suddenly becomes acutely ill (influenza, other types of respiratory infections, pneumonia, urinary infection, etc.), or during a gynecological examination a hidden infection is discovered. Regarding acute infection, we note that even a minor initial malaise is a reason to consult a doctor. It is important that this is not a random specialist for this situation with whom the patient has not previously had contact. In the issue under discussion, mutual understanding and trust on both sides are very important.

Then the acute illness that has arisen (or just the patient's anxiety) will be properly assessed, and the patient will be given the necessary recommendations.

If during a gynecological examination already during pregnancy the patient is found to have one or another infection, then she should discuss this issue in detail with specialists - a gynecologist and family doctor and make an informed decision about further actions.

In some chronic diseases, pregnancy and an attempt to give birth to a child are extremely undesirable, since the chances of a favorable outcome are extremely low. This is, for example, a severe heart defect. The prognosis for the birth of a healthy child is extremely problematic for a woman with psychiatric pathology (for example, manic-depressive psychosis). The presence of chronic diseases implies almost continuous or course use of medications. Is this compatible with guaranteed safety for the child? This issue requires detailed study with relevant specialists and a family doctor.

If fertilization occurred unplanned and the woman took medication during this period, nothing can be done. If the embryo is damaged by the drug, it dies; if the embryo survives, then it is not damaged.



If a woman is planning a pregnancy, then after discussing all the issues with doctors, she continues to take the necessary medications according to the regimen or takes a break. In the first 3-4 months of pregnancy, special care is required when deciding (together with a doctor) about the advisability of taking highly effective medications. During this period, the child develops various internal organs, which in this case may suffer.

Indications for drug therapy should be carefully discussed with doctors. In the last days and hours before the baby is born, as well as during labor, doctors must do everything necessary to minimize the risk of harm to mother and baby.

If bearing a child during pregnancy is difficult, if a woman spends most of her pregnancy in a hospital, then it's probably not worth thinking about the details of almost continuous drug therapy. You just need to be under the supervision of those doctors in the institution that you trust.

Electromagnetic radiation and mechanical energy. X-ray examination during pregnancy is unacceptable. Repeated ultrasound examination according to indications is not a risk factor. It is advisable to use a cell phone on a limited basis. A pregnant woman working with a computer is 1.5 times more likely to have a miscarriage than her "non-computerized" counterpart. Excessive heat (increase in temperature during infection, sauna, steam room) or cold exposure is a serious risk factor.

Viruses: If a woman contracts rubella during the first 90 days of pregnancy, it can be assumed with almost 100 percent probability that she will give birth to a child with extremely severe developmental defects. All questions regarding rubella in an adult woman (if she did not have it in childhood) must be resolved before pregnancy as planned. Regarding megalovirus infection, you should be examined by a gynecologist before pregnancy as planned. The same applies to viral infection with herpes simplex. To avoid getting the flu during pregnancy, you need to follow an appropriate regimen (less contact with other people during the epidemic), eat completely, breathe effective and safe phytoncides (onions, garlic), etc.

Medicinal plants and mushrooms. Plants (medicinal and otherwise) can contain highly active compounds that have adverse effects on humans. Therefore, banal poisoning from poisonous plants is possible, which seems to be extremely undesirable, especially during pregnancy. It is necessary to use medicinal plants with great caution. The reasoning that "at least they are harmless" is completely untrue. You also need to exercise reasonable caution regarding mushrooms, and it is better to avoid them completely during pregnancy.

Industrial teratogens. Certain insecticides are embryotoxic. Therefore, it is advisable to refrain from attempts to destroy insects and dangerous animals (rats) in the living space where a pregnant woman is located, especially if insecticides are carried through the air. Some food dyes can have undesirable effects on the fetus, so pregnant women should avoid any foods that may contain food dyes in significant quantities.

Immunization during pregnancy. Passive immunization is carried out by administering human immunoglobulin (that is, antibodies against the corresponding infectious principle), which, according to indications, can be done at all stages of pregnancy (for example, upon contact with a patient with hepatitis A or B and, accordingly, a real threat of disease). Active immunization is carried out with live or killed vaccines, as a result of which a person develops specific antibodies, and with a high degree of probability he does not get the infection against which he is vaccinated. During pregnancy, vaccination with killed vaccines, for example, vaccination for indications against tetanus, rabies, diphtheria, polio, is not associated with a great risk. Vaccination with drugs that contain live rubella viruses is most likely

contraindicated during pregnancy, except in special cases (emergency trip to an unfavorable ecological zone).

Conclusions: When discussing with your doctor about taking medications during pregnancy, you should:

Adhere to the following rules:

- it is advisable to discuss all questions before pregnancy;
 - the appropriateness of prescribing any medicine should be questioned;
 - the mode of administration of the selected drug should be effective and as gentle as possible.
- If drug therapy is necessary, you should use only drugs that have been widely used during pregnancy for a long time. You need to beware of new, unstudied drugs.

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