

K. Kostrytsya, bachelor student
A. Ryzhenko, Prof. of obstetrics and gynecology
Zhytomyr Nursing Institute

THE ROLE OF THE NURSE IN THE PREVENTION OF COMPLICATIONS DURING PREGNANCY IN CONGENITAL HEART DISEASE WOMEN

Key words: congenital heart disease, childbirth, pregnancy, the role of nurse, patient.

Actual topics: Management of pregnancy in women with heart disease is the art that requires joint coordinated efforts of obstetrician-gynecologist and cardiologist or therapist. A significant role in the prevention of complications in this pathology is provided by nurse. The nurse should carry the direct work with pregnant, to give women advice about the right schedule of the day, food, because pregnancy makes demands to the cardiovascular system of the expectant mother. This is due to changes which are caused by coexistence of two organisms—the mother and fetus.

Referring to the combination of heart and vascular disease and pregnancy it should be noted that pregnancy and caused it circulatory changes, metabolism, body weight (increase of 10 to 12 by the end of pregnancy), water salt metabolism (during pregnancy the total content of water in the body increased by 5-6 liters, the content of sodium in the body increases at the tenth week of pregnancy doubled) require heavy heart work and often aggravate the course of cardiovascular disease. All these changes are due to the fact that pregnant woman has an additional uterine placental circulation. And accordingly changing heart load. These load increases depending on the type of heart disease and how heart copes with the assigned task. Congenital heart disease are divided into three groups:

-Vices drop of blood from right to left. These includes nonunion defects of atrial and inter ventricular septum (through holes occur incorrect blood switch) and ductus arteriosus.

-Vices drop of blood from left to right. Transposition (moving) of great (main) vessels.

-Vices with blood flow interference. (narrowing of major blood vessels).

The research aim: explore the peculiarities of pregnancy, childbirth, early postpartum women who suffer from congenital heart disease.

Objectives of the study:

1. to carry the analytical overview of the literature through this problem.
2. to examine statistics on the number of pregnant women with congenital heart disease.
3. to prove the promising approaches to the nurse activity for more effective management of pregnancy in women with congenital heart disease.

Research methods: system analysis and logic synthesis, clinical and statistical.

Results and discussion. One of the most severe extra genital pathology in pregnant women is cardiovascular diseases and the main among them are heart disease. Pregnant women with heart disease refer to the high risk maternal and

perinatal mortality group. This is because pregnancy puts on an additional burden on the cardiovascular system of the woman.

Pregnancy is rather a dynamic process and thermodynamic changes in hormonal status and many other physiological factors are constant and gradual and sometimes sudden in the organisms of the pregnant woman. Therefore it is important not only to diagnose correctly, define nosology form of heart disease and vessels, but to estimate the etiology of the this disease and functional state of the cardiovascular system. In addition it is important to evaluate the degree of primary pathological process (rheumatism, rheumatoid arthritis, thyrotoxicosis etc) that led to the defeat of the cardiovascular system and detection of focal infection (cholecystitis, tonsillitis, tooth decay etc) and other accompanying diseases. So complex but in the majority of cases solved problems face the doctor which decides if the woman which suffer from a certain cardiovascular disease can have a pregnancy and childbirth without risk to her health and life and the life of the future child.

Conclusion: The question of permissibility to have pregnancy and childbirth for woman suffering cardiovascular diseases must be decided in advance, ideally before marriage. The doctor has some advantages in this issue carrying out clinical observation of patients and also the doctor who constantly monitors the patient (a district doctor, a family doctor, cardiologist). Moreover in case of pregnancy, childbirth and postpartum this issue should be resolved together with the cardiologist and obstetrician gynecologist if necessary involving the other doctors.

REFERENCES:

1. Гайдаєв Ю.О., Коваленко В.М., Корнацький В.М. та ін. Стан здоров'я населення України та забезпечення надання медичної допомоги: Аналітично-статистичний посібник. – К., 2013. – 97 с.
2. Гайдаєв Ю.О., Корнацький В.М. Проблеми здоров'я та напрямки його покращання в сучасних умовах // Український кардіологічний журнал. – 2010. – № 5. – С. 12–16.
3. Дудко В.В. Серцеві захворювання.– М.: Практика, 2010.– 319с.
1. Коваленко В.М., Корнацький В.М. Демографія і стан здоров'я населення України (Аналітично-статистичний посібник) / В.М. Коваленко, В.М. Корнацький. – К., 2013. – С.45.
2. Медсестринство в терапії: Підручник/За заг. ред. М.І. Шведа, Н.В. Пасечко. – Тернопіль: Укрмедкнига, 2010. – 546 с.
3. Сайт державної служби статистики України. Режим доступу: www.ukrstat.gov.ua.