

**MINISTRY OF HEALTH OF UKRAINE
ODESSA NATIONAL MEDICAL UNIVERSITY**

Faculty international

Department of Obstetrics and Gynecology



Vice-rector for scientific and pedagogical work
Eduard BURIACHKIVSKYI

I APPROVE

"01" September 2023

**METHODICAL DEVELOPMENT FOR INDEPENDENT WORK
FROM EDUCATIONAL DISCIPLINE**

Faculty international, course IV

Educational discipline "Obstetrics and gynecology"

Lesson № 1. Topic : «**Organization of obstetric and gynecological care in Ukraine.
The role of family doctor in providing obstetric and gynaecological care**»

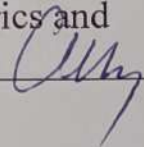
Approved:

Meeting of the Department of Obstetrics and Gynecology of Odesa National Medical University

Protocol №1 dated August 28, 2023.

Head of the department _____  (Ihor GLADCHUK)

Developer:

PhD, Associate professor of the department of Obstetrics and Gynecology _____  Stepanovichus O.M.

Methodological recommendations for SRS № 1

Topic " Organization of obstetrics and gynecology service in Ukraine. The role of the family doctor in providing obstetric and gynecological care .

Purpose: to get acquainted with the main stages of the development of obstetrics and gynecology as a part of medicine; with the achievements of domestic science, modern scientific trends; with the general principles of the organization of obstetric and gynecological care in the country; with determination of the role of the family doctor in providing obstetric and gynecological care. To master and improve the collection of anamnesis in gynecological patients. Be able to apply deontological conversational skills in practice. Assess the psycho-emotional state of a woman. To carry out modern research methods for the correct diagnosis and for the further appointment of adequate therapy.

Basic concepts: Organization of obstetric and gynecological care. Organization of the family planning service: structure, tasks. The role of the family doctor in the prevention of perinatal diseases and mortality.

1 . Theoretical questions for the lesson:

1. The subject of obstetrics and gynecology.
2. The main stages of the development of obstetrics and gynecology.
3. Outstanding representatives of the Ukrainian school of obstetricians-gynecologists.
- 4 . Stages of obstetric and gynecological care in Ukraine.
- 5 . Organization of obstetric and gynecological care.
- 6 . The structure of ambulatory obstetric and gynecological care.
- 7 . The structure of inpatient obstetric and gynecological care.
8. The role of the family doctor in the prevention of perinatal diseases.

SUBJECT OF OBSTETRICS AND GYNECOLOGY

Obstetrics (fr. *A ccoucher* — to help during childbirth) is the science of physiological and pathological processes that occur in a woman's body in connection with pregnancy, during childbirth, and in the postpartum period.

Obstetrics is the science of the development of pregnancy (from fertilization and implantation to maturation of the fetus in the mother's womb) and changes in a woman's body in connection with pregnancy , the course and management of normal and pathological childbirth, methods of childbirth , methods of preventing complications, course and management of the physiological and complicated postpartum period.

Gynecology (Greek: *gynea* - woman, *logos* - science) is the science of the female body, studies the anatomical and physiological features of the female body, diseases of

the female genital organs, methods of their diagnosis, prevention and treatment of patients.

Perinatology (from the Greek *peri* - a prefix, meaning "around", "outside" + Latin *natus* - birth) is the science of the development and protection of the fetus and newborn.

MAIN STAGES OF DEVELOPMENT OF OBSTETRICS AND GYNECOLOGY

Midwifery is one of the oldest branches of medicine. The peoples of Ancient Egypt, India, the book "Ayurveda" ("Knowledge of Life" 9-3 centuries BC), Judea, China (27th century BC), Babylon (22nd century BC) had some information about midwifery. AD) etc.

Mykola Vitoldovych Shuvarskyi (1860-1922) belonged to the Kyiv School of Obstetrics and Gynecology . His works on artificial insemination, uterine myoma and pregnancy, complications during the third period of childbirth, the state of the placenta and its structure gained wide recognition.

A special role in the development of medicine in Ukraine, and in particular in Odessa, belongs to the great *Mykola Ivanovich Pirogov*, who during his work as a trustee of the Odessa educational district (1856-1858) petitioned the government to open a medical faculty in the South. On September 1, 1900, the rector of Novorossiysk University, Professor *Fedir Nikiforovych Shvedov*, delivered the first lecture at the medical faculty. And in 1920, the medical faculty was transformed into a medical academy, the rector of which was academician Danylo Kyrylovych Zabolotny (he was later elected president of the Academy of Sciences of Ukraine). Since 1921, the independent Odessa Medical Institute (OMI) began to exist, the rector of which during 1923-1927 was Academician Lev Vasyliovych Gromashevskiy.

Hryhoriy Ilyich Himelfarb (1857—1928) was one of the organizers of obstetrics and gynecological care in Odessa . A significant contribution to the development of gynecology was his works "On the question of deviation of the uterus", "On the clinic and treatment of myoma of the uterus". By improving Wertheim's radical hysterectomy, he reduced the mortality after it to 2%. Possessing extensive knowledge in the field of pathology, anatomy and laboratory equipment, G. I. Himelfarb created a patho-anatomical museum and founded the first laboratory.

In 1905, the medical faculty of Novorossiysk University appointed a graduate of the St. Petersburg Military Medical Academy, a student of Professor O.I. Lebedev - *Vsevolod Mykolayovych Orlov* (1866 - 1927). Under his leadership, the obstetrics-gynecology clinic in Odesa immediately took a prominent place among advanced medical institutions in terms of the scale of operative activity and the consequences of surgical intervention.

V. M. Orlov's research was devoted to mud treatment, the role of physical methods in the treatment of inflammatory diseases, X-ray therapy, radiotherapy, and the introduction of catgut into surgical gynecological practice. The author of the well-known textbook "Textbook of Women's Diseases", as a talented teacher and clinician, in 1927 he

organized the first student scientific society, the Odesa Scientific Society of Obstetricians and Gynecologists, a polyclinic to provide free assistance to women in labor, where assistants, students of the last year, consulted and attended (first principles of family medicine).

Employees of V. M. Orlov's department - private docents G. I. Thomson and F. V. Bukoemskyi - were elected professors of the Odesa Higher Women's Courses, and then of the Odesa Medical Institute. V. M. Orlov's students headed departments of obstetrics and women's diseases in other cities: V. D. Brandt — in Kharkiv, B. K. Hogoberidze — in Tbilisi, G. F. Tsomakion — in Dnipropetrovsk.

An outstanding representative of the Ukrainian school of obstetricians and gynecologists was the famous surgeon, talented diagnostician *Hryhoriy Fedorovych Pysemskyi* (1862-1937), a professor at the Kyiv Medical Institute and the Kyiv Institute for the Advancement of Physicians. Of the more than 60 scientific works written by him, the most famous are research on the innervation of the uterus, a monograph on dermoids of the abdominal wall, and works on operative gynecology. G. F. Pysemskyi was the editor of the magazines "Ukrainian medical news", "Oncological issues", the initiator of the opening of the first women's consultation for pregnant women in Kyiv, the creation of collective farm maternity homes, and the organization of obstetrics in rural areas. In his clinic, for the first time in obstetrics and gynecology practice in Ukraine, a donor blood transfusion was carried out.

After G. F. Pysemskyi, the Department of Obstetrics and Gynecology of the Kyiv Medical Institute was headed by Professor O. And . Krupsky. Under his leadership, the clinical base was expanded, a biochemical laboratory was created. Since 1936, there have already been two departments of obstetrics and women's diseases - at the medical and pediatric faculties.

One of the founders of midwifery in Ukraine was professor of the Kyiv Medical Institute *Feodosii Onysimovich Sokolov* (1870—1942). His doctoral dissertation "On saline infused as a treatment method after acute blood loss" became the basis of theoretical provisions regarding the effect of blood transfusion on the body. The works of F. O. Sokolov "On the treatment of septic abortion", "Conservative treatment of fibroids" were widely known. Having vast experience in scientific and practical work, he took the most active part in the work of Okhmatdyt institutions in Ukraine.

From 1938 to 1958, the Department of Obstetrics and Gynecology No. 1 of the Medical Faculty of the Kyiv Medical Institute was headed by professor, corresponding member of the Academy of Sciences of Ukraine *Oleksandr Yudymovych Lurye*, who was the chief obstetrician-gynecologist of the Ministry of Health of the Ukrainian SSR. He proposed conducting an analysis of maternal mortality (maternal death commissions), which was of great importance for improving the quality of obstetric care, as well as analgesia during childbirth (1935), for which he was awarded the State Prize. The

development of uniform provisions on the most important issues of obstetrics (narrow pelvis, caesarean section, obstetric bleeding, etc.) has begun. The experience of Ukraine spread to all republics of the Union. The number of surgical gynecology beds increased, the department of gynecological oncology, septic gynecology, and pregnancy pathology was opened. In the teaching of obstetrics and gynecology, more attention began to be paid to practical classes. O. Yu. Lurie proposed his modification of the extirpation of the uterus according to Wertheim in combination with X-ray and radiation therapy.

Since 1938, the Department of Obstetrics and Gynecology No. 2 was headed by Professor *Petro Mykhailovych Buiko* (1895-1943), a graduate of the Kyiv Medical Institute. The clinical-experimental work "Surgical treatment of vesico-vaginal fistulas in women" characterizes him as a brave innovator, humanist scientist. From the first days of the Second World War, P.M. Buiko went to the front as a volunteer. Wounded, he was taken prisoner, from where he escaped. Took an active part in the partisan movement of Ukraine. He was captured by the Gestapo. After brutal torture, on October 15, 1943, he was burned alive in the village. Yaroshivka

Until 1953, the Department of Obstetrics and Gynecology No. 2 was headed by an honored scientist, Professor O. M. Olshanetsky, the author of one of the first studies on the history of domestic obstetrics and gynecology.

On the initiative of Professor O.Yu. Lurie, in the postwar years, preventive oncological examinations of women were organized for the first time in the country, which made it possible to reduce cancer mortality. Thanks to the active scientific, medical and organizational activities of the Department of Obstetrics and Gynecology of the Kyiv Medical Institute, mortality from obstetric bleeding has decreased. Clinics for climacteric pathology and children's gynecology were opened for the first time, and the system of improving the qualifications of doctors was improved. A significant role in the development of children's gynecology belongs to the students of O.Yu. Lurie - to professors Yu.O. Krupko-Bolshova, I.B. Vovk, and in oncological gynecology - V.K. Vinnytskyi, A.I. Evdokimov, V.Ya. Zuher, N.V. Svechnikova and others.

In 1959, the department was headed by a student of the Kharkiv school, Professor I. And . Hryshchenko *Mykola Serhiiovych Baksheev* (1911—1974) — professor, chief obstetrician-gynecologist of the Ministry of Health of the Ukrainian SSR. He created a scientific school that developed the issues of physiology and pathology of the contractile activity of the uterus, embolism with amniotic fluid, gestosis, fetal hypoxia and newborn asphyxia, chemotherapy in oncogynecology. For the monograph "Uterine Bleeding in Obstetrics", M. S. Baksheev was awarded the State Prize named after V. F. Snegiriev.

The case of M.S. Baksheev was continued by his followers: T.Ya. Kalinichenko is an outstanding organizer of health care in Ukraine, Professor *Raisa Ivanivna Malykhina* is a well-known specialist in the problems of tuberculosis of the female genital organs. The heads of the departments of the Kyiv Medical Institute (now the O.O. Bogomolets

National Medical University) are famous Ukrainian scientists: professors V.S. Artamonov, V.Ya. Holota, chief obstetrician-gynecologist specialist of the Ministry of Health of Ukraine — professor B.M. Ventsk and Vsk . B.M. Wentzkivskyi headed the Obstetrics and Gynecology Service of Ukraine . The author of developments on the problems of late gestosis.

Until 1990, the Department of Obstetrics and Gynecology No. 1 was headed by G.K. Stepankivska is a corresponding member of the National Academy of Sciences, and later - of the Academy of Medical Sciences of Ukraine, she has works on the study of the mechanisms of labor regulation, the development of methods of rational delivery. Professor B. M. Ventsk i Vskyi and the scientists of his school made a significant contribution to the development of domestic perinatology, the introduction of new methods of diagnosing the state of the fetus (electro-, phonocardiography, hormonal, biochemical studies, dopplerometry, cardiotocography, amnioscopy), studying the problem of the physiology and pathology of the uterus during pregnancy and childbirth, rational nutrition of pregnant women, late toxicosis of pregnant women, carrying pregnancy, premature birth, postpartum infection, antenatal protection of the fetus and newborn, oncogynecology, tuberculosis.

The Department of Obstetrics of the Kyiv Institute for the Advancement of Doctors (KIUL) was established in 1918 on the basis of the polyclinic of the Clinical Institute of the Kyiv Professional Union of Doctors. The organizer and first head of the department was Hryhoriy Fedorovych Pysemskyi, and the department of gynecology was headed by professor V.L. Lozinsky. Pupils of G.F. Pysemskyi were professors S.P. Vynogradova, E.Ya. Yankelevich, K.M. Zhmakin, V.P. Savytskyi, V.M. Khmelevsky L. I. Bublychenko (1958-1975) elaborated on the problem of postpartum infections. H.P. Pysemskyi (1937-1962, Kyiv) elaborated the issues of operative gynecology. L.P. Buyko (1895-1943, Kyiv) hero of the Soviet Union. Studied the problem of maternal trauma, engaged in the organization of obstetric care.

From 1971 to 1993, the department was headed by Professor *Leonid Vasiliiovych Tymoshenko* , an outstanding Ukrainian scientist-clinician, corresponding member of the National Academy of Sciences of Ukraine, AMS of the USSR, RAMS, honorary member of scientific societies of obstetricians-gynecologists of Bulgaria, Hungary, Yugoslavia, member of the European Association of Obstetricians-Gynecologists, laureate State award named after V. F. Snegiriova (1985), awarded the Semelweiss medal for the development of science. He can rightly be called one of the founders of modern obstetrics, perinatology and gynecology in Ukraine. An ardent educator of scientists and doctors, a sensitive doctor, a favorite of student youth, L. V. Tymoshenko first headed the department of the Lviv Medical Institute, where he also created a scientific school. His followers are 16 heads of departments of leading universities of Ukraine, among whom are professors Evgenia Viktorivna Kokhanovich, Stanislav Serhiyovych Leush, Yurii Petrovych

Vdovichenko and other famous scientists. L.V. Tymoshenko is the author of more than 600 scientific works, including 20 monographs and textbooks. Under his supervision, 85 candidate's and 20 doctoral theses were completed.

Created in 1936 by the Ukrainian State Research Institute of Maternity and Childhood Protection (Okhmatdyt) named after N.K. Krupska (Kyiv), the journal "Pediatrics, Obstetrics and Gynecology" was founded, which united around itself the best scientific forces of Ukraine. Subsequently, the Ukrainian Research Institute Okhmatdyt, which employed such famous scientists and practitioners as professors G.F. Pysemnyi, V.M. Khmelevskiy, S.P. Vynogradova, Academician A.P. Nikolaev, was reorganized into the Institute of Pediatrics, Obstetrics and Gynecology, which in 1994 came under the leadership of the Medical Academy of Ukraine. Professor A.H. played a decisive role in its formation and development. *Pope*, academician of the National Academy of Sciences and the Academy of Medical Sciences of Ukraine O.M. *Lukyanova*, corresponding member of the Academy of Medical Sciences of Ukraine, professor O.H. *Mykhaylenko* is the author of many monographs on the problems of obstetrics and perinatology, educational manuals: "Physiological obstetrics", "Pathological obstetrics", "Situational problems in obstetrics and gynecology", "Gynecology", etc.

The main directions of the institute's creative activity were the development of problems of labor analgesia, regulation of labor, obstetric bleeding, hemolytic disease of the fetus and newborn, late toxicosis of pregnant women, premature pregnancy, hypoxia of the fetus and newborn. A. P. Nikolaev, L. V. Tymoshenko, G. K. Stepankivska, A. G. Kolomiitseva, V. P. Mikhedko, Y. P. Solskyi (Kyiv), developed the problem of obstetric and gynecological sepsis. Introduced a system of prevention of unwanted pregnancy into practical obstetrics). Ya. Bratuschuk and others). V. M. Khmelevskiy was one of the first to propose the administration of glucose, calcium chloride, B vitamins, and ascorbic acid (Khmelevskiy's mixture) for the treatment of fetal hypoxia.

The monograph of Academician Anatoly Petrovich Nikolaev (1896-1961) "Theory and practice of labor anesthesia" (1953) was translated and published in the languages of many foreign countries (France, Germany, Czechoslovakia, Italy, Argentina). His method of treating fetal hypoxia using a 40% glucose solution (20 ml) with Cardiazole and oxygen inhalation (Nikolayev's triad) became widespread in Ukraine, the USSR and abroad. Academician A. P. Nikolaev, a graduate of the Faculty of Medicine of Kyiv University, worked as the head of the Department of Obstetrics and Gynecology of the Poltava Medical Institute, and was the director of the Research Institute of Obstetrics and Gynecology of the AMS of the USSR (Leningrad).

The Scientific School of Obstetricians and Gynecologists was established at the Kharkiv Medical Institute, where the department was headed by professors P.X. Khazhynskiy, R.L. Livshina, and from 1946 to 1972 he was an honored scientist of the USSR, the patriarch of the modern school of Ukrainian obstetrician-gynecologists,

Professor *Ivan Ivanovich Hryshchenko* (1897-1983). An excellent surgeon and clinician, I.I. Hryshchenko paid great attention to restorative surgery for anomalies of the development of genital organs, genitourinary and intestinal fistulas. For the first time in Ukraine, he organized a center for the study of anthroozoonous diseases in obstetrics; led work on the study of problems of isoantigenic incompatibility of maternal and fetal blood (the first in the USSR to perform amniocentesis), correction of fetal position anomalies with the help of external prophylactic rotation and physical exercises; developed the issue of genetics. The author of more than 130 scientific works, including a textbook on obstetrics, 4 monographs, he was also the responsible secretary of the first editorial board of the journal "PAG", a member of the editorial board of the journal "Obstetrics and Gynecology". Under the leadership of I.I. Hryshchenko completed 7 doctoral theses and 52 candidate theses. His students headed departments of obstetrics and gynecology in Kyiv (M.S. Baksheev, R.I. Malikhina), Kharkiv, Odesa (V.A. Solyanyk-Shyleyko), Zaporizhzhia, and Ternopil.

Since 1966, the Department of Obstetrics and Gynecology of the Medical Faculty of Kharkiv State University has been headed by an honored scientist and engineer, academician of the National Academy of Sciences of Ukraine, laureate of the State Prizes of the USSR and Ukrainian SSR, professor V.I. Hryshchenko (1928-2011), who at the same time headed the Institute of Problems of Cryobiology and Cryomedicine of the National Academy of Sciences of Ukraine. He made a significant contribution to the study of the problems of cryosurgery (for the first time in the former USSR), perinatology, toxicosis of pregnant women, studied the role of the pineal body (epiphysis) in the physiology and pathology of the female reproductive system. For the monograph "Antenatal death of the fetus" he was awarded the prize named after V.F. Snehiryova AMS of the USSR. Under his leadership, the first effective attempt at in vitro fertilization in Ukraine was carried out. WHO expert on birth control problems, adviser to the "Human Reproduction" program, V.I. Hryshchenko trained 13 doctors and 83 candidates. medical sciences. He was a member of the editorial board of the journals "Pediatrics, Obstetrics and Gynecology" and "Obstetrics and Gynecology" (Russia), the editor-in-chief of the journal "Problems of Cryobiology", the head of the medical and biological section of the North-Eastern Scientific Center of the National Academy of Sciences of Ukraine.

Professor V.F. worked fruitfully at the Department of Obstetrics and Gynecology of the Pediatric Faculty in Kharkiv. Matveeva The department was headed by professor M.G. Bohdashkin is an honored worker of science and technology of Ukraine.

The first Institute for the Protection of Motherhood and Childhood was created in 1923 in Kharkiv; in 1928, such institutes were opened in Kyiv, Odesa, Dnipropetrovsk, and later in Lviv and Mukachevo.

In 1936, the Department of Obstetrics and Gynecology of the Vinnytsia Medical Institute was founded, headed by Professor S.I. Topaz The heads of the department were

O.O. Kogan, N.P. Verkhatskyi, S.B., Golubchyn, R.I. Shterenberg, G.N. Smirnov. The credit for creating scientific schools in Vinnytsia belongs to professors R.A. Vartapetov and M.K. Ventsk and Vsk. The Vinnytsia school produced such famous scientists as professors J.P. Solskyi, P.G. Zhuchenko, P.P. Grigorenko, B.F. Mazorchuk, A.N. Haystruk, who developed the problems of preeclampsia, septic complications in obstetrics and gynecology, studied the influence of environmental factors on the body of the mother and the newborn. Own scientific schools were also created by professors V.K. Chaika (Donetsk), K.V. Voronin (Dnipropetrovsk), L.B. Markin (Lviv), O.Ya. Grechanina (Kharkiv), A.M. Rybalka (Crimea), V.A. Solyanik-Shyleyko (Odesa).

The development of perinatology in Ukraine is conditioned by the creation of scientific schools and departments of perinatal medicine in Dnipropetrovsk (Prof. 3. M. Dubosarska), Odesa (Prof. O. O. Zelinskyi), Kharkiv (Prof. O. V. Hryshchenko, Prof. O. Ya . Grechanin).

Soviet obstetrics is persistently working on many issues, including facilitating the course of pregnancy, preventing the so-called late toxicosis, etc. complications of pregnancy and childbirth, analgesia of childbirth, fight against excessive blood loss during childbirth, with premature and prolonged childbirth, with trauma of newborns, with stillbirth and early mortality of newborns, with maternal mortality, etc. The development of Soviet midwifery takes place in close connection with other branches of theory and practical. medicine — physiology, surgery, bacteriology, gynecology, etc.

The 17th and 18th centuries were characterized by the formation of two main midwifery schools in Ukraine – Kyiv and Kharkiv. The formation of the Odesa School of Obstetricians and Gynecologists began in 1902. The beginning of the creation of this school was the organization of the department of obstetrics and gynecology on the basis of the medical faculty of Novorossiysk University. Professor Vasyl Mykolayovych Massen (1902-1904) became the first head of the department. He graduated with honors from the Medical and Surgical Academy in 1887. In 1902, he was transferred to Odessa, where he organized the Department of Obstetrics and Gynecology at Novorossiya University. In 1904, he died suddenly in the break between lectures.

From 1904, for 22 years, the clinic was headed by Professor Vsevolod Mykolayovych Orlov. He also became the initiator and organizer of the Scientific Society of Obstetricians and Gynecologists in Odesa (1927). Managed by Professor Orlov, the university clinic located on Pastera Street was at the level of the leading European clinics of that time.

Vsevolod Mykolayovych Orlov (1866-1927) head the Department of Obstetrics and Gynecology in 1905-1927. In 1890, he graduated from the Medical and Surgical Academy with a prize and was left to improve for three years at the clinic of Professor A.I. Lebedev. He arrived in Odessa in 1905, took charge of the organization and equipment of the educational and diagnostic process at the Department of Obstetrics and

Gynecology of the Medical Faculty of Novorossiysk University. He created a museum of micro- and macroscopic pathological-anatomical preparations, slides on obstetrics and gynecology, organized a cabinet of physical methods of treatment (electro-light therapy, mud therapy). His students are Professor V.D. Brandt, B.K. Gogoberidze, V.A. Myshin, G.F. Tsomakion.

Herman Ivanovych Thomson (1862-1933) headed the Department of Obstetrics and Gynecology in 1928-1929.

Georgy Fyodorovych Tsomakion (1884-1939) headed the department of obstetrics and gynecology in 1930-1930. Graduated with honors from the medical faculty of Novorossiysk University in 1910. In 1921-1930. headed the Department of Obstetrics and Gynecology of the Dnipropetrovsk Medical Institute.

Boris Kostantynovych Hogoberidze (1884-1954) headed the department of obstetrics and gynecology in 1940-1941. graduated with honors from the medical faculty of Novorossiysk University in 1908.

Hryhoriy Kostiantynovych Zhivatov (1891-1952) headed the department of obstetrics and gynecology of the pediatric and sanitary-hygienic faculties in 1936-1948.

Ashot Moiseevich Agharonov (1895-1962) headed the department of obstetrics and gynecology of the medical faculty in 1945-1954. Graduated from the medical faculty of Kyiv University in 1919. Since 1954 - head. Department of Obstetrics and Gynecology of the Yerevan Medical Institute.

Oleksandr Ivanovich Malinin (1890-1985) headed the department of obstetrics and gynecology of the medical faculty in 1954-1965.

Ivan Mykolayovych Rembez (1920) headed the Department of Obstetrics and Gynecology of the Faculty of Medicine in 1965-1968. From 1974, he worked in Odesa in health care institutions, and after that he was a professor of the Department of Obstetrics and Gynecology of the Faculty of Medical Education of the Odessa Medical Institute.

So, the heads of the departments of obstetrics and gynecology at Odesa National Medical University are professors: V.M. Massen (1902 -1904), V.M. Orlov (1905-1927), F.V. Bukoemskyi (1920-1922), G. I. Thomson (1928-1929), G.F. Tsomakion (1930-1939), H.K. Zhivatov (1936-1948), B.K. Hogoberidze (1940-1941), A.M. Agharonov (1945-1954), O.E. Nudolska (1952-1953), N.P. Verkhatskyi (1953-1958), O.I. Malinin (1954-1965), Ya.V. Kukolev (1959-1971), U.Y. Bizhan (1972-1983), I.M. Rembez (1965-1968), V.A. Solyanyk-Shyleyko (1968-1990), O.O. Zelinsky (from 1983-2018), V. F. Nagorna (1990-1994), V. M. Zaporozhan (1986-2015), I. Z. Gladchuk (since 2015).

Victoria Andriivna Solyanyk-Shyleyko (1924) headed the department of obstetrics and gynecology in 1968-1990. Graduated with honors from the Kharkiv Medical Institute in 1949. V.A. Solyanyk-Shyleyko is a graduate of the Kharkiv School of Obstetrics and Gynecology of Professor I.I. Hryshchenko Her research is devoted to the problems of isoimmunization of the body of a pregnant woman in cases of maternal

and fetal blood incompatibility, rehabilitation therapy of inflammatory diseases of female genital organs using physical and sanatorium-resort factors, cryosurgery in gynecology. In 1956, she defended her candidate's thesis on the topic: "The influence of the flow of roles and the postpartum period on lactation in its early period." In 1967, a doctoral dissertation on the topic: "Isoimmunization of a pregnant organism and prevention of complications related to it." Author of more than 200 scientific works, 3 monographs; 3 doctoral theses and 23 candidate theses were defended under her supervision. Solyanik-Shyleyko Victoria Andriivna raised a new generation of obstetricians-gynecologists in Odessa, she gave birth to the Odessa School of Obstetricians-Gynecologists. Organized and managed the first specialized immunoconflict pregnancy center in Ukraine. For many years, she managed the Odessa Scientific Society of Obstetricians and Gynecologists.

Nagorna Victoria Fedorivna. From 1990 to 1998, professor, head. department of obstetrics and gynecology No. 1. In 1976, a candidate's thesis on the topic "Autovaccine in the complex treatment of chronic relapsing inflammatory diseases of the female genital organs." In 1991 - a doctoral dissertation on the topic "Benign tumors of the ovaries: pathogenesis, clinic, treatment". The author of 5 monographs, the textbook "Obstetrics", 190 publications, 18 patents for inventions, supervisor of 14 candidate's and 1 doctoral theses. Her research is devoted to the problems of preeclampsia, benign ovarian tumors, improvement and implementation of new methods of surgical treatment in obstetrics and gynecology. Reports at international congresses in Geneva, Copenhagen, Istanbul, Helsinki, San Francisco.

Valery Mykolayovych Zaporozhan (1947) Head of the Department of Obstetrics and Gynecology from 1997 to 2015. Graduated with honors from the Odessa Medical Institute in 1971. In 1976, candidate's thesis on the topic: "Cryogenic method of treatment of some cervical diseases." In 1982, a doctoral dissertation on the topic: "Combined cryogenic treatment of hyperplastic processes of the uterus." Scientific research - study and development of cryosurgical, cryoultrasound and combined methods of treatment of gynecological diseases, study of pathogenesis and development of new methods of treatment of precancerous diseases of organs of the reproductive system.

Ihor Zinoviiovych Gladchuk (1963) Head of the Department of Obstetrics and Gynecology since 2015. He graduated with honors from the Ternopil State Medical Institute in 1986. In 1992, he successfully defended his candidate's thesis "Complex treatment with immunomodulators of patients with hyperplastic processes of the endo- and myometrium and its effect on the functional state of the liver." In 1999, he defended his doctoral thesis "Operative endoscopy in the complex treatment of female infertility". Author of more than 180 scientific works and 25 inventions. Reports at international congresses in Istanbul, Milan, Berlin, Barcelona, Budapest, Prague. Professor Gladchuk I.Z. is a member of the European Association of Gynecologists-Endoscopists, the International Association of Obstetricians-Gynecologists, an honorary doctor of the Polish

Society of Gynecologists. Honorary member of the Human Reproduction Association of Hungary.

Today, the Department of Obstetrics and Gynecology of Odesa Medical University is one of the leading departments of Ukraine, its teaching staff continues the traditions of its outstanding predecessors. The main scientific works of the department's scientists are devoted to the improvement of endosurgical methods of treatment of female infertility (prof. I.Z. Gladchuk - doctoral dissertation "Operative endoscopy in the complex treatment of female infertility", 1999), prof. O. Ya. Nazarenko - doctoral dissertation "Laparoscopic and organ-sparing operations in the treatment of uterine fibroids", 2014, prof. A.G. Volyanska - doctoral dissertation "Pathogenetic substantiation of the prevention of the adhesion process during gynecological operations in women of reproductive age (clinical-experimental study)", 2016. Problems of HIV infection in obstetrics, perinatology (Prof. S.P. Posohova - doctoral dissertation "Prognosis, prevention and ways of reducing perinatal infection with HIV infection" doctoral dissertation), the influence of aggressive environmental factors on the organism of the mother and fetus, on the formation of primary and secondary placental insufficiency, the issue of perinatal protection of the fetus (Prof. V.P. Mishchenko - doctoral dissertation "Placental insufficiency in the conditions of the modern environmental situation (diagnosis, prevention and treatment)", 1998, Prof. N.M. Rozhkovska - doctoral dissertation "Perinatal protection of the fetus in chronic placental insufficiency syndrome", 1999, Prof. V.G. Marichereda - doctoral dissertation " Preeclampsia: immunogenetic determinants of pathogenesis, diagnosis and prognosis", 2014, prof. I.A. Ancheva - doctoral dissertation "Placental dysfunction in pregnant women with anemia: diagnosis, pregnancy management and prevention", 2015).

ORGANIZATION OF OBSTETRICAL AND GYNECOLOGICAL ASSISTANCE

Today, the organization of obstetric and gynecological care in Ukraine is based on WHO principles. This is the provision of stable access of all segments of the population to qualified medical care, family planning services, and medical and genetic counseling. Taking into account various factors that affect the state of women's health, a regulatory framework has been developed to provide the female population with outpatient and inpatient obstetric care.

Women's health - it is the health of the nation. The modern principles of providing qualified obstetric care include: keeping a partogram, determining (according to indications) the biophysical profile of the fetus, organizing the work of obstetric hospitals with the introduction of a joint stay of mother and child, breastfeeding, the practice of "individual", in accordance with current legislation, and "family" obstetrics halls, ensuring a stock of medicines for emergency medical care.

Obstetric care in Ukraine is provided in outpatient and inpatient medical facilities, the main of which are maternity homes and women's consultation as part of an obstetrics

and gynecology association, obstetric departments as part of a multidisciplinary hospital, women's consultation as a unit of a polyclinic.

Obstetric care for pregnant women (women in labor) with an extremely high degree of predicted perinatal and obstetric risk is provided in level III obstetric hospitals. In order to improve the quality of providing such assistance, the work of these institutions is based on the principles of cooperation with the departments of obstetrics and gynecology, neonatology, and anesthesiology of higher educational institutions in accordance with current legal acts.

The organization of obstetric and gynecological care in Ukraine is based on the principle of the unity of the health of the mother and child, and the improvement of primary health care for pregnant women, women, and girls is of priority importance.

The organization of obstetric and gynecological care consists of three main stages:

1. the organization of family planning services as the basis for the formation and preservation of reproductive health;
2. organization of obstetric care based on the principles of safe motherhood;
3. the organization of gynecological care based on the principles of rehabilitation of reproductive health as the main factor in the prevention of oncogynecological diseases.

The organization of obstetric care according to modern approaches is considered as the organization of perinatal care, the main components of which are:

- preparing the family for the birth of a child today is considered as a joint responsibility for the birth of a child of the whole family, especially future parents in accordance with the recommendations of the WHO on the involvement of the family in the birth of a child. The reorganization of the "School of Motherhood" into the "School of Responsible Parenthood" involves, through new communication technologies, the preparation of the pregnant woman and her family members for partner childbirth as a significant psychological measure for the prevention of complications in childbirth, reducing the use of medications, reducing the number of cesarean births and as a result of improving health I newborns;
- the formation and support of breastfeeding babies gives extremely important positive results in reducing the incidence of infectious disorders in newborns and women in labor, as well as diseases of the digestive organs and gastrointestinal tract in newborns;
- prevention of vertical transmission of HIV. Improved technologies in accordance with WHO recommendations regarding the 4-component approach, namely: prevention of HIV among the female population, prevention of unwanted pregnancy in HIV-infected women, drug prevention of HIV in newborns and social support of HIV-infected children and their families;
- medical and genetic assistance is aimed at the prevention of congenital and hereditary pathology. The norms for the provision of medical and genetic care determine the joint

activity of specialists in medical genetics and obstetrics and gynecology on the implementation of preconceptional preparation for pregnancy and childbirth, timely diagnosis of genetic pathology for its prevention in newborns.

A 3-level system of obstetric and gynecological care has been created in Ukraine.

Organization ambulatory obstetric and gynecological care

Outpatient obstetric and gynecological care is provided in:

- women's consultations,
- gynecological offices of central district hospitals,
- rural medical clinics,
- general practice-family medicine clinics,
- paramedic-midwifery centers (FAPs),
- family planning centers,
- examination rooms of polyclinics.

The medical and preventive work of these institutions is based on the principle of dispensary observation of women.

The main principles of the organization of ambulatory obstetric and gynecological care are:

- phasing (levels) of providing medical care;
- provision of medical care according to generalized regulations (standards);
- systematic, qualified,
- equally available in villages and cities,
- preventive care for women.

At the 1st stage women receive outpatient obstetric and gynecological care at FAPs, medical clinics and district hospitals (without an obstetrician-gynecologist). Ambulatory work of midwives at the 1st stage is mainly preventive in order to prevent pregnancy complications and the occurrence of gynecological diseases.

At the II stage Outpatient obstetric and gynecological care for pregnant women and gynecological patients is provided by the medical staff of the rural outpatient clinic and DL, the obstetrician-gynecologist of the RL and TSR. In medical institutions of the II stage, pregnant women without complicated course of pregnancy are observed.

At the III stage Outpatient obstetric and gynecological care is provided by specialists of regional hospitals. In the third-stage hospital, in-depth performance of the scope of medical examination is ensured, which cannot be performed at the previous stages of providing medical care to pregnant and gynecological patients. If necessary, a consultative examination by other specialists is carried out.

Organization of specialized outpatient obstetric and gynecological care

Specialized curative and preventive care - it is a type of medical care provided by doctors who have the appropriate specialization and can provide more qualified advice, diagnosis and treatment than general practitioners.

Specialized outpatient polyclinic obstetric and gynecological care can be provided under the following conditions:

- a women's consultation, which has 8 obstetric wards and more;
- diagnostic center of family planning and human reproduction;
- consulting clinic.

Specialized assistance is provided for: miscarriage; gynecological endocrine disorders; pathologies of the cervix; infertility; family planning; pathologies of the perimenopausal period.

Women's consultation

The principle of dispensary observation of women is the basis of the medical and preventive work of the ZhK.

Ambulatory obstetric and gynecological care for the population includes measures to preserve the reproductive health of the population, examination of pregnant women, antenatal protection of the fetus, prevention and treatment of obstetric and gynecological pathology, family planning.

Structure a women's consultation: wardrobe; registry, obstetrician-gynecologist doctor's office, lawyer's office, psychoprophylaxis office, therapist's office, dentist's office, manipulation (vaginal procedures), procedural, operating room (small), office of perinatal diagnostics, colposcopic, the office of the head of the women's consultation, the office of the chief midwife, the laboratory, the physiotherapy room, the sterilization room, the X-ray room, the functional diagnostics (ultrasound) room, the medical genetic consultation, the day hospital; offices of specialized receptions: family planning, miscarriage, gynecological endocrinology, gynecology of childhood and adolescence, functional and prenatal diagnostics.

Tasks of the women's consultation

Organization and implementation of a set of preventive measures to preserve the reproductive health of the population.

Carrying out medical and preventive measures aimed at preventing complications of pregnancy, the postpartum period, gynecological diseases, based on modern achievements of science and practice.

Early detection of pregnancy (up to 12 weeks) and dispensary supervision. Conducting clinical, functional ultrasound, laboratory research using modern means to determine the degree and group of perinatal risk in order to prevent obstetric and perinatal complications.

Timely detection of diseases in pregnant women and referral for hospitalization to the department of pregnancy pathology of the maternity hospital or to other medical and preventive

institutions according to the profile of the disease. Referral of pregnant women who need treatment to a day hospital.

Introduction into practice of modern means of diagnosis and treatment of complications of pregnancy, diseases of childbirth, gynecological diseases. Providing pregnant women with functional and laboratory research in full.

Organization of preparation of pregnant women for childbirth and involvement of the family in training at the "School of Motherhood".

Organization and conduct of preventive gynecological examinations of women using modern examination methods (colposcopy, cytology, etc.) with the aim of early detection and treatment of gynecological diseases.

Organization and counseling of families on family planning issues.

Ensuring legal protection of women in accordance with current legislation, if necessary, with the participation of a legal adviser.

Timely provision of maternity leave in accordance with current legislation, sick leave in cases of temporary incapacity of a woman.

Organization of medical and genetic counseling for spouses, couples about to marry, and families who are at risk of having (or have) children with birth defects or hereditary diseases.

Rights and duties of a midwife in a women's consultation

The position of midwife of the women's consultation can be held by a junior specialist with a medical education who has obtained the qualification of a midwife.

The midwife is hired and dismissed by the head of the medical and preventive institution.

The midwife is under the supervision of the obstetrician-gynecologist, the head of the women's consultation and the senior midwife.

In her work, a midwife is guided by the provisions on women's consultation, current legislation, orders, other normative acts of health care authorities, internal labor regulations, job instructions.

The main task of a midwife is to carry out curative and preventive and sanitary and educational work in the field of obstetrics and gynecology under the guidance of a doctor.

According to the main tasks, the midwife carries out:

preparation of an outpatient appointment conducted by a doctor;

acquainting women with the rules of the internal procedure and the mode of operation of the women's consultation;

assistance to the doctor during diagnostic, therapeutic and operative manipulations;

carrying out, together with a doctor, preventive gynecological examinations of women at fixed precincts;

sanitary and educational work in the field of obstetrics and gynecology, including the issuance of sanitary bulletins;

control over the work of junior medical personnel;

control over visits to the doctor by pregnant women and patients who are subject to dispensary observation.

The midwife of the women's consultation is obliged to:
comply with the rules of asepsis and antiseptics, properly sterilize, process and store dressing material and medical instruments;
keep medical records;
perform the duties of an operating nurse if necessary;
to provide first aid in case of emergencies followed by a doctor's call;
to report to the head of the department, and in his absence — to the doctor on duty about all serious complications or illnesses in pregnant or gynecological patients;
perform obstetric patronage;
carry out sanitary and educational work among pregnant women and members of their families about the peculiarities of the hygiene of pregnant women, rational nutrition, the need for regular visits to the doctor;
if deviations from the normal state are detected, refer to an obstetrician-gynecologist for an appointment;
report the results of patronage to the doctor and record them in the patronage log.

The midwife of the women's consultation has the right to:
make proposals to the head of the department regarding the rational distribution of work;
systematically improve your professional qualifications;
to give instructions to junior medical workers subordinate to her on compliance with the rules of internal labor regulations;
make proposals to encourage these employees or impose disciplinary sanctions on them for individual work violations or violations of internal labor regulations.

Organization stationary obstetric and gynecological care

A 3-level system has been created in Ukraine stationary obstetric and gynecological care.

To the 1st level include district, central district and city hospitals, which do not have departments of anesthesiology and intensive care. Round-the-clock anesthesiologist duty is provided (on duty at home). Medical institutions of this level ensure the delivery of pregnant women with a low degree of obstetric and perinatal risk of developing complications, providing medical assistance to gynecological patients.

Up to II level include district hospitals, central district hospitals and obstetric departments of city hospitals, city maternity hospitals, which have departments of anesthesiology and intensive care, as well as a neonatologist on duty around the clock. Medical institutions of this level ensure the delivery of pregnant women of low and high (according to the combination of factors) degree of obstetric and perinatal risk, and also perform all the functions of institutions of the first level, including the provision of qualified care to gynecological patients, in addition to specialized gynecological care.

Up to III level include city and regional maternity wards, perinatal centers and centers of reproductive health, which are the clinical bases of departments of obstetrics

and gynecology of the III-IV level of accreditation, as well as maternity wards of regional hospitals, which include departments of obstetric resuscitation and intensive care of newborns; Institute of PAS of the Academy of Sciences of Ukraine.

Medical institutions of this level ensure the delivery of pregnant women of extremely high and high obstetric and perinatal risk, with severe extragenital pathology, and provide specialized care to gynecological patients.

The organization of the work of maternity homes or maternity departments is built according to a single principle in accordance with the current legislation.

The main tasks of an obstetric hospital:

- provision of qualified medical care to pregnant women, women in labor, women in labor, based on evidence-based medicine;
- introduction into practice of modern safe methods of childbirth and the newborn period;
- carrying out preventive measures regarding complications of pregnancy, childbirth, the postpartum period and infectious diseases among mothers and children;
- carrying out information work among pregnant women, mothers in labor and their families.

Maternity hospital

The maternity hospital provides qualified medical assistance to women during pregnancy, childbirth and the postpartum period, gynecological patients, and also provides qualified medical assistance and care for newborns. The obstetric hospital provides care according to the territorial principle, but first and emergency care is provided to all pregnant women and women in labor, regardless of the place of residence and departmental subordination of the institution.

The structure of the obstetric hospital:

- obstetric reception and examination department;
- obstetric department with individual delivery rooms, individual and family delivery rooms, postpartum rooms for the mother and newborn to stay together;
- department of pathology of pregnant women;
- operating unit;
- anesthesiology department (wards) with intensive care beds for women;
- neonatal intensive care unit (wards);
- department (ward) for neonatal care;
- manipulative;
- a ward with a bathroom (at least one depending on the capacity of the maternity hospital - 2-3) with a separate entrance for hospitalization of women in labor and women in labor with infectious diseases in the stage of acute clinical manifestations;
- premises for disinfection and pre-sterilization cleaning of instruments;
- bathroom for staff, bathrooms and shower rooms for women;
- premises for cleaning equipment;

- a group of premises for medical personnel,
- rooms for hospitalization of gynecological patients.

The organization of obstetric hospitals provides for the creation of individual maternity wards in accordance with the requirements of the Civil Code regarding the confidentiality of the patient's state of health, ensuring comfortable conditions for the mother and newborn to stay together in an individual ward in order to ensure compliance with the "thermal chain" and the prevention of infectious diseases in mothers and newborns.

The medical staff of the obstetric hospital allows the presence of a partner of no more than 2 people (husband, family members, relatives) during childbirth in accordance with the procedure approved by the chief doctor of the ZOH, taking into account the wishes of the woman in labor. Additional medical examination of relatives is not carried out. The presence of family members in the presence of tuberculosis or acute manifestations of an infectious disease in the obstetric hospital is not allowed. Persons present at the birth should wear clean home clothes and a change of shoes.

It is allowed to visit the mother (taking into account her wishes) and the child in the obstetric hospital by close relatives (no more than 2 people at the same time) and their help in caring for the newborn and the woman in labor. Family members up to 14 years of age can visit the mother in labor at the discretion of the hospital's chief physician. Discharge from the obstetrical hospital is carried out on the 3rd day after delivery, provided that the course of childbirth and the postpartum period is physiological.

The maternity hospital is closed in case of the need for current repairs, but not more often than once a year. It is allowed to close the obstetric hospital by floor.

Employees of obstetric hospitals are subject to mandatory medical examinations and preventive vaccinations in the prescribed manner. The staff is responsible for non-compliance with the requirements of regulatory acts, sanitary standards and hygienic rules in accordance with the current legislation of Ukraine.

Individual delivery room - this is a room equipped with special equipment for giving birth in one delivery room with a complicated course of pregnancy, after which the mother and newborn are transferred to an individual postpartum ward for their joint stay until discharge from the hospital.

Individual maternity ward - this is an equipped room with a bathroom (to be taken into account when rebuilding obstetric hospitals) for carrying out only physiological births using modern perinatal technologies in one delivery room, after which the mother and child stay there until discharge from the hospital. They are equipped with a functional bed or a convertible bed for giving birth and for the mother to stay on it during the entire period of hospitalization, means for giving birth (balls, a chair, a Swedish wall, a special rug), a changing table. After childbirth, mother and child stay together until discharge from the hospital.

Family maternity ward - this is an equipped room with a separate entrance and a bathroom, where childbirth takes place and the mother with the newborn and family members stay (24/7 if care for the mother and newborn is necessary) until discharge from the hospital.

Individual postpartum ward - this is a room with a bathroom (to be taken into account when rebuilding obstetric hospitals), where only one woman in labor and a newborn can stay after being transferred from an individual delivery room until they are discharged from the hospital.

A ward for the hospitalization of pregnant women, women in labor and women with infectious diseases in the stage of acute clinical manifestations - these wards must have a bathroom, a separate entrance, and be equipped with supply-exhaust ventilation with negative pressure (to be taken into account when rebuilding obstetric hospitals). It is prohibited to move patients from ward to ward, as well as to other departments of the hospital. The maternity ward gives birth in this ward and stays there until discharge from the hospital. Women in labor who gave birth outside a medical institution can be hospitalized in this ward.

When entering the ward for hospitalization of pregnant women, women in labor and women with infectious diseases in the stage of acute clinical manifestations, medical personnel wear a disposable gown, cap, and rubber gloves. At the end of the work, these clothes are removed, hands are treated, and only after that the staff leaves this ward.

If there are no conditions for a separate entrance to the ward for the hospitalization of pregnant women, women in labor and women with infectious diseases in the stage of acute clinical manifestations, it is necessary to implement measures for the maximum isolation of the patient in compliance with the conditions for the prevention of the spread of infection.

Organization of specialized outpatient obstetric and gynecological care

Specialized curative and preventive care - it is a type of medical care provided by doctors who have the appropriate specialization and can provide more qualified advice, diagnosis and treatment than general practitioners.

Specialized outpatient polyclinic obstetric and gynecological care can be provided in the following conditions:

- a women's consultation, which has 8 obstetric wards and more;
- diagnostic center of family planning and human reproduction;
- consulting clinic.

Specialized assistance is provided for:

- miscarriage;
- gynecological endocrine disorders;
- pathologies of the cervix;

- infertility;
- family planning; pathologies of the perimenopausal period.

Rights and duties of a midwife in an obstetric hospital

The midwife is under the direct supervision of the obstetrician-gynecologist, the senior midwife and the head of the department of the obstetric hospital.

The main task of the midwife is to carry out curative and preventive and sanitary and educational work among the patients of the department.

According to the main tasks, the midwife performs:

- medical and diagnostic manipulations for pregnant women, women in labor, women in labor, and newborns as prescribed by the department doctor;
- preparation of pregnant women, women in labor, women in labor, gynecological patients for medical examination;
- informing pregnant women, women in labor, women giving birth, gynecological patients about the rules of the internal procedure, sanitary-hygienic and anti-epidemic regimes of the department, monitoring their compliance;
- assistance to the doctor in conducting examinations of pregnant women, women in labor, women in labor, gynecological patients, medical and operative manipulations;
- medical assistance during childbirth, primary treatment of newborns;
- sanitary and educational work on preserving and strengthening reproductive health, prevention of complications of pregnancy and childbirth, advantages of breastfeeding newborns, prevention of STDs, HIV infection, AIDS, family planning, congenital malformations, cancer, etc.;
- control over the work of junior staff;
- measures to prevent social orphanhood.

The midwife is obliged to:

observe the rules of internal procedure, sanitary-hygienic and anti-epidemic regime of the department, asepsis and antiseptics when performing her official duties;
perform simple laboratory tests (urine analysis for protein, blood analysis for hemoglobin, blood group determination);
perform the duties of an operating nurse if necessary;
keep relevant medical documentation;
monitor the condition of pregnant women, women in labor, women in labor, gynecological patients, timely report to the obstetrician-gynecologist, the head of the department, and in their absence - to the doctor on duty about all changes in the patient's health, complications and diseases, if necessary, call the doctor immediately;
to provide first aid for acute illnesses and accidents;
systematically increase the level of professional training;
adhere to the principles of medical ethics and deontology.

The midwife has the right to:

apply conservative treatment methods as prescribed by the doctor, perform some medical procedures and intravenous injections;

administer potent, narcotic, anti-shock drugs to patients as prescribed by a doctor;

perform blood transfusion in the presence and under the supervision of a doctor;

perform some obstetric interventions for vital indications.

The midwife is responsible for properly performing the tasks and functions assigned to her and using the rights granted to her.

THE ROLE OF THE FAMILY PHYSICIAN IN THE PREVENTION OF PERINATAL DISEASES AND MORTALITY

It is desirable to carry out medical and genetic counseling outside pregnancy or in its early stages (6-8 weeks) with a detailed statement about the course of previous pregnancies, childbirth, the condition of the newborn, examination results, and pathological examination data. Prenatal diagnosis makes it possible to determine the presence of congenital malformations or genetic disease in the fetus in the early stages of its development. Early detection of congenital malformations helps either to make a decision on termination of pregnancy, or to prepare the family for the birth of a sick child.

Congenital pathology is closely related to reproductive function. Chromosomal abnormalities are found in 0.5-0.7% of newborns, but they are the cause of 50-60% of all miscarriages and more than 5% of stillbirths. The most frequent chromosomal anomalies include trisomies (21, 13, 18, 8, 22, 14, 9), triploidy and tetraploidy, and deletion syndromes. Numerous congenital anomalies are accompanied by a delay in mental development.

The role of the family doctor:

- timely identification of persons with congenital and hereditary pathology
- prevention of congenital and hereditary pathology
- promotion of knowledge on issues of medical genetics among the population

Identification of persons suspected of hereditary and congenital pathology is carried out mainly in primary health care facilities by general practitioners. The prevention of the occurrence of congenital and hereditary pathology of the fetus is based on preconceptional preparation, screening ultrasound examination of pregnant women, identification of the group of pregnant women with increased genetic risk at the level of outpatient obstetric and gynecological care in accordance with current legal acts, as well as at the stage of preliminary medical and genetic counseling of the family, burdened by hereditary or congenital pathology with prospective deduction of the genetic risk of giving birth to a sick child.

The main tasks of prenatal diagnosis are:

- determining the prognosis of the future child's health;
- informing future parents about the degree of risk of having a sick child;

- in the presence of a high degree of risk of hereditary and congenital pathology, informing about the pregnant woman's decision to terminate the pregnancy in accordance with the current legislation;
- ensuring optimal management of pregnancy and early diagnosis of intrauterine pathology.

Indications for referral to medical genetic counseling :

- The year of the pregnant woman is 35 years or more. The man's age is 40 years or more.
- Presence of a chromosomal rearrangement or malformation in one of the spouses.
- History of children with:
 - hereditary metabolic diseases,
 - hereditary diseases related to sex;
 - congenital hyperplasia of the adrenal cortex;
 - congenital malformations - isolated or multiple;
 - chromosomal diseases;
 - mental retardation;
 - stillbirth
- The presence of the above-mentioned pathology among relatives.
- Consanguineous marriage.
- Habitual miscarriage of unknown origin.
- Adverse effects in the early stages of pregnancy (diseases, diagnostic or treatment procedures, medication).
- Complicated course of pregnancy (threat of termination from an early period that is not amenable to therapy, polyhydramnios and oligohydramnios).
- Pathology of the fetus revealed by ultrasound examination.
- Changes in indicators of screening factors: PAPP-A, alpha-fetoprotein, chorionic gonadotropin, estriol.
- The presence of harmful factors related to the profession in the spouse.
- Primary amenorrhea, irregular menstrual cycle of unknown origin.
- Families with infertility.

Biochemical selective screening of pregnant women is carried out at OMHC by determining embryo-specific proteins in blood serum: in the I trimester of pregnancy (10-13 weeks) or in the II trimester of pregnancy (15-20 weeks).

Blood serum marker proteins are:

In the 1st trimester - placental protein PAPP-A and vital beta subunit of chorionic gonadotropin (beta-HCG);

In the II trimester - alphafetoprotein (AFP), human chorionic gonadotropin (HCG), free estriol;

- it is recommended to carry out 2-marker biochemical screening in the 1st trimester of pregnancy - determination of PAPP-A and beta-HCG. In the II trimester of pregnancy - determination of AFP and HCG (double-test), or 3-marker screening - by testing AFP, HCG and free estriol (triple-test).
- Immunological and molecular genetic methods of diagnosis establish the presence of TORCH infections in pregnant women, which cause disruption of the intrauterine development of the fetus. The presence of IgG antibodies in pregnant women in the absence of IgM antibodies indicates that the pregnant woman had an infection before pregnancy. High titers of IgG antibodies in the presence of IgM antibodies indicate the presence of infection. A positive result of the polymerase chain reaction test indicates the presence of the DNA of the causative agent of TORCH infection.

The consequences of maternal infection can be spontaneous miscarriages, anembryonia, fetal death, congenital anomalies of development, stillbirth, premature birth, fetoplacental dysfunction, which also leads to delayed development or antenatal death of the fetus in the II and III trimesters of pregnancy. *Toxoplasmosis* (acute form) and syphilis of a pregnant woman can lead to disorders of fetal growth and brain development. *The rubella* virus causes deafness, cataracts, mental retardation, and congenital heart defects. *Cytomegalovirus* can cause abnormalities of the central nervous system, deafness, and retardation of intrauterine development of the fetus. *Herpesvirus infection* can cause the development of encephalitis in newborns.

Indications for invasive prenatal diagnosis:

- the woman's age - up to 18 and after 35 years;
- presence in the family of a child (fetus) with a chromosomal disease or multiple developmental disabilities;
- presence of chromosomal pathology, chromosomal rearrangement or gene mutations (for which the gene is mapped);
- detection of ultrasound markers of chromosomal diseases in the fetus;
- positive results of biochemical screening in the I or II trimester of pregnancy.

It is known that congenital and hereditary pathologies are not only patients of the risk group, but also young, unencumbered young families, in most cases these diseases arise unexpectedly, as a result of new mutations that arise as a result of adverse environmental factors. An important task of prenatal examination by a family doctor is the timely diagnosis of congenital and hereditary pathology of the fetus, which lead to the death of the fetus or severe disability. Children with congenital or hereditary diseases are in every case children with disabilities.

Family doctors' knowledge of the role of prenatal screening will reduce perinatal morbidity and mortality, which has not only medical but also social significance.

Questions for self-control

1. About the main stage and development of obstetrics and gynecology as a part of medicine
2. The structure of the organization of obstetric and gynecological care in Ukraine
3. Achievements of domestic science
4. Modern scientific trends in obstetrics and gynecology
5. Representatives of the Ukrainian school of obstetricians-gynecologists
6. The role of the family doctor in providing obstetric and gynecological care

Indicative tasks for processing theoretical material

Basic tasks in d disciplines	Know	In the blink of an eye
Anatomy Topographic anatomy	structure of female genital organs	conduct an objective study of gynecological patients
Histology	about the histostructure of the components of the female genital organs	interpret histological examination data to choose further tactics of patient management
Physiology Biochemistry	in metabolism	analyze the data of laboratory research methods
Endocrinology	effect of hormones on target organs	Differentiated prescribe hormone therapy depending on the level of neuroendocrine disorders
Propedev tics _	symptomatology of internal diseases	carry out a clinical diagnosis of extragenital pathology
Surgery	diff. diagnosis of surgical diseases, the main types of surgical interventions on the pelvic organs	spend d and f. diagnosis of surgical diseases; to differentiate the volume of operations depending on the reason
Psychiatry, neurology, psychology	features of a woman's psycho-emotional state, neuropsychological manifestations diseases	to be able to assess the psycho-emotional state of a woman; adhering to medical ethics and deontology, individually prepare each woman for an adequate perception of the

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		necessary research
Hospital surgery	diff. diagnosis of diseases that caused "acute stomach"	be able to interpret the data of anamnesis, objective, subjective, laboratory and instrumental research
Inflammatory diseases female genitalia	acute inflammatory diseases of the female genital organs, their complications	establish a diagnosis; spend d and f. diagnostics; prescribe a plan of examination and treatment for inflammatory diseases of the female genital organs
Benign diseases of the female genital organs	clinic, d and f. diagnosis, methods of examination and treatment of benign tumors of the female genital organs	establish a diagnosis, carry out d and f. diagnosis, prescribe an examination and treatment plan for benign tumors of the female genital organs
Treatment of patients	clinic, d and f. diagnosis, methods of examination and treatment of patients in gynecology	establish a diagnosis, carry out d and f. diagnosis, appoint a plan of examination and treatment of patients in gynecology

2. Practical works (tasks) that will be performed during the lesson:

Collect medical history from gynecological patients, apply deontological interview skills in practice, assess the psycho-emotional state of the woman.

3. Test tasks for self-control

1 . Obstetrics and gynecology assistance in the village is provided:

A. Etapno (I - FAP, II - TSR, III - Women's consultation)

A. All types of assistance are provided at the Center for Disease Control and Prevention

S. The patient is immediately referred to the women's consultation of the district

D. _ Separately (depending on the necessary measures)

E. _ All types of assistance are provided by the district doctor

2 . To what level of obstetric and gynecological care do perinatal centers and reproductive health centers belong:

A. _ To the 1st level

B. _ Up to II level

C. _ Up to IV level

D. _ Do not apply at all

E. _ It is a separate component of the II level

Correct answers: 1 - A, 2 - C

4. Individual tasks for students on the subject of the lesson

1. Report on the topic "Prevention of infection of medical workers with viral hepatitis B and C in the conditions of an obstetric hospital."
2. Prepare a multimedia presentation "Labor protection in the conditions of FAP, women's consultation, obstetric hospital".

5 . List of recommended literature

Main:

1. Obstetrics and gynecology: in 2 books. – Book 2. Gynecology: a textbook (III-IV university) / edited by V.I. Hryshchenko, M.O. Shcherbyny , B.M. Ventskivskyi - 3 - there is ed., ex., 20 20 . - 376 p.
2. Clinical Obstetrics and Gynaecology: 4th Edition / Brian A. Magowan, Philip Owen, Andrew Thomson. - 2021. - 454 p.
3. Family planning and contraception: study guide / V.I. Boyko, N.V. Kalashnyk, A.V. Boyko and others; in general ed. Dr. Med. Sciences, Prof. V.I. A fight – Sumy: Sumy State University, 2018. – 223 p.
4. Obstetrics and Gynecology: in 2 volumes. Volume 2. Gynecology: textbook/ VI Gryshchenko, MO Shcherbina, BM Ventskivskyi et al. — 3rd edition, 2022. – 360 p.
5. Comprehensive Gynecology - 8 th Ed. / DM Hershenson, GM Lentz, FA Valea et al. Elsevier. 2021 - 881 p.
6. Pragmatic obstetrics and gynecology [Text]: [manual] / LB Markin [et al.]. - Lviv: Lviv Nat. Danylo Halytsky Med. Univ., 2021. - 236 p.
7. Oxford Textbook of Obstetrics and Gynecology / Ed. by S. Arulkumaran, W. Ledger, L. Denny, S. Doumouchsis. - Oxford University Press, 2020 - 928

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1. Endoscopic surgery: training. manual / V.M. Zaporozhan, V.V. Grubnik, Yu.V. Grubnik, A.V. Malinovsky and others; under the editorship V.M. Zaporozhana, V.V. Grubnika - K.: VSV "Medicine", 2019. - 592 p.
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- Likhachev, L.M. Dobrovolska, O.O. Taranovska and others; UMSA (Poltava). – Vinnytsia: E.V. Maksimenko Publisher, 2019. – 174 p.
3. Zaporozhan V.M. Simulation medicine. Experience. Acquisition Prospects: practice. advisor / V.M. Zaporozhian, O.O. Tarabrin – Sumy: University. Book, 2018. – 240 p.
 4. Gynecology: a guide for doctors / V.K. Likhachev. – Vinnytsia: Nova Kniga, 2018. - 688 p.
 5. Family planning. Educational and methodological manual / N.G. Hoyda, O.V. Hryshchenko, V.P. Kvashenko, O.V. Kravchenko et al. / Kyiv, 2016. – 444 p.
 6. Infertility in marriage: study. study guide higher honey. education closing III-I V yr. acre. - Kh.: Khnist National Medical University, 2014. - 126 p.
 7. Reproductive function in women with uterine fibroids and endometriosis / N.M. Rozhkovska, D.M. Zhelezov, T.V. Kossei // Women's health - 2018. - #2. - P.5-7.
 8. Ovarian reserve during surgical treatment of ovarian endometrioma / A.H. Volyanska, L.M. Popova, T.P. Todorova, O.P. Rogachevskyi, O.I. Shevchenko // All-Ukrainian scientific and practical conference with international participation "Innovative technologies in obstetrics and gynecology: from science to practice" - Ivano-Frankivsk, 2019. - P. 12-13.
 9. The influence of surgical energies on the ovarian reserve during endoscopic treatment of ovarian endometriosis / T.P. Todorova // Scientific and practical conference with international participation dedicated to the 150th anniversary of the birth of V.V. Voronov "Modern theoretical and practical aspects of clinical medicine" - Odessa, 2020. - p. 118.
 10. Situational problems in gynecology: teaching. manual/ I.Z. Gladchuk, A.H. Volyanska, G.B. Shcherbina and others; under the editorship of Prof. FROM. Gladchuk - Vinnytsia: "Nilan-LTD" LLC, 2018. - 164 p.
 11. Williams Gynecology, 4th Edition by Barbara Hoffman, John Schorge et al&. - Mac Grow Hill Education. - 2020 . – 1328
 12. Oats , Jeremy Fundamentals of Obstetrics and Gynecology [Text]: Liewellyn - Jones Fundamentals of Obstetrics and Gynecology / J. Oats, S. Abraham. – 10th ed. – Edinburgh [etc.]: Elsevier, 2017. – VII, 375 p.
 13. Dutta , Durlav Chandra. DC Dutta's Textbook of Gynecology including Contraception / DC Dutta; ed/ Hiralal Konar. - 7th ed. - New Delhi: Jaypee Brothers Medical Publishers, 2016. - XX, 574 p.
 14. Current "Clinical protocols", approved by order of the Ministry of Health of Ukraine for Obstetrics and Gynecology.

Electronic information resources:

1. <https://www.cochrane.org/> - Cochrane / Cochrane Library
 2. <https://www.acog.org/> - American Association obstetricians and Gynecologists / The
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American College of Obstetricians and Gynecologists

3. <https://www.uptodate.com> – UpToDate
4. <https://online.lexi.com/> - Wulters Kluwer Health
5. <https://www.ncbi.nlm.nih.gov/> - National center biotechnological of information / National Center for Biotechnology Information
6. <https://pubmed.ncbi.nlm.nih.gov/> - International medical library / National Library of Medicine
7. <https://www.thelancet.com/> - The Lancet
8. <https://www.rcog.org.uk/> - Korolevska Association obstetricians and gynecologists / Royal College of Obstetricians & Gynaecologists
9. <https://www.npwh.org/> - Practitioners nurses with protection I 'm healthy women / Nurse practitioners in women's health
10. <http://moz.gov.ua> – Ministry of Health of Ukraine
11. www.ama-assn.org - American medical association / American Medical Association
12. www.who.int - World Health Organization
13. www.dec.gov.ua/mtd/home/ - State Expert Center of the Ministry of Health of Ukraine
14. <http://bma.org.uk> - British Medical Association
15. www.gmc-uk.org - General Medical Council (GMC)
16. www.bundesaerztekammer.de – German Medical Association
17. www.euro.who.int - European Regional Office of the World Health Organization.