CENTRAL AND PERIPHERAL HEMODYNAMICS AT PREGNANT WOMEN WITH IDD

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Objective: *To study the central and peripheral hemodynamics at patients with insulin-dependent diabetes (IDD) at III trimester of pregnancy.*
Method: *Central and peripheral hemodynamics was tested by impedance plethysmographic method of rheography by Cubichek at 52 patients with IDD and microvascular complications (37 pregnant and 15 nonpregnant women) and 100 healthy women (40 pregnant and 60 nonpregnant).*
Results: *Women with normal pregnancy have follow parameters of heart works - stroke volume (SV) and cardiac output (CO) - were higher (4%; 9%), than SV and CO of healthy nonpregnant women ($p<0,05$). Vascular resistance (VR) and blood pressure (BP) in pregnant were lower (8%; 21%) ($p<0,001$). But bloodstream of lower extremities in pregnant women (rheographic index (RI) and intensity of bloodstream of lower extremities (DV100) was decries (on 20%; 25 %), and data of reflecting tonus and vascular resistance on the contrary were increase($p<0,05$). The hemodynamics status in pregnant with IDD was worse than in healthy pregnant: SV and CO were lower (on 17%; 33,5%) but VR and BP were higher (on 29,5; 2,5%), than corresponding data of nonpregnant women with IDD ($p<0,001$). Bloodstream of lower extremities in pregnant women with diabetes, rats on level of nonpregnant women despite of decreasing bloodstream big vassals and of increasing their tonus. It reasons of decreasing functional reserves middle vassals and capillaries at IDD.*
Conclusion: *Deterioration of data central and peripheral hemodynamics indicate disturbance adaptation to pregnancy (in III trimester) in women with IDD in comparison with hemodynamics change in healthy pregnant women.*

CONDITION OF PLATELET PART OF HEMOSTASIS IN DIABETIC MOTHERS AND THEIR NEONATES

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Objective: *To evaluate clinical condition and platelet hemostasis in diabetic mothers and their neonates.*
Methods: *Aggregation of platelets in whole blood were assessed in women with I type diabetes mellitus (n=13), II type diabetes mellitus (n=2) and gestational diabetes (n=1) and their neonates in comparison with their clinical condition.*
Results: *Platelet aggregation in whole blood depends on severity of diabetes and its compensation during pregnancy. It decreases in severe decompensated I type diabetes. In neonates of such mothers aggregation intensity is decreased in 3 times. In the case of compensated diabetes, aggregation activity is normal. In neonates with diabetic fetopathy amplitude of aggregation is 2,5-folf decreased, in comparison with healthy neonates.*
Conclusion: *Diabetes mellitus worsens postnatal adaptation of neonates and causes disturbances of platelet aggregation.*