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## PASSIVE SMOKING AND THE RISK OF MISCARRIAGE

**Annotation:** Tobacco smoke and pregnancy are incompatible things, but the statistics are alarming: about 22% of women continue to be exposed to passive smoking during pregnancy, and 8.4% of them smoke more than 10 cigarettes a day. This is despite the fact that the harm of smoking to the health of the unborn child has long been known. Passive smokers are at greater risk of various complications, such as placental abruption, miscarriages, stillbirths, premature births and malformations, such as cleft lip. Nicotine, carbon monoxide, benzopyrene and other substances formed during cigarette combustion penetrate the placenta to the fetus. Moreover, the concentration of these substances in the child's body is significantly higher than in the mother. This leads to spasm of the placental vessels and, as a result, to oxygen starvation in the baby.

**Keywords:** Smoking, nicotine, non-viable pregnancy, female infertility.

Smoking-related problems affect all areas of health, well-being and safety of the population. During embryonic development, the fetus is in close interaction with the mother's body, receiving nutrients and oxygen, and also being exposed to harmful factors. The main component of tobacco, nicotine, is one of the most dangerous plant poisons, has a vasoconstrictor effect, leads to the development of hyperhomocysteinemia, secondary immunodeficiency, damage to the vascular endothelium, including placental vessels. Carbon monoxide, also formed during tobacco combustion, freely penetrates the hematoplacental barrier and binds hemoglobin in the fetus's blood to form carboxyhemoglobin. In addition, during smoking, heavy metals, polycyclic aromatic hydrocarbons, radioactive nuclides enter the pregnant woman's body, affecting the body of the mother and fetus, having a cytotoxic, carcinogenic and teratogenic effect [1-5]. According to world statistics, 55% of women smoke at the beginning of pregnancy in the USA and 25% continue to smoke until the end of pregnancy, in Switzerland – 42 and 33% respectively, in Australia – 40 and 33%, in the Czech Republic – 24.3 and 18% [4]. Since the 1980s, there has been an increase in the number of smoking women in Russia from 5 to 21.7%, with every third woman of reproductive age smoking [6]. Numerous observations of pregnant women who abuse smoking show that the most common complications of pregnancy against the background of nicotine addiction are detachment of a normally located placenta (8.3%), placenta previa (2.4–3%), neonatal hypotrophy, hypoxia and intrauterine growth retardation of the fetus (22%), spontaneous abortion, sudden infant death syndrome [3, 4, 7, 8]. It should also be noted that in countries with high levels of tobacco consumption, almost half of women suffer from passive smoking. In their works, S.-H.Huang et al. show that passive smoking has the same detrimental effect on the course of pregnancy as active smoking, leading to antenatal death of the fetus, premature birth, spontaneous miscarriage, and fetal malnutrition [9]. One of the most pressing problems of modern healthcare is reproductive losses as a result of spontaneous or forced termination of pregnancy, as well as stillbirth. Non-developing pregnancy (NDP) is the death of the embryo in the early stages of pregnancy with its retention in the uterine cavity. In the structure of reproductive losses in our country,

NDP accounts for 10-20%, and according to foreign authors - 2.8-15% [5]. The significance of the problem is also associated with an unfavorable prognosis - in about 30% of cases after NDP, the usual miscarriage. In addition, in 20-40% of cases, the true cause of Nrb remains unknown, which requires a comprehensive study of all possible risk factors on both the mother's and father's side.

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