Preterm birth continues to be a priority concern of modern obstetrics and have a special social aspect of being the main cause of neonatal morbidity and mortality. The frequency of spontaneous preterm birth varies from 2.5 to 30%, being closely linked to the level of socio-economic development of the country. In Moldova, the incidence of preterm birth has remained stable last years, reaching in 2010 the level of 4.8%.

The purpose of the study was to determine the optimal tactics of management of preterm birth at 24-34 weeks of pregnancy.

Material and methods. Retrospective analysis of 328 stories of preterm birth at 22 to 34 weeks was performed on a specially designed questionnaire. Study patients were divided into 3 groups, depending on the gestational age at which began preterm labor: I group consisted of 94 (28.8%) patients with 22-28 weeks, II - 98 (30.1%) patients with 29 -31 weeks of pregnancy, while the III group consisted of 136 (41.1%) of women with preterm labor at 32-34 weeks of gestation. Each group was divided into two subgroups depending on the mode of delivery: vaginally or by caesarean section. There were studied: the tactics of delivery, mode of delivery, indication for intervention, weight and assessment of the newborn during the early neonatal period, rates of neonatal mortality and morbidity.

The results: Age of the patients ranged from 17 to 45 years, with an average of 28.7±9.52. The nulliparous female was more than half of the patients - 190 (58.0 ± 2.14%) of the total number of births, including one in two (59.6%) have had at least one pregnancy in anamnesis. It should be noted that 27 (8.2%) surveyed women suffer from, 22 pregnancies were obtained by IVF. Pregnancy was complicated by the threat of prematurity at 28 (8.5%) patients, pre-eclampsia at 40 (12.2%) women, intrauterine infection at 27 (8.2%) women. Malposition were established at every fifth patient, which is typical for preterm birth, with the breech was observed in 59 (18%) cases, and a cross - in 15 (4.6%) cases.

The cesarean section was made in 107 (32.6%) of women with preterm labor, out of which 88 (28.3%), surgery was performed on for urgent indications (placental abruption, preeclampsia, malposition, chorioamnionitis). The greatest percentage of the cesarean section was in Group III - 52.3% of cases, being the lowest in group I - 20.5% of cases. By weight infants were divided as follows: 500-1000g - 85 (26%), 1001-1500g - 80 (24.4%), 1501-2000 - 123 (37.6%) and more than 2000 - 39 (12%) children. Of these, 287 were born alive (87.5%) children with Apgar score: 1-3 points - 27 (8.2%) children, 4-6 points - 260 (79.3%). Stillbirth was in 41 (125 ?) cases, of which 39 cases of fetal death and 2 cases of intrapartum. Preterm birth between 22-28 weeks of gestation had been observed one third of all cases, this fact explaining a high rate of perinatal mortality in preterm infants (323,2 ?). At the same time the results of the study found the lack of a common tactic in the management of preterm labor, which points the elaboration of specific protocols for management of preterm birth.