

obstetric care, leading to a reliance on informal providers. This systemic fragmentation and under-resourcing is reflected in a persistently high MMR, which, despite a modest decline from 1142 to 993 per 100,000 live births between 2017 and 2023, remains orders of magnitude higher than Belarus. The data confirms an inverse relationship: the higher, more stable state investment in Belarus's centralized system is associated with a dramatically lower and more stable MMR.

Conclusions. The comparative analysis demonstrates that Belarus's model ensures universal access and coordinated care, directly contributing to its low MMR. Conversely, Nigeria's high MMR is a direct consequence of its fragmented system, weak primary care, and reliance on out-of-pocket expenditure, which creates barriers to timely and skilled care. Strengthening maternal health outcomes in resource-constrained settings like Nigeria requires a multi-faceted approach focused on revitalizing primary healthcare with sustainable funding, ensuring secondary hospitals can provide reliable emergency care, and establishing a functional referral chain, adapted to the local context.

LITERATURE

1. Maternal mortality ratio (modeled estimate, per 100,000 live births) – Nigeria // World Bank Group. – URL: <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=NG> (date of access: 20.02.2026).

THE ROLE OF AMNIOTIC MEMBRANES IN OBSTETRICS AND GYNECOLOGY

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Relevance. Is known stem cells are cells with the potential to develop into many different types of cells in the body. What is the main source of stem cells? There are four main sources of stem cells, i.e. embryonic tissues, fetal tissues, adult tissues and differentiated somatic cells after they have been genetically reprogrammed, which are referred to as induced pluripotent stem cells [1]. The amniotic membrane is the innermost of the three layers forming the fetal membranes. It is a translucent membrane composed of an inner layer of epithelial cells, planted on a basement membrane that in turn is connected to a thin connective tissue membrane by filamentous strands. Amniotic cells express many stem cell markers, such as OCT-4, SSEA-4, GATA-4, hepatocyte nuclear factor-3 β ¹⁶⁻¹⁹. These factors indicate that amniotic stem cells are also multipotent stem cells [1]. The intent of this unique edition is to compile original research and review papers that show and promote increasing activity to grasp the

implication of perinatal stem cells in pathological conditions including cardiovascular and metabolic disorders as well as inflammatory, autoimmune, musculoskeletal and degenerative diseases.

Target. To examine the effect of application of amniotic membrane on the scar of the uterus during the operation cesarean section.

Research methods. Studying history cases of the patients with cesarean section and application of amniotic membrane on the scar of the uterus during the operation cesarean section, analysis results, ultrasound examination, statistic methods.

Results and their discussion. We have examined 30 cases of application of amniotic membrane on the scar of the uterus during the operation cesarean section. The indications to the operation cesarean section were the scar on the uterus after previous cesarean section. The average age of the patients was 31 ± 4 years. Based on our study, the patients had arterial hypertension (30%), kidney pathology (35%), obesity (20%). We have analyzed the sickness of the lower segment of uterus where is the scar in 7 days and 3 month after the operation. The results were that the sickness of the lower segment of uterus where is the scar in 7 days after the operation cesarean section with application of amniotic membrane on the scar was more on 3.5 mm that at the patients with classic operation cesarean section without using of amniotic membranes. At 3 months after operation this result was also on 2mm more that at the patients with classic operation cesarean section without using of amniotic membranes.

Conclusions. Using amniotic membranes helps in regeneration of the scar on uterus after the operation. The amniotic membrane is a promising and ethically non-controversial source of multipotent stem cells (hAESC). A preliminary study of 30 cases applying the membrane to a cesarean scar showed positive results, with follow-up examinations of the uterine segment at 7 days and 3 months post-operation.

LITERATURE

1. Ramon, C. Injectable amniotic membrane/umbilical cord particulate for knee osteoarthritis: a prospective, single-center pilot study / C. Ramon, S. Tighe // Pain Medicine. – 2019. – Vol. 20, № 11. – P. 2283–2291.

EARLY DIAGNOSIS OF ENDOMETRIAL CANCER

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Relevance. One in 12 women will die from cancer. Endometrial cancer (EC) is the most and second most common gynecological malignancy in developed and developing countries, respectively. So the EC, breast and the colorectal cancers this affects the different part of the body only one thing is common in them is risk factors and the possibility of early detection. Hormones, reproductive history, physical