OPTIMIZATION OF THE OUTCOME OF PREGNANCY AND CHILDBIRTH IN WOMEN WITH THE THREAT OF PREMATURE CHILDBIRTH

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Survival of the fetus has become possible with the development of medicine - the intensive care service. Preterm labor is classified as threatening, incipient, or incipient. The latter are an irreversible process.

By gestational age

• 22-28 weeks. 5% of all preterm births. Deep prematurity with extremely low body weight up to 1000 grams. Extremely unfavorable prognosis.

• 28-30 weeks and 6 days. 15% of all PRs. Severe prematurity with a body weight of up to 1500 grams. With the introduction of glucocorticoids, it is possible to accelerate the maturation of the fetal lungs. The prognosis is more favorable than in the first group.

• 31-33 weeks and 6 days. 20% of all PRs. Prematurity of moderate severity.

• 34-36 weeks and 6 days. Near-term babies with mature lungs. Does not require the introduction of glucocorticoids, a low level of infectious complications.

Purpose of work

Determine the cause of preterm birth, the frequency of preterm birth and the nature of the early birth of the baby.

Materials and methods

Early delivery can occur for various reasons, and even a healthy woman is not immune from such a pathology. Gynecologists note the following reasons that most often provoke the risk of premature birth:

- bad habits (alcohol and drug use, smoking);
- consequences of severe toxicosis;
- infectious diseases;
- antiphospholipid syndrome;
- short period between two pregnancies;
- abortions leading to disruption of the reproductive system;
- the age of women is over 40;
- inflammatory processes in the body.

An improper lifestyle, early abortions can lead to the state of early childbirth. Also, do not forget about the various social factors that affect early delivery.

Research results

The incidence of premature birth is 5-10% and, despite the development of medicine, remains stable. 60-70% of premature babies die in the first days of life. They are born dead 8-13 times more often than in full-term births. And 50% of premature babies suffer from severe neurological diseases, including cerebral palsy, severe visual and hearing impairments (up to the birth of deaf-blind children) and severe chronic diseases of the respiratory system.

Many women face premature birth for various reasons. The early birth of a child - from 27 to 37 obstetric weeks - happens regardless of the mother's age and is often accompanied by serious consequences.

According to the WHO classification, all early births are divided into several categories. The most severe case is considered to be deep prematurity, this is when a child is born weighing less than 1 kg. Next comes the severe degree of prematurity (the birth of a baby weighing more than 1 kg, but not more than 1.5 kg). The average degree of prematurity is the birth of a baby weighing from 1.5 to 2 kg. And, finally, a mild degree of prematurity - the birth of a child weighing up to 2.5 kg.

Premature birth is divided into threatening, incipient and incipient:

• Threatening. They are accompanied by pain in the lower abdomen and lumbar region.

• Beginners. There is an increase in the tone of the uterus and a shortening of its cervix, the opening of the external pharynx may occur. The pregnant woman has vomiting, bleeding, urination.

• Started. Regular contractions and painful sensations in the lower abdomen appear. The cervix opens by 2-3 cm. Amniotic fluid may flow out.

The diagnosis of preterm birth is associated with certain difficulties, since there is no pronounced specific symptomatology. Confirmation of the onset of labor can be done using transvaginal ultrasound with measurement of the length of the cervix or determination of fetal fibronectin. Also, for the diagnosis of active preterm labor, two indicators are important: regular contractions in the patient (at least 4 in 20 minutes of observation) and dynamic changes in the cervix (shortening and smoothing).

In practice, premature births are not much different from those that occur during the normal course of pregnancy. However, such a delivery requires more close attention of doctors, this is necessary in order to minimize subsequent threats to the health of the baby and mother.

Preventive measures

This allows you to prevent early delivery and keep the pregnancy until later. The main measure for the prevention of premature birth is the elimination of possible causes at the stage of planning a child.

Conclusion

If it turned out that the baby was born earlier than the due time, the patient should undergo a full-fledged rehabilitation course. In some cases, doctors may prescribe drug therapy to restore the body. Including, it can be multivitamin complexes, hormones (in case of hormonal imbalance), etc.

Literature

- 1. HA Primova, TR Sakiyev, SS Nabiyeva Development of medical information systems // Journal of Physics: Conference Series. 1441 (2020) 012160 IOP Publishing doi:10.1088/1742-6596/ 6596/1441/1/012160 1441/1/012160 (Scopus)
- 2. Primova Holida, Sakiev Temur, Nabieva Sevara Development of medical information systems // Internetional conference on information Science and communications technologies ICISCT 2019, Applications, Trends, Opportunities. 2019, 4-6 november.
- 3. SS Nabiyeva, AA Rustamov, MR Malikov, NI Ne'matov // Concept Of Medical Information // European Journal of Molecular & Clinical Medicine, 7 (7), 602-609 p, 2020
- Karshiev A., Nabieva S., Nabiyeva I. Medical information systems. International Scientific Journal Theoretical & Applied Science. SECTION 4. Computer science, computer injineering and automation. Issue: 04 Volume: 72. Published: 30/04/2019. 505-508 p.
- Ganiyev F.I. NegmajanovB.B. ShopulatovE.Kh. Mamatkulova M.J. Simultaneous Operations in Gynecology and Surgery in Women of Reproductive Age/ Annals of the Romanian Society for Cell Biology, ISSN:1583-6258, Vol. 25, Issue 2, 2021, Pages. 3144 - 3149 Received 20 January 2021; Accepted 08 February 2021.
- 6. AK Islomovna, JG Ergashevna, IG Pardabaevna // Prevention of Vertical Transmission of Infection in Pregnant Women with Hepatitis B // JournalNX, p. 141-144
- Coppola N, Alessio L, Gualdieri L, Pisaturo M, Sagnelli C, Caprio N, et al. Hepatitis B virus, hepatitis C virus and human immunodeficiency virus infection in undocumented migrants and refugees in southern Italy, January 2012 to June 2013. Euro Surveill. 2015; 20(35): 30009.
- 8. Hampel A, Solbach P, Cornberg M, Schmidt RE, Behrens GM, Jablonka A. Current seroprevalence, vaccination and predictive value of liver enzymes for hepatitis B among refugees in Germany. Bundes gesundheits blatt Gesundheits forschung Gesundheits schutz. 2016; 59(5):578_583.
- 9. On the state of sanitary and epidemiological well being of the population in the Russian Federation in 2018: State report. M.: Federal Service for Supervision of Consumer Rights Protection and Human Wellbeing, 2019; 254 p. Russian.
- 10. Яковлев А.А., Котлярова С.И., Мусатов В.Б., Федуняк И.П., Карнаухов Е.В., Лукашевич Э.Н., Мусатова Е.В. Инфекционная заболеваемость мигрантов и туристов в Санкт_Петербурге //Журнал инфектологии. 2011. № 3(4). С. 49-54.)