

FEATURES OF THE COURSE OF PREGNANCY, OUTCOMES OF CHILDBIRTH AND EARLY POSTPARTUM PERIOD IN WOMEN WITH UROGENITAL INFECTION

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ABSTRACT

Carrying a pregnancy at a young age is a serious test, since pregnancy and childbirth take place in conditions of functional immaturity of the body, inadequate adaptation mechanisms, which creates a high risk of complications for both the mother and the fetus.

Keywords: Young women, pregnancy, childbirth, systems.

INTRODUCTION

The rate of pregnancy among adolescents has increased in many countries over the past 20 years and has a pronounced tendency to further increase. Every year, 15 million adolescents give birth in the world, which is 2.0-4.5% of the total number of births. The proportion of underage pregnant women and women in childbirth in relation to older age groups is about 5%. As a rule, early pregnancy is unplanned in 50-60% of cases and undesirable in 30-40% of cases, and therefore more often ends in artificial termination. One in ten abortions is performed on persons under 19 years of age. Per 100 pregnancies in adolescents, the number of artificial abortions is 69.1%, childbirth - 16.4%, spontaneous miscarriages - 14.5%. At the same time, 40.0% of adolescents have repeated pregnancies, and 17.9% have repeated births. The increased risk of pregnancy in adolescence is directly related to an increase in sexual activity of adolescents, with low self-esteem and self-esteem. Despite the outward indifference of society to the fate of girls-mothers, they are under very strong moral pressure, the consequence of which is the desire to hide the pregnancy, to terminate it, at all costs. The desire to hide their pregnancy is noted in 18-33% of adolescents. Moreover, the older the age of the girl, the less often there are attempts to hide her position from others. 14.9% of adolescents try to terminate a pregnancy on their own or with the help of private individuals. Often pregnancies that occur at an early age take place in a complicated psycho-emotional environment. Not meeting support from parents, breaking off the connection with a sexual partner, girls condemned at school or college experience a severe psychological crisis. The relationship that develops between a minor pregnant woman and her parents, as well as between her and the father of the child, is extremely important, since the prognosis of psychologist O.V. Carrying a pregnancy at a young age is a serious test, since pregnancy and childbirth take place in conditions of functional immaturity of the body, inadequate adaptation mechanisms, which creates a high risk of complications for both the mother and the fetus. Key words: young women, pregnancy, childbirth of women's well-being during pregnancy. Thus, according to B. Barnet, A. K. Duggan, M. D. Wilson et al (1995), conflict relations with the father of the child cause an increase in the depressive state in young pregnant women.

Demographic studies convincingly indicate that marriages concluded at an early age are the least stable. For example, girls who got married before the age of 20 have a 1/3 higher risk of divorce during the first 10 years of married life than those who got married at the age of 20-24. One of the leading reasons for the instability of young families is forced marriage, "stimulated" by premarital conception. The successful course of pregnancy, normal maturation of the fetus, the viability and health of the unborn child depend on the physical condition of the mother and her neuro-psychological status. The emotional stress associated with an out-of-wedlock pregnancy has a significant impact on the frequency and severity of gestosis of pregnancy. Thus, a number of researchers in their works show that in juvenile pregnancy, gestosis occurs in 12.0-76.55% of cases. The unfavorable condition of a woman causes a higher level of such complications of pregnancy as anemia - in 4.0-78.0%, premature placental abruption - in 1.0-1.9%, the threat of pregnancy termination - in 4.7-49.9%, chronic fetoplacental insufficiency - in 11.0-76.0%. Stress and emotional tension lead to immunological changes in the body of pregnant women, reducing its resistance to environmental influences. A relationship has been established between the frequency of pregnancy complications and the "gynecological" age: the lower the "gynecological" age, the more often premature birth, gestosis, and pathology of the intrauterine fetus. The leading factors of premature birth are the immaturity of the neuroendocrine system of the female body, manifested in the reduced production of hormones (CG, estrogens, prolactin), incomplete formation of the neuroreceptor apparatus of the uterus, hypoxemia and others. In this category of women, due to untimely and irregular medical care, extragenital diseases are 1.5 times more likely to be observed during pregnancy. The most common are diseases of the urinary system, endocrine and metabolic disorders, diseases of the cardiovascular system.

It should be noted that in 42.5% of cases during pregnancy, the presence of chronic foci of infection is revealed, often in combination with acute diseases of the upper respiratory tract. The structure of gynecological diseases is dominated by inflammatory processes in the vagina and cervix, both before and during pregnancy. Carrying a pregnancy at a young age is a serious test, since pregnancy and childbirth take place in conditions of functional immaturity of the body, inadequacy of adaptation mechanisms, which creates a high risk of complications for both the mother and the fetus; Some age characteristics of the body of a teenage girl leave an imprint on the course of pregnancy and childbirth. The labor act is accompanied not only by the mobilization of the physical forces of the woman in labor, but also by great nervous tension, a sense of fear and pain, with the occurrence of which all the protective and compensatory mechanisms of the body are activated. Stressful situations and intense emotions adversely affect blood circulation and uterine contractions, causing weakness of labor forces and fetal hypoxia. According to a number of domestic and foreign authors, childbirth in adolescence is characterized by a more frequent development of various complications: abnormalities of labor (6.5-37.2%), untimely rupture of amniotic fluid (14.7-45.3%), bleeding during childbirth and the early postpartum period, injuries of the soft birth canal (4.0-25.5%), surgical intervention (2.1-17%), purulent-infectious postpartum diseases (20.0-71.7%). The reason for the frequent development of weakness of labor in adolescents is, apparently, a low hormonal background, immaturity of the cervix due to the delayed formation of the biological readiness of the body of minors for childbirth. For the same reason, discoordination of labor may develop. In young

primiparous women, the most severe birth stresses are prolonged labor and a long anhydrous interval. A large percentage of untimely rupture of amniotic fluid is associated with a high location of the presenting part and functional incompetence of the lower segment of the uterus. The frequent occurrence of this type of pathology is associated with a violation of the regimen, especially in the last months of pregnancy (sexual intercourse, physical activity, etc.). A high percentage of infection of the cervical canal is also important. Every second minor during pregnancy has an infection of the urogenital tract (mycoplasmosis, chlamydia, candidiasis). Histological examination of the placenta revealed various inflammatory lesions (placenta, deciduitis, chorioamnionitis, etc.). For all puerperas, the greatest stress is blood loss due to bleeding in the postpartum period. The cause of increased blood loss is hypotension of the uterus in the early postpartum period, retention of placental tissue caused by a violation of the mechanism of placental separation and the process of excretion of the afterbirth. Bleeding in the postpartum and early postpartum periods is proportional to the severity of anemia. In turn, anemia, which complicates the course of pregnancy in most minors, is a factor in reducing tolerance to blood loss during childbirth. Pregnancy during adolescence increases the risk of stillbirth, prematurity, low birth weight, and complications during pregnancy. Young mothers are more likely than older women to have children with chronic pathologies of congenital genesis, including as a result of severe asphyxia and birth trauma. Intrauterine development of the fetus in adolescents often occurs in conditions of fetoplacental insufficiency and is accompanied by intrauterine hypoxia. The consequence of the mother's disease, complicated pregnancy, the development of fetoplacental insufficiency and fetal hypoxia is often intrauterine growth retardation (IUGR), which is significantly more common in primiparous minors than in older women. Children with IUGR are at high risk for neonatal morbidity and mortality, as well as for developmental disorders. Even an uncomplicated course of labor can become traumatic for newborns with IUGR, lead to the development of asphyxia, craniocerebral and spinal birth trauma, and be accompanied by a high frequency of neurological disorders in the future. The physiological state of the first days of a child's life (transient jaundice, loss of initial body weight, etc.) of newborns in young mothers is more severe and longer than in children from adult women. The acute phase of adaptation is very short in children who have undergone intrauterine hypoxia. A high percentage of hypoxia suffered by newborns in young mothers is a high risk factor for the development of post-hypoxic encephalopathy. In addition, some newborns had symptoms of nicotine and drug intoxication.

Premature newborns of teenage mothers often have signs of intrauterine hypotrophy, intrauterine infection, manifestations of hypertensive and hemorrhagic syndrome. Children of underage mothers have an increased risk of developing abnormalities in neurodevelopment. There is an age delay in the development of psychomotor skills, a delay in physical and mental development and behavioral disorders, the leveling of physical development is observed by the end of the third year of life. The general morbidity rate of children born to mothers under the age of 18 is significantly higher than that of children of adult mothers aged 20-25 years. In the structure of morbidity in children in the first year of life, the largest share is occupied by the class of respiratory diseases, especially colds; In second place is the class of diseases "Eating disorders and metabolic disorders": (rickets, allergic dermatitis, hypotrophy). At the same

time, hypotrophy in the first half of the year prevails over other diseases and metabolic disorders, which is associated with the inexperience and unpreparedness of the young mother in feeding the child; In third place are infectious and parasitic diseases, mainly intestinal infections with diarrhea and intoxication syndromes. Thus, the development and morbidity of children of underage women are negatively affected by: the functional immaturity of young mothers, the low level of their somatic and reproductive health, the complicated course of pregnancy and childbirth, socio-economic instability and psychological instability. These factors contribute to disorders in the intrauterine and postnatal development of children, their increased morbidity and mortality.

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