



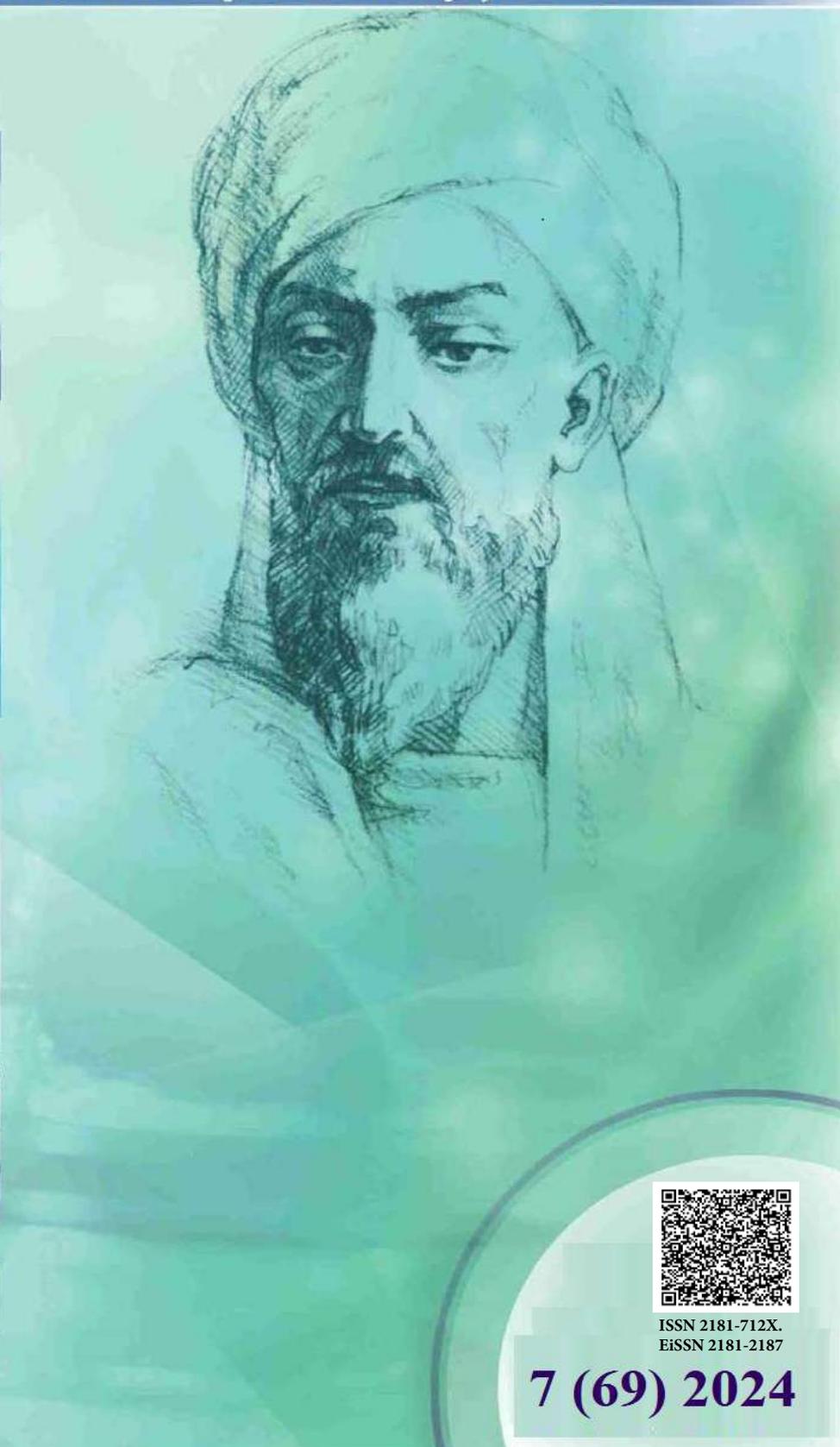
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**ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE**

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UPPER RESPIRATORY TRACT INFECTION: CHARACTERISTICS OF THE TRANSMISSION OF COVID-19 IN THE I AND III TRIMESTER OF PREGNANCY

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✓ Resume

The COVID-19 pandemic, caused by SARS-CoV-2, has profoundly affected global health since its emergence in late 2019, primarily impacting the respiratory system with symptoms ranging from mild to severe pneumonia. Extensive research has focused on the transmission dynamics of COVID-19 during the second and third trimesters of pregnancy. This essay explores these dynamics and their implications for maternal, fetal, and neonatal health.

In summary, understanding the transmission patterns of COVID-19 during later pregnancy stages reveals a complex interplay of factors. Although vertical transmission is uncommon, the potential for severe maternal illness and adverse outcomes for fetuses and newborns necessitates vigilant monitoring and medical intervention. Vaccination and stringent infection control measures play pivotal roles in safeguarding the well-being of both mothers and infants. Continued research is critical for advancing our knowledge and developing evidence-based guidelines to optimize care during pregnancy amidst the ongoing pandemic.

Key words: Upper respiratory tract infection of pregnant women: characteristics of the course of Covid-19 in the I and III trimesters of pregnancy.

ЮҚОРИ НАФАС ЙЎЛЛАРИ ИНФЕКЦИЯСИ: COVID-19 НИНГ ҲОМИЛАДОРЛИКНИНГ I ВА III - ТРИМЕСТРИДАГИ КЕЧИШ ХУСУСИЯТЛАРИ

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✓ Резюме

Тадқиқот мақсади: COVID-19 пандемияси, SARS-CoV-2 (огир ўткир респиратор синдроми коронавирус 2) томонидан келтирилган, 2019 йил охирида пайдо бўлганидан бери жаҳон соғлигига катта таъсир кўрсатди. Бу касаллик асосан нафас йўллари зарарлайди ва энгил юқори нафас йўллари инфекцияларидан то огир пневмониягача бўлган симптомларни келтириб чиқаради. Хусусан, ҳомиладорликнинг иккинчи ва учинчи триместрларида COVID-19нинг ўтиш хусусиятлари кенг тадқиқотларга сабаб бўлди. Ушбу эссе ҳомиладорликнинг иккинчи ва учинчи триместрларида COVID-19нинг ўтиш хусусиятларини, шунингдек, она, ҳомила ва янги туғилган болаларнинг соғлигига таъсирини ўрганади.

Хулоса: Шундай қилиб, ҳомиладорликнинг иккинчи ва учинчи триместрларида COVID-19 нинг ўтиш хусусиятлари мураккаб ва кўп қирралидир. Вертикал узатиш камдан-кам бўлса-да, огир она касаллиги ва салбий ҳомила ва янги туғилган болаларнинг натижалари эҳтиёткорлик билан кузатиш ва бошқарувни талаб қилади. Вакцинация ва қатъий инфекция назорати чоралари она ва янги туғилган болалар соғлигини ҳимоя қилишда жуда муҳим. Ҳомиладорликда COVID-19 нинг таъсирини янада яхшироқ тушуниш ва самарали парвариш қилиш бўйича далилларга асосланган кўрсатмалар ишлаб чиқиш учун тадқиқотлар давом эттириш зарур.

Калит сўзлар: Ҳомиладорлар юқори нафас йўллари инфекцияси: Covid-19 нинг ҳомиладорликнинг I ва III - триместридаги кечиш хусусиятлари.

ИНФЕКЦИЯ ВЕРХНИХ ДЫХАТЕЛЬНЫХ ПУТЕЙ: ОСОБЕННОСТИ ПЕРЕДАЧИ COVID-19 ВО 2 И 3 ТРИМЕСТРАХ БЕРЕМЕННОСТИ

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✓ Резюме

Цель исследования: Пандемия COVID-19, вызванная вирусом тяжелого острого респираторного синдрома коронавируса 2 (SARS-CoV-2), оказала значительное влияние на глобальное здоровье с момента своего появления в конце 2019 года. Это заболевание в первую очередь поражает дыхательную систему, вызывая симптомы от легких инфекций верхних дыхательных путей до тяжелой пневмонии. В частности, широко изучались характеристики передачи COVID-19 во втором и третьем триместрах беременности. В этом эссе рассматриваются особенности передачи COVID-19 во втором и третьем триместрах беременности, а также его влияние на здоровье матери, плода и новорожденных.

Заключение: Таким образом, особенности передачи COVID-19 во втором и третьем триместрах беременности сложны и многогранны. Хотя вертикальная передача встречается редко, тяжелое заболевание у матери и неблагоприятные исходы для плода и новорожденных требуют тщательного наблюдения и управления. Вакцинация и строгие меры инфекционного контроля имеют решающее значение для защиты здоровья как матерей, так и новорожденных. Необходимо продолжать исследования, чтобы лучше понять влияние COVID-19 на беременность и разработать научно обоснованные рекомендации для эффективного ухода.

Ключевые слова: Инфекция верхних дыхательных путей беременных: особенности течения Covid-19 в I и III триместрах беременности.

Aim of Research

This study seeks to explore the transmission patterns of COVID-19 during the later stages of pregnancy and its impacts on the health of mothers, fetuses, and newborns. Since its emergence in late 2019, the global effects of the COVID-19 pandemic, driven by SARS-CoV-2, have been profound. The disease predominantly targets the respiratory system, causing symptoms that vary from mild upper respiratory infections to severe pneumonia. This research focuses specifically on understanding the unique challenges and outcomes linked to COVID-19 in pregnant women during the advanced stages of pregnancy.

Importance

The COVID-19 pandemic, caused by SARS-CoV-2, has had a profound global impact since its emergence in late 2019, primarily affecting the respiratory system with symptoms ranging from mild upper respiratory tract infections to severe pneumonia. This essay examines the transmission characteristics of COVID-19 during the second and third trimesters of pregnancy, focusing on maternal, fetal, and neonatal health.

Transmission Characteristics

The potential for vertical transmission, where the virus passes from mother to fetus, has been a significant concern. Initially considered rare, recent evidence suggests it can occur, though infrequently. Presence of SARS-CoV-2 RNA in placental tissue and amniotic fluid indicates potential transmission across the placenta. However, studies generally indicate a low risk of vertical transmission, with cases often not resulting in severe neonatal illness.

Factors influencing placental transmission include maternal viral load, presence of SARS-CoV-2 receptors on placental cells (ACE2), and local placental immune responses. Inflammation observed in some COVID-19 placental cases may impact function, potentially leading to complications like preterm birth or intrauterine growth restriction.

Impact on Maternal Health

Pregnant women face heightened COVID-19 risks due to immune and respiratory system changes. During later pregnancy stages, increased uterine size and fetal growth can compress the diaphragm, reducing lung capacity and exacerbating respiratory challenges. Altered immune responses to accommodate pregnancy may increase susceptibility to infections. Severe COVID-19 in pregnancy elevates risks for hospitalization, intensive care admission, and mechanical ventilation compared to non-pregnant peers.

Complications such as preeclampsia, preterm labor, and severe respiratory support needs are associated with severe maternal COVID-19. Existing health conditions like obesity, hypertension, and diabetes further amplify risks among pregnant women affected by COVID-19.

Fetal and neonatal outcomes due to COVID-19 are a critical focus of research. While most pregnancies in women with mild COVID-19 result in healthy newborns, severe maternal illness can lead to adverse effects such as preterm birth, low birth weight, and, in rare cases, stillbirth. The heightened risk of preterm birth is particularly concerning due to potential long-term health impacts on the infant. It's important to note that these outcomes are often linked more to severe maternal disease than direct viral effects on the fetus.

Newborns born to mothers with COVID-19 should be closely monitored for signs of infection, although most show no symptoms at birth. There have been isolated cases where neonates test positive for SARS-CoV-2, generally experiencing mild or no symptoms. It's unclear whether these infections occur in utero, during delivery, or postnatally.

Regarding postnatal transmission, COVID-19 can spread from mother to newborn primarily through respiratory droplets. However, rigorous infection control measures, including personal protective equipment and hygiene practices, significantly reduce this risk. Breastfeeding has not been shown to transmit the virus; instead, breast milk may provide protective antibodies.

Recommendations for postnatal care stress the importance of rooming-in with infection prevention measures. Mothers should be encouraged to breastfeed, as the benefits outweigh the potential risks of viral transmission, which can be minimized through proper hygiene.

Clinical management should include continued antenatal care with adjustments to limit exposure to SARS-CoV-2. Telehealth options can reduce in-person visits, and healthcare providers should regularly screen for COVID-19 symptoms and exposure.

Vaccination against COVID-19 is recommended for pregnant women, as it's been proven safe and effective in reducing severe illness. Vaccination not only protects the mother but may also transfer antibodies to the newborn, offering additional protection. Studies indicate vaccinated pregnant women experience fewer severe COVID-19 cases and associated complications.

Delivery Considerations

The decision regarding the mode of delivery should prioritize obstetric factors over COVID-19 status alone. However, in cases where a pregnant woman experiences severe COVID-19, early delivery may be contemplated to enhance maternal oxygen levels and overall well-being.

Effective delivery planning necessitates collaboration among diverse healthcare professionals to optimize outcomes for both mother and child. The timing and method of delivery should be tailored to each patient's specific clinical condition and the fetal status.

Postpartum Care: Newborns born to mothers with COVID-19 require vigilant monitoring for signs of infection. In cases where the mother shows symptoms, temporary separation might be considered to lower transmission risks, while ensuring breastfeeding assistance and safe bonding practices are maintained.

Ongoing postpartum support and monitoring are crucial, especially since some mothers may endure persistent COVID-19 symptoms. Follow-up care should encompass evaluating the infant's health and development, along with monitoring the mother's overall well-being.

Conclusion

The transmission dynamics of COVID-19 during the second and third trimesters of pregnancy are intricate and varied. Although vertical transmission is uncommon, the potential for severe maternal illness and negative outcomes for fetuses and newborns emphasizes the need for thorough monitoring



and intervention. Vaccination and stringent infection control measures play pivotal roles in safeguarding both maternal and neonatal health. Continuous research is vital for deepening our understanding of COVID-19's impact on pregnancy and for developing evidence-based guidelines to optimize care.

Given the evolving nature of the pandemic, healthcare providers must remain updated with current recommendations and adapt their practices accordingly to ensure the safety and well-being of pregnant women and their infants.

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