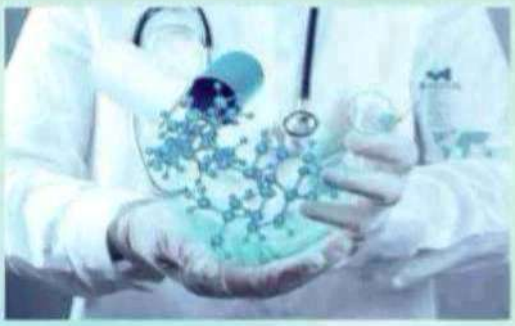
New Day in Medicine
Новый День в Медицине
NDM

TIBBIYOTDA YANGI KUN

Ilmiy referativ, marifiy-ma'naviy jurnal



AVICENNA-MED.UZ

ISSN 2181-712X.
EiSSN 2181-2187

3 (77) 2025

ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE

Илмий-рефератив, маънавий-маърифий журнал
Научно-реферативный,
духовно-просветительский журнал

УЧРЕДИТЕЛИ:

БУХАРСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ ИНСТИТУТ
ООО «ТИББИЁТДА ЯНГИ КУН»

Национальный медицинский исследовательский центр хирургии имени А.В. Вишневского является генеральным научно-практическим консультантом редакции

Журнал был включен в список журнальных изданий, рецензируемых Высшей Аттестационной Комиссией Республики Узбекистан (Протокол № 201/03 от 30.12.2013 г.)

3 (77)

2025

март

www.bsmi.uz
https://newdaymedicine.com E:
ndmuz@mail.ru
Тел: +99890 8061882

Received: 20.02.2025, Accepted: 09.03.2025, Published: 14.03.2025

UDC 616.155.194/616-053.7+618.2-055.25

MODERN ASPECTS OF MANAGING PREGNANCY AND CHILDBIRTH IN YOUNG PRIMIPAROUS WOMEN WITH ANEMIA

Tuqsanova D.I. https://orcid.org/0000-0001-7698-0533 *Email:* tuksanova.dilbar@bsmi.uz
Xaydarova Sh. https://orcid.org/0009-0002-1428-2080 *E-mail:* n.soliyeva@lust.ru
Soliyeva N.K. https://orcid.org/0000-0001-5679-8101 *Email:* soliyeva.nozima@bsmi.uz

Bukhara State Medical Institute named after Abu Ali ibn Sina, Uzbekistan, Bukhara, st. A. Navoi. 1 Tel: +998 (65) 223-00-50 e-mail: info@bsmi

✓ ***Resume***

According to various authors, the pregnancy rate in young women ranges from 6.0 to 11.1% and tends to increase. The main factors contributing to the onset of pregnancy at a young age are the low educational level of the parental family, socio-economic insecurity, deformed personal qualities of underage 33 women, lack of knowledge about sexual activity, as well as the non-use of contraceptives by adolescents against the background of their premature maturation and unpreparedness for motherhood. Anemia in pregnant women in obstetrics remains a serious problem of extragenital pathology, this indicator is 15 - 80%. Determination of the etiology of anemia in pregnant women the issue is especially relevant.

Keywords: anemia, pregnancy, first pregnancy, young women, iron, vitamins, nutrition, clinical observation, medical care, childbirth.

СОВРЕМЕННЫЕ АСПЕКТЫ ВЕДЕНИЯ БЕРЕМЕННОСТИ И РОДОВ У ЮНЫХ ПЕРВОРОДЯЩИХ С АНЕМИЕЙ

Туксонова Д.И. https://orcid.org/0000-0001-7698-0533 *E-mail:* tuksanova.dilbar@bsmi.uz
Хайдарова Ш. https://orcid.org/0009-0002-1428-2080 *Email:* n.soliyeva@lust.ru
Солиева Н.К. https://orcid.org/0000-0001-5679-8101 *Email:* soliyeva.nozima@bsmi.uz

Бухарский государственный медицинский институт имени Абу Али ибн Сино, Узбекистан, г. Бухара, ул. А. Навои, д. 1 Тел: +998(65)223-00-50 E-mail: info@bsmi.uz

✓ ***Резюме***

По данным разных авторов, частота наступления беременности у молодых женщин колеблется от 6,0 до 11,1% и имеет тенденцию к увеличению. Основными факторами, способствующими наступлению беременности в молодом возрасте, являются низкий образовательный уровень родительской семьи, социально-экономическая незащищенность, деформированные личностные качества несовершеннолетних женщин, недостаточные знания о сексуальной активности, а также неиспользование подростками противозачаточных средств на фоне их преждевременных родов. взросление и неготовность к материнству. Анемия у беременных в акушерстве остается серьезной проблемой экстрагенитальной патологии, этот показатель составляет 15 -80%. Определение этиологии анемии у беременных женщин вопрос особенно актуальный.

Ключевые слова: анемия, беременность, первая беременность, молодые женщины, железо, витамины, питание, клиническое наблюдение, медицинская помощь, роды.

YOSH TUG‘AYOTGAN AYOLLARDA KAMQONLIK BILAN BOG‘LIQ HOMILADORLIK VA TUG‘RUQNI BOSHQARISHNING ZAMONAVIY JIHATLARI

Tuqsanova D.I. https://orcid.org/0000-0001-7698-0533 *E-mail:* tuksanova.dilbar@bsmi.uz
Xaydarova Sh. https://orcid.org/0009-0002-1428-2080 *E-mail:* n.soliyeva@lust.ru
Soliyeva N.K. https://orcid.org/0000-0001-5679-8101 *E-mail:* soliyeva.nozima@bsmi.uz

Abu Ali ibn Sino nomidagi Buxoro Davlat tibbiyot instituti, O'zbekiston, Buxoro, A. Navoiy ko'chasi. 1 Tel: +998 (65) 223-00-50 e-mail: info@bsmi

✓ ***Rezyume***

Turli mualliflarning fikriga ko'ra, yosh ayollarda homiladorlik darajasi 6,0 dan 11,1% gacha va o'sish tendentsiyasiga ega. Homiladorlikning yoshligida boshlanishiga yordam beradigan asosiy omillar ota-ona oilasining past ta'lim darajasi, ijtimoiy-iqtisodiy ishonchsizlik, voyaga etmagan 33 ayolning shaxsiy fazilatlari, jinsiy faoliyat haqida bilimlarning etishmasligi, shuningdek, kontratseptiv vositalardan foydalanmaslikdir. ularning erta fonida o'smirlar tomonidan kamolotga va onalikka tayyor emas. Akusherlikda homilador ayollarda kamqonlik ekstragenital patologiyaning jiddiy muammosi bo'lib qolmoqda, bu ko'rsatkich 15 -80% ni tashkil qiladi. Homilador ayollarda anemiya etiologiyasini aniqlash bu masala ayniqsa dolzarbdir.

Kalit so‘zlar: kamqonlik, homiladorlik, birinchi homiladorlik, yosh ayollar, temir, vitaminlar, ovqatlanish, klinik kuzatuv, tibbiy xizmat, tug‘ruq.

Introduction

Anemia during pregnancy remains the main health.basic health research, the prevalence of anemia has increased significantly among pregnant women from 24.5% in 2008 to 37.1% in 2012 based on the WHO assessment, the prevalence of anemia in pregnant women is 48.2% anemia during pregnancy with different effects of maternal and fetal growth. previous studies have shown that the effects of anemia during pregnancy in the third trimester. Effects include gestational age severity, early delivery, uterine inertia, postpartum blood, long-term labor, small, low fertility for dissemination intravenous clotting and fetal interruption. In addition to the lack of iron and folic acid, others are factors that contribute to the appearance of anemia.Iron deficiency is a common cause of anemia in women, affecting 5-10% (20-44 years) of women of childbearing age, and pregnant women the prevalence of anaemia is up to 20–40% The extent to which iron deficiency affects maternal and neonatal health is uncertain. Several researchers have reported an association between anaemia in pregnancy and low birth weight (LBW), preterm birth, or both This phenomenon is seen in all ethnic groups. However, the results may be biased by methodological flaws, since many of these studies have been carried out in developing countries where anaemia is often related to bad nutritional factors, and even in developed countries, anaemia during pregnancy can reflect low socio-economic status. Pregnancy in adolescence is a special stage in the life of a young woman, associated with physiological, psychological and social changes. During this period, the body of the expectant mother is faced with increased nutritional needs, which often leads to a deficiency of vital elements such as iron, folic acid and B vitamins. Anemia is one of the most common pathologies among pregnant women, especially among adolescents, and poses a serious threat to both the health of the mother and the normal development of the fetus. Due to the physiological characteristics of the adolescent body, anemia is much more common in young primiparous women than in older patients. The reasons for this may be malnutrition, iron deficiency in the diet, improper absorption of nutrients, as well as menstrual cycle disorders. During pregnancy, the need for iron increases, which can lead to a deficiency of this element and the development of iron deficiency anemia. This disease is accompanied by many complications, including fetal hypoxia, premature birth, delayed fetal growth and development, as well as increased risks for the woman herself, such as preeclampsia, uterine bleeding and weakness of labor. Special attention to pregnancy management in adolescents with anemia requires not only diagnosis and treatment of the disease, but also psychological support, as well as the organization of proper nutrition, taking into account the needs of the growing body. It is important to understand that anemia in adolescents requires a comprehensive approach to treatment and prevention, taking into account the patient's age, stage of pregnancy, and other factors.

The purpose of this study — to study modern aspects of pregnancy and childbirth management in young primiparous women with anemia, to identify the main problems and methods of correction of the condition, as well as to propose optimal strategies for the prevention and treatment of this disease. The focus is on diagnosis, therapy, and pregnancy outcomes, which will help develop recommendations to improve the quality of medical care for this category of women. Thus, understanding the features of anemia in adolescents during pregnancy, as well as developing effective methods of its treatment and prevention, are important tasks of modern obstetric and gynecological practice.

Materials and methods

The Bukhara City Perinatal Center studied the course of pregnancy in 92 women born in 2008-2012, who were divided into 2 groups. The main group included 66 young women, with 17 adolescents aged 14-16 years (the first subgroup) and 49 aged 17-19 years (the second subgroup). The control group consisted of 26 women of reproductive age (20-22 years old). The study of anamnestic data in all the examined pregnant patients showed that young women are characterized by: an early age of sexual activity (in the First subgroup — 14.37 ± 1.02 years, in the second — 15.51 ± 1.3 years, in the control group — 17.07 ± 1.1 years, $p < 0.05$), a lower proportion of registered marriages (in the patients of the main group, 29.4% and 44.9%, in the control group — 84.7%, $p < 0.05$), a tendency to smoke, alcohol and narcotic drugs (52%, 44.9%, respectively), while the patients of the control group did not have bad habits. Besides, the women of the young In the presence of signs of chronic fetoplacental insufficiency, a Dopplerometric study was performed to assess the condition of the uteroplacental and fetoplacental blood flow. The results of Dopplerometry at 20-21 weeks of gestation made it possible to assess the state of uteroplacental-fetal blood flow and the fetal condition. It is well known that the placenta is characterized by a typical growth curve [5-7]. Its thickness gradually increases by the age of 36-37 weeks of pregnancy, after which the growth of the placenta stops and, subsequently, during the physiological course of pregnancy, the thickness of the placenta decreases slightly or remains at the same level, averaging 35-36 mm [4]. Depending on the complications of pregnancy, placental insufficiency manifested itself in a decrease or increase in the thickness of the placenta — thinning of the placenta (less than 20 mm) or thickening (more than 50 mm) in the last month of pregnancy indicates developing placental insufficiency [1, 2].

Conclusions

Thus, the decision to carry out pregnancy in young patients, having determined the tactics of its management, must be taken individually by the obstetrician-gynecologist, taking into account many aspects that lead to age, somatic and reproductive health status and social status. To solve the issue of early diagnosis of pregnancy in adolescents, timely dynamic monitoring and its preservation, it is necessary to improve the quality of preventive examinations in schools, secondary and higher educational institutions. Given the high level of complex pregnancy in underage women, it is necessary to develop a scientifically based integrated system of medical and social measures to optimize the management of juvenile pregnancy, both at the outpatient and outpatient follow–up stage and in the obstetric departments of hospitals, which contributes to more favorable pregnancy outcomes.

LIST OF REFERENCES:

1. Демидов Н.П. Антенатальная диагностика состояния плода / Н. П. Демидов, В. Л. Бахарев, П. Д. Финченко // Акушерство и гинекология. 1994;4:31-33.
2. Персианинов, Л. С. Ультразвуковая диагностика в акушерстве / Л. С. Персианинов, В. Н. Демидов // Медицина. 1982.
3. Можейко Л.Ф. Современные методы искусственного прерывания беременности у подростков / Л. Ф. Можейко, Е. В. Новикова // Мед. журн. 2008;2:61-64.
4. Малевич Ю. К. Фетоплацентарная недостаточность / Ю. К. Малевич, В. А. Шостак. Минск, 2007; 79-83 стр.
5. Эдвард И. Б. Ультразвукавая диагностика. УЗИ в акушерстве / И. Б. Эдвард, Б. Б. Кэрол, У. Р. Филип // Мед. лит. 2010;3:354-362.
6. Taipale P. Predicticting delivery date by ultrasound and last menstrual period in early gestation / P. Taipale, V. Hiilesmaa // Obstet Cynecol. 2001;97:189-194.
7. Hadlock F.P. [et al.Fetal biparietal diameter: racional choice of plane of section for sonographik measurement / F. P. Hadlock [et al.] // Am. J. Roentgenol. 1982;138:871-874.

Entered 20.02.2025