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AMONG THE RESIDENTS OF THE REPUBLIC OF UZBEKISTAN, TAKING CHILDBIRTH BY CAESAREAN SECTION IS THE MOST COMMON INDICATION AND CONTRAINDICATIONS , PREVENTIVE MEASURES

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Resume : This article is devoted to the statistics of cesarean section surgery on the territory of Uzbekistan , the most common causes, as well as indications and contraindications , modern measures of postoperative rehabilitation and is written based on the clinical standard of the Republic of Uzbekistan (compiled on the recommendation of the World Health Organization).

Keywords: Caesarean section ,cardiotocogram, acute fatty hepatosis , preclammia, eclammia , comorbidity of the placenta, anomalous bleeding from the uterus .

Резюме : Данная статья посвящена статистике кесарева сечения на территории Узбекистана , наиболее частым причинам, а также показаниям и противопоказаниям , современным мерам послеоперационной реабилитации и написана на основе клинического стандарта Республики Узбекистан (составлен по рекомендации Всемирной организации здравоохранения).

Ключевые слова: Кесарево сечение ,кардиотокограмма, острый жировой гепатоз , предлежание, эклампсия , полное низкое отхождение плаценты, аномальное маточное кровотечение .

Rezyume : Ushbu maqola O’zbekiston hududida kesar kesish operatsiyasi statistikasi , eng ko’p uchraydigan sabablari, shuningdek , ko’rsatma va qarshi ko’rsatmalari , operatsiyadan keying reabilitasiyasining zamonaviy chora tadbirlariga bag’ishlangan bo’lib , O’zbekiston Respublikasi klinik standartiga asoslangan holda yozilgan (Jahon sog’liqni saqlash tashkiloti tavsiyasi asosida tuzilgan).

Kalit so’zlar : Kesar kesish , kardiotokogramma ,o’tkir yog’li gepatoz, preklamsiya , eklamsiya, yo’ldoshning to’liq pastda kelishi , bachadondan anomal qon ketishi .

Literature analysis and results

.Caesarean section is an abdominal surgery with the separation of the wall of the pregnant uterus, the extraction of the fetus, the extraction of the placenta and subsequent restoration of the integrity of the uterus. CS is part of the standard for assistance during pregnancy or childbirth and is performed by the mother and/or fetus for medical reasons. KK should only be done when vaginal delivery is not safe. After CS, the complications in mothers are 3 times higher than in natural childbirth, and if there is a scar on the uterus, the rate of complications increases with each cesarean section. Patients should be informed of the risk of placenta Previa, placenta accreta and hysterectomy, which increases with each subsequent cesarean section.

For many reasons, vaginal delivery is the preferred method of delivery, and a 20-25% CS rate is expected and recommended worldwide. In countries where the CS level reaches 70%, the procedure is most often performed with non-medical indications, at the request of the mother and for the convenience of the doctor. The quality of care in a medical institution is assessed by the

appropriateness of the performed surgical procedures, including the frequency of CS. Carrying out large amounts of CS without medical guidance and without improving perinatal outcomes is equivalent to a decrease in the quality of care provided to low-risk patients.

Classification :

Hurriedly:

planned (most often during pregnancy)

emergency (emergency)

By emergency categories :

Category 1	Urgent CS that cannot be delayed	If the life of a woman or fetus is threatened immediately (it should be done as soon as possible, but no later than 30 minutes after the decision is made).
Category 2	Urgent CS	Without clear signs of life risk, if there are complications in the mother or fetus that require urgent delivery. Delivery time is 60-75 minutes (maximum 75 minutes).
Category 3	CS in planning	There is a need to carry out childbirth through KK, but there are no emergency or urgent instructions from the mother and fetus for cesarean section. The prenatal time is within 4 hours.
Category 4	Planned CS	he timing of carrying out childbirth is the most optimal childbirth for a woman and a fetus

The relevance categories of caesarean section should be applied only as audit standards, not to assess the effectiveness of the interdisciplinary team in separate cesarean section categories. For the distribution of CS indicators by urgent categories,

Dependencies on the localization of the uterine incision:

- corporate CS

- CS in the lower uterine segment

Diagnostics :

Anamnesis

Anamnesis should contain the following information from the patient:

age, availability of professional risks,

the presence of bad habits (smoking, alcohol, drugs),

family history (related 1st line diseases such as diabetes,

thromboembolic complications , hypertension, mental disorders, obstetrics and perinatal complications),

the nature of menstruation (age of menarche, duration and regularity of the menstrual cycle, duration of menstrual bleeding, pain).

Physical examination

It is recommended to assess the condition of the mother (heart rate (heart rate), blood pressure (blood pressure), respiratory rate (NPh), mind, skin condition, position of the uterus (height of the bottom of the uterus, tone, pain), presence and nature of vaginal discharge, vaginal examination.

Examination data during admission, as well as before childbirth, it should be carried out in order to clarify the state of Obstetrics and solve the issue of the method of carrying out childbirth. It is recommended to carry out an auscultation, assess the condition, appearance and size of the fetus this examination should be carried out during admission, as well as before childbirth, to clarify the state of Obstetrics and solve the issue of the method of carrying out childbirth.

Laboratory diagnostic research :

It is recommended to carry out a general (clinical) blood test before surgery and no later than 72 hours after CPC Determination of hemoglobin levels is necessary for the diagnosis and treatment of anemia, which helps to reduce the risk of negative perinatal outcomes. In the 2-3 trimester, the normal hemoglobin level is ≥105 g / L.in the absence of clinical signs of purulent-inflammatory complications, a moderate increase in leukocyte levels after CS has a low prognostic value to confirm the presence of infection.

If the study was not carried out earlier in the 3rd trimester of pregnancy, it is recommended to study the level of M, g (IgM, IgG) class antibodies for the human immunodeficiency virus-1/2 (hereinafter – HIV) and P24 antigen (human immunodeficiency virus HIV 1/2 + Agp24) in the blood. If the study was not carried out earlier in the 3rd trimester of pregnancy, it is recommended to identify common antibodies of the M and G (anti-HCV IgG and anti-HCV IgM) classes to the hepatitis C virus (Hepatitis with the virus) in the blood before the planned hospitalization of the infection is detected, the pregnant woman should consult an infectious disease doctor to confirm/exclude.

The transport of Group B streptococci during pregnancy and subsequent therapy leads to a decrease in streptococcal colonization of the female birth canal and the birth of children with signs of intrauterine infection. With a positive result of the study, patients are prescribed antibiotic prophylaxis during childbirth.

Instrumental Diagnostic Research

Before the planned CS operation, an ultrasound examination (ultrasound) of the fetus is recommended .Ultrasound of the fetus is performed along the anterior wall of the placenta and with a low location, determining the likelihood of placental placement in the uterine section with CS, as well as determining the placental vessels, large uterine fibroids in the lower segment, determining the size of the fetus and some anomalies of fetal development (gastroshizis, omphalocele, large sacroococcicular teratoma, etc.). others).

Infiltrates should not be visible when assessing the seam area on the anterior wall of the uterus and abdomen. If there are pathological formations, it is necessary to accurately characterize their size and localization. If there are hyperechoic formations in the seam area, it is necessary to obtain information about the use of hemostatic sponges during the operation.

Indications for caesarean section operation :

1. Incorrect fetal positions and presentations(transverse / oblique position, frontal, rear view of the front View, High flat standing of the arrow seam, dark insertion of the back of the head);

2. Placenta Previa (complete, incomplete with bleeding) coming ahead ; 11

3. Progressive PONRP in the absence of conditions for fast delivery through the Vaginal birth canal;

4. Severe preeclampsia with unstable hemodynamics and the development of organ dysfunction, eclampsia, non-LLP syndrome, burns during pregnancy and childbirth (in the absence of delivery conditions for per vias naturales);

5. Anterior operations in the uterus: two or more CS in the lower uterine segment, corporate cesarean section, myomectomy that penetrates into the uterine cavity (there are no indications for ck with submucosal node or subserous myomectomy), operations on the history of uterine malformation;

6. In cases where pelvic presentation of the fetus occurs: the weight of the fetus is 2500 g or less or 3500 g or more, in combination with other indications of CS, the presence of a scar in the uterus after CS, the appearance of the fetus's foot, excessive tilt of the head;

7. In women without diabetes, the large fetus (≥ 4500 g) in combination with other obstetric risk factors (pregnancy after pregnancy, the need to induce labor, history of shoulder dystocia, etc.);

8. Multiple pregnancy with any incorrect position of one of the fetuses, including the pelvic floor of the first fetus; fetal – fetal transfusion syndrome.

* 1-with the appearance of the head of the fetus, the planned caesarean section effect in reducing perinatal morbidity and mortality for the second fetus is unknown, therefore, in this case, the caesarean section should not be carried out regularly;

*If the presentation of fetus 1 is headless, then the effect of improving the results of the planned cesarean section is also unknown, but in this case, the planned cesarean section is necessary.

9. Anatomical barriers to Vaginal delivery (cervical tumors, low (neck) location of the large myomatous node, scar deformities of the cervix and vagina after plastic surgery in the genitourinary organs, including suturing a Level III perineal tear in previous births, urogenital and intestinal-sexual discharge);

10. Somatic diseases that require the exclusion of attempts (decompensation of cardiovascular diseases, complex myopia, transplanted kidney and others in accordance with the recommendations of the relevant specialists);

11. Invasive cervical cancer;

12. Inefficiency of labor induction and rhodostimulation;

13. Some forms of maternal infection: HIV infection under prenatal viral load > 1,000 copies/ml, unknown viral load before birth or antiviral therapy during pregnancy should not be used and/or antiretroviral prophylaxis during childbirth. infection in combination with hepatitis C and HIV viruses

14. Threatening/uncertain fetal position(acute fetal distress);

15. Threatening, initiated or occurring rupture of the uterus;

16. The arrival or fall of the umbilical system in front;

17. Chorioamnionitis in the absence of the possibility of Vaginal delivery;

18. pelvic-head dysproporia, obstructive childbirth;

In the absence of medical indications, CS.

Conducting CS without medical guidance is not justified and is morally questionable. If a pregnant woman who does not have medical indications for CS requires CS due to tocophobia or anxiety about an impending birth: she invites him to discuss the reasons for this decision.

Tactics to take women who have undergone a caesarean section operation.

After childbirth through CS, it is recommended to relieve sufficient pain, thromboprophylaxis, early enteral nutrition, early mobilization, glucose control, removal of the urinary catheter . The exception is preeclampsia, bleeding before and during surgery or in the postoperative period, hemodynamics and severe somatic diseases that require monitoring the activity of vital organs, as well as monitoring by a resuscitator, technical difficulties during surgery, expansion of the volume of surgery (myomectomy, hysterectomy, adhesions, etc.).Early removal of the bandage from postoperative injury reduces the risk of developing a wound infection.

For severe pain syndrome (your > 50 mm), it is recommended to add trimeperidine up to 20 mg, fentanyl up to 100 mcg intravenously .

With moderate pain intensity (your = 30-50 mm) it is recommended to add tramadol, butorphanol.

Observation can be carried out by a nurse anesthetist, obstetrician, doctor. Observation is carried out: immediately after the operation of CS ;

every 20-30 minutes after the operation for 2 hours;

2 hours after the operation,

every 2-3 hours for 6 hours;

after transfer to the postpartum department-once a day;

for any complaints of the patient, hyperthermia, bleeding in large quantities,

etc. body temperature up to 38°and leukocytosis is taken within 24 hours after delivery (including after CS).

Often the cause is dehydration, so the control tactic is heavy drinking, infusion therapy. The appointment of anti-inflammatory therapy is not indicated. The onset of the next pregnancy is recommended no earlier than 12-18 months, since this is the period of optimal treatment of the wound in the uterus and the formation of a complete scar. 32 this interval increases the likelihood of a successful attempt at vaginal delivery and reduces the risk of uterine rupture.

Antibiotics :

In terms of effectiveness and safety, the most optimal drugs for antibiotic prophylaxis are I-II generation cephalosporins (cefazoline, cefuroxime) and inhibitor-protected aminopenicillin (amoxicillin/clavulanate, ampicillin/sulbactam) (Table 1). In order to carry out or refuse antibiotic prophylaxis, the patient's informed consent must be obtained.

Conclusion:

After childbirth through CS , the patient is advised to limit the lifting of weights above the weight of the newborn for 4-6 weeks, not to reduce the pressure of the abdomen, but to reduce the load for better treatment of aponeurosis, the change of which affects the work of the pelvic floor muscles.

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