

POSTNATAL CARE OF WOMEN AND THE RISK FACTORS INFLUENCING PERINATAL LOSS

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Abstract: *in the years of independence Uzbekistan has achieved significant progress in economic, political and social reforms to create a democratic state with a market economy. According to the forecasts of the UN Department of economic and social Affairs, the population of Uzbekistan will reach 37 million people in 30 years. It is advisable to protect motherhood and childhood, reducing maternal and child mortality are the leading areas of the state. Every day around the world, about 800 women die due to pregnancy and complications in childbirth. Demographic growth requires not only a woman's desire to give birth and raise a child, but also her mental well-being, as well as the proper care of the mother and child, especially in the postpartum period.*

Keywords: *mother and child care, postpartum care, childbirth, risk factors before and after childbirth.*

ПОСЛЕРОДОВОЙ УХОД ЖЕНЩИН И ФАКТОРЫ РИСКА, ВЛИЯЮЩИЕ НА ПЕРИНАТАЛЬНЫЕ ПОТЕРИ

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Аннотация: *в годы независимости Узбекистан добился существенного прогресса в экономических, политических и социальных реформах для создания демократичного государства с рыночной экономикой.*

По прогнозам Департамента по экономическим и социальным вопросам ООН, население Узбекистана достигнет 37 миллионов человек. Целесообразны охрана материнства и детства, снижение материнской и детской смертности являются ведущим направлением государства. Каждый день во всем мире около 800 женщин умирают в связи беременностью и осложнениями в родах. Для обеспечения демографического роста необходимо не только наличие у женщины желания родить и воспитать ребенка, но и обеспечение ее психического благополучия, а также правильный уход матери и ребенка, в особенности - в послеродовом периоде.

Ключевые слова: *уход матери и ребенка, послеродовой уход, роды, факторы риска до и после родов.*

According to WHO, the maternal mortality rate remains unacceptably high. Between 9 and 15 per cent of women who have complications of pregnancy should be sent to a health facility with the necessary qualified medical personnel with the necessary equipment as soon as possible. In about 5% of cases, women need highly specialized care with high dependence, as well as additional equipment and resources (for example, caesarean section or hysterectomy in case of uncontrolled uterine bleeding, management of cases of eclampsia, highly elevated blood pressure or coagulation disorders, safe blood transfusions, etc.) [1, c. 51]. WHO data show huge differences in maternal mortality. Within countries, there are differences between women in terms of income, as well as among rural and urban residents [2, p. 6]. Infant mortality is one of the most important indicators of the health of the nation, because it is associated with various factors such as maternal health, quality and access to health care, socio-economic conditions and public health practices [3, p.8]. There is an increase in mortality with the age of parturient women, so women 35-39 years compared to women aged 25-29 years were 2 times more likely to die, and women aged ≥ 40 years had 5 times more risk of death during childbirth [4, c. 128].

Priority measures to reduce maternal mortality in developing countries are based on 6 main provisions: improving access and use of basic obstetric care to prevent complications of diseases (1); strengthening family planning services (2); providing skilled care in childbirth (3); promoting among women friendly health services (4); increasing planning at the district level with public participation (5); monitoring process with indicators (6) [4, c. 128].

It was established the low level of medical awareness on reproductive behavior and medical and social activity of pregnant women. Perinatal risk factors during pregnancy and childbirth are dynamically changed quantitatively and qualitatively [5, c. 18].

There is an increase in the number of women in need of medical rehabilitation due to the risk of disease progression or development after complications of pregnancy and childbirth. The structure of medical and social problems in women in the first year after childbirth is dominated by medical and biological problems (53.0%). Among the medical and biological problems were found: the combination of obstetric and extragenital pathology (55.5%), the combination of pathology in a woman and her child (41.5%), low medical activity in women who gave

birth (32.8%). The share of medical and organizational problems is 19.0%. More often noted medical and organizational problems are: low awareness of women about the importance of postpartum rehabilitation (47.9%), low efficiency of postnatal rehabilitation (complex efficiency coefficient 0.71), high frequency of defects in the implementation of rehabilitation technologies (13.3%), high dissatisfaction of women with medical and social rehabilitation in the period after the performance of the childbearing function (57.4%), low efficiency of prevention of unplanned pregnancy (36.6%).), insufficient professional training of health workers to implement postnatal rehabilitation technologies (preparedness index — 42.0%), the absence of an institution for joint outpatient rehabilitation of mother, father and child in the organizational structure of the postnatal rehabilitation system [6, c. 171].

The effectiveness of prevention of the risk of pathology is determined by the action of a complex of medical and organizational factors. The quality of medical and social rehabilitation of women's health in the first year after childbirth is reduced under the influence of mainly organizational and tactical (65.1%), medical (17.3%) and diagnostic (17.6%) defects [6, c. 171].

In that way, maternal mortality increases with the age of parturient women, women 35-39 years compared to women aged 25-29 years were 2 times more likely to be fatal, and women aged ≥ 40 years had 5 times more risk of death during the childbirth.

Infant mortality is related to various factors: maternal health, quality and access to health care, socio-economic conditions and public health practices.

In carrying out the rehabilitation of women's health during the first year after childbirth, it is advisable for general practitioners, gynecologic doctors or physicians to use a set of proposed models for the prediction of the risk of developing certain pathologies as an outcome of the pregnancy and childbirth complications.

Effective methods to improve the quality of care for women after childbirth are considered to be the development and implementation of standards of care, its systematic evaluation, and the development of quality management strategies.

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