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THE COURSE OF THE POSTPARTUM PERIOD IN WOMEN WITH SEVERE PREECLAMPSIA, DEPENDING ON THE METHOD OF DELIVERY

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Summary
Preeclampsia is one of the most serious complications of the postpartum period, posing the same risk to the life of mother and child. Preeclampsia disrupts the activity of vital organs such as the kidneys, brain, liver, and lungs. According to the WHO, 28% of pregnancies have a predominant hypertensive preeclampsia (H. Critchley et all. 2018). After experiencing preeclampsia, its consequences can be seen not only in the postpartum period, but also in the later period of life, especially in the brain (MS Abdullakhadjaeva, N.E. Eletskaya et al. 2020; N.M. Mazurskaya, M.V.Feodorova et al. 2019; Z. V. Vasileva, A.V.Tyagunova et al., 2019). The purpose of this article is to analyze, summarize and draw conclusions from the information provided by the authors.

Keywords: preeclampsia, postpartum period, reproductive health, mother and child.

Introduction

State Program of the President of the Republic of Uzbekistan No. PP-2221 dated August 1, 2014 "On further strengthening the reproductive health of the population in Uzbekistan in 2014-2018, protection of maternal, child and adolescent health."
President of the Republic of Uzbekistan February 19, 2014
Resolution No. PQ-2133 "On the State Program" Year of the Healthy Child ", aimed at fulfilling the tasks set out in the Decree of December 10, 2015 No. F-4577" On organizational measures for the development and implementation of the State Program "Year of the Healthy Mother and Child" and their implementation will lead to an increase in the quality of medical services provided to pregnant women, newborns and reduce maternal and infant mortality throughout the country.
At present, the prediction of preeclampsia in the postpartum period is based on clinical manifestations and laboratory analyzes (N.V. Bashmakova, M.Yu. Lungina, 2020; E.M. Kravtsova, J.E. Pakhomova, 2020). Central and cerebral hemodynamic parameters determined by integral rheography and rheoencephalographic examination of cerebral blood flow can be used to predict distant postpartum complications in women with preeclampsia (FK Akhmedov et al., 2018). The problem

of preeclampsia is a global problem and is the cause of most maternal perinatal diseases and deaths (Worial Health Organization (Geneva) 2020).

The Aim of the Study

To study the hemodynamic status of the mother and child in the postpartum period, depending on the method of delivery in women with severe preeclampsia.

The following research tasks are set to achieve the set goal:

1. To study the course of pregnancy in women with severe preeclampsia.
2. To study the anthropometric indicators of women with severe preeclampsia and their infants, neurological changes, and their general condition, depending on the method of delivery.
3. To study the duration and duration of drug correction in women with severe preeclampsia in the postpartum period.
4. Development of an algorithm and protocol for the postpartum period of women with severe preeclampsia and their babies, depending on the method of delivery.

Practical significance:

Hemodynamic changes in women with severe preeclampsia after operative births are more pronounced than in natural pregnancies. For the first time, hemodynamic changes in infants and women are observed in dynamics.

Scientific novelty: Assessing the general biochemical hemodynamic and neurological status of ongoing changes in the brain of a woman and a fetus with severe preeclampsia for the first time using congenital and operative abortion, recommends the dosage and algorithm of the scheme of subsequent rehabilitation measures depending on abortion tactics.

The structure and scope of the dissertation. The dissertation consists of an introduction, review of the literature, research material and methods, personal observations in two chapters, discussion, conclusion, practical recommendations and a list of references. The dissertation is described in 1 page of text, illustrated with 2 tables and 1 picture. The list of references includes 1 literature, including 1 Uzbek and CIS, 1 foreign author.

Conclusions

1. In studying the course of pregnancy and the postpartum period in women experiencing severe preeclampsia. Comprehensive assessment of the cerebral circulatory system is an absolutely reliable method of diagnosing and timely

correction of changes that occur, which allows you to choose the optimal treatment tactics in assessing the condition of postpartum women.

2. Summarizing the results, it should be noted that among pregnant women with severe preeclampsia, among the numerous disorders of various postpartum functions hypovolemia associated with a significant decrease in plasma volume, hypoproteinemia due to severe proteinuria.

3. The data presented show that in pregnant women complicated by severe preeclampsia, changes in the peripheral circulation were significantly different from those of the control group. In women with severe preeclampsia, SAB was 48.1% higher than in the control group, 56.1% DAB 39%, 46.9% tachycardia 7.6%, 9.4% moderate, 42.3%, 50.2% higher. According to all the obtained data, this group corresponded to the indicators of pregnant women with severe preeclampsia.

4. Evaluating the data obtained, it should be noted that the tendency to hypomagnesemia is noted in pregnant women with severe PE, the changes by other electrolytes are not noticeable. All this indicates that this contingent of pregnant women is very dangerous in terms of the occurrence of various complications during pregnancy, childbirth and the postpartum period. Such pregnant women use almost all of their reserve capacity and arrive before delivery.

5. Pulse pressure of blood vessels in physiologically pregnant women (RI = 16.1 ± 1.2 Ohm on FM standard lines, 0.14 ± 0.013 Ohm), the same indicator in women of group 2 (RI 15.9 ± 1.1 FM and 0.12 ± 0.01 Ohm) and in Group 3 (RI 15.5 ± 1.2 FM and 0.10 ± 0.01 OM). although the difference in this indicator across groups is not reliable. In the studied groups, the IR was 0.09-0.11 Ohm at the fronto-mastoidal standard point and 0.06-0.08 Ohm at the occipito-mastoidal standard point. Thus, the reliability of mild hypovolemia (R <0.05) in group 2 women was compared with that in groups 1 and 3 women.

6. We see an increase in the incidence of perinatal diseases in infants born to pregnant women complicated by severe preeclampsia. At the same time, perinatal injuries of the central nervous system accounted for 30% of infants born to group II pregnant women, and 17.7% of infants born to group III pregnant women. Assessing the structure of perinatal diseases, retardation of fetal growth, umbilical cord entrapment, cerebral hemorrhage (convulsive syndrome), 26.6%, 35.5%, 13.3% of infants born to group III pregnant women, I and more common than in groups II.

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