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# ANALYSIS OF MATERNAL MORTALITY IN THE PRACTICE OF PATHOLOGICAL ANATOMY

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**Summary**
Maternal mortality is an important statistical indicator, maternal mortality is observed during pregnancy and up to 42 days after birth. There are 200 million pregnancies a year in the world, of which 137.6 million end in childbirth. Every day, 830 women die due to pregnancy and childbirth. The maternal mortality rate is the rate of maternal mortality per 100,000 live births and is a measure of the performance of the global health system.

**Keywords:** maternal mortality, pregnancy, chronic hepatitis, liver cirrhosis, cholestasis.

# ПАТОЛОГОАНАТОМИК АМАЛИЁТДА ОНАЛАР ЎЛИМИ ТАҲЛИЛИ

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**Аннотация**
Оналар ўлими, бу – муҳим статистик кўрсатгич, ҳомиладорлик даври ва туғруқдан кейин 42 кунгача кузатиладиган онанинг ўлими ҳисобланади. Дунёда бир йил давомида 200 млн аёлда ҳомиладорлик кузатилади, ундан 137,6 млк туғруқ билан тугайди. Ҳар куни 830 та аёл ҳомиладорликга ва туғруқга боғлиқ ҳолда нобуд бўлади. Оналар ўлими кўрсатгичи, бу – 100 000 та тирик туғилганларга нисбатан оналар ўлимидир ва бу кўрсатгич дунё соғлиқни сақлаш тизими ишининг самарадорлиги баҳолаш бирлиги ҳисобланади.

**Калит сўзлар:** Оналар ўлими, хомиладорлик, сурункали гепатит, жигар циррози, холестаз.

# АНАЛИЗ МАТЕРИНСКОЙ СМЕРТНОСТИ ПРИ ПРАКТИКЕ ПАТОЛОГИЧЕСКОЙ АНАТОМИИ

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**Резюме:** Материнская смертность является важным статистическим показателем, материнская смертность наблюдается во время беременности и до 42 дней после родов. В мире 200 миллионов беременностей в год, из них 137,6 миллиона заканчиваются родами. Каждый день 830 женщин умирают из-за беременности и родов. Коэффициент материнской смертности – это коэффициент материнской смертности на 100 000 живорождений, и этот показатель является единицей оценки эффективности глобальной системы здравоохранения.

**Ключевые слова:** материнская смертность, беременность, хронический гепатит, цирроз печени, холестаз.

The causes of maternal death are divided into two groups: 1) death directly related to obstetric causes, or due to obstetric complications of pregnancy, and death due to pregnancy intervention, improper treatment, and related causes; 2) death indirectly related to obstetric causes, or death from diseases that worsened or developed during pregnancy, as well as from effects that worsened the state of pregnancy.

In this work, 13 pregnancies, births and deaths of mothers who died after childbirth were analyzed during 2010-2021 at the Bukhara Region Pathological Anatomy Bureau. More than half of those who died were between the ages of 31 and 40. Obstetrical pathologies made up the main part of the number of deaths, that is, 8 out of 13, extragenital diseases made up 5.

The distribution by age was as follows. In this case, the highest level of mortality was observed in women aged 18-25, followed by 25-30-year-olds.

Among obstetric pathologies, preeclampsia and eclampsia took the first place, and HELLP syndrome took the second place. The next places were occupied by acute fatty hepatosis of the liver and cholestasis of pregnancy. Premature placental abruption occurred in 3 cases, postpartum sepsis in 2 cases, and amniotic fluid embolism in 1 case.

Preeclampsia.

In the group of preeclampsia and eclampsia, as direct death, cerebral hemorrhage, cerebral ischemic infarction, brain tumor, premature placental abruption and bleeding, HELLP syndrome, acute fatty hepatosis, liver rupture and bleeding, polyorgan failure, massive obstetric hemorrhage, hemorrhagic shock, acute kidney failure, DVS syndrome and pulmonary edema were diagnosed

It is known that the important pathogenesis of preeclampsia is endothelial dysfunction, the development of hypoxia in the uterus-placental complex, damage to its endothelium, then a violation of vascular tone control, increased wall permeability,

clinically hypertension, proteinuria, edema, uterine-placental insufficiency, disorders of the blood coagulation system, polyorgan lead to shortage.

Acute fatty hepatosis of pregnant women

Hypovolemic shock, metabolic acidosis, acute kidney failure, acute liver failure, pulmonary edema were the direct causes of death in acute fatty hepatosis of pregnant women. It has been confirmed that women with premature placental abruption mainly died from acute posthemorrhagic anemia and hemorrhagic shock. It was found that hemorrhagic shock, pulmonary edema, and severe polyorgan failure were the direct causes of death in embolism.

Cholestasis of pregnancy

Liver cholestasis syndrome of pregnancy was first reported in 1883 by F. Defined by Alfeld. But in 1954, Swedish scientists A. Svanborg and L. Torling studied the etiology, pathogenesis and clinical signs of this syndrome as a pathology of pregnancy. However, the causes of cholestasis of pregnancy remain unknown (24). Today, the hormonal theory is gaining ground. Why, inadequate enzyme inactivation and conjugation of steroid hormones by glucuronic and sulfuric acids reduces the bile production property of liver cells and bile ducts. Estrogen conjugates reduce the absorption of bile acids from the blood by liver cells. It has been found that in cholestasis of pregnancy, the amount of metabolites of progesterone, which reduce bile acid metabolism and production, increases. Therefore, cholestasis of pregnancy is observed in the third trimester, when the highest level of estrogen is observed.

In the case of cholestasis of pregnancy, clinical attention is paid to the following: itching of the skin, resulting in the appearance of cracks and wounds on the skin surface, pain under the right rib, changes in the color of the skin and mucous membranes, i.e. turning yellow, dyspeptic disorders, cloudy urine, the appearance of symptoms of hypovitaminosis. Blood analysis shows anemia, leukocytosis, increased SOE. In the biochemical examination, hyperbilirubinemia, often due to an increase in direct bilirubin, hyperlipidemia, increased enzyme activity, ALT and AST, alkaline phosphatase are observed. Even in the case of pregnancy cholestasis, sometimes death can be observed, due to jaundice of the brain nuclei, liver failure, bleeding as a result of thrombocytopenia and coagulopathy, brain tumor, lung tumor.

Conclusion

According to the results of the pathologoanatomical examination, obstetric pathologies accounted for 61.5% of maternal deaths, and extragenital diseases for 39.5%.

From obstetric pathologies, preeclampsia, HELLP syndrome, acute fatty hepatosis, cholestasis of pregnancy took the main places, premature placental migration, postpartum sepsis, amniotic fluid embolism were identified in individual cases.

Among the extragenital diseases, due to the pandemic period, coronavirus infection was the most common, followed by acute and chronic viral hepatitis, congenital heart disease, cirrhosis of the liver, white blood disease, cholecystitis, and breast cancer in some cases.

Cerebral hemorrhage, cerebral ischemic infarcts, brain tumors, premature placental migration and bleeding, liver rupture and bleeding, polyorgan failure, hemorrhagic shock, acute renal failure, DVS syndrome, and pulmonary edema were identified as direct deaths in preeclampsia.

Brain tumor, lung tumor, DVS syndrome, uterine bleeding and hemorrhagic shock, hemorrhagic stroke, intra-abdominal bleeding, respiratory distress syndrome were observed as direct causes of death in HELLP syndrome.

Hypovolemic shock, metabolic acidosis, acute kidney failure, acute liver failure, pulmonary edema were the direct causes of death in acute fatty hepatosis of pregnant women.

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