

*УДК 618.2/616.33/34-005.*

*Kasimova Shakhnozakhon Oybek kizi*

*Department of Obstetrics and Gynecology No. 1*

*Andijan State Medical Institute*

**WAYS TO ELIMINATE VARIOUS PATHOLOGIES OF  
PREGNANT WOMEN WITH PURULENT-INFLAMMATORY  
DISEASES OF THE UPPER RESPIRATORY TRACT**

**Resume:** Acute respiratory diseases (ARI) are a group of diseases characterized by lesions of various parts of the respiratory tract, a short incubation period, short-term fever and intoxication. Acute respiratory diseases include diseases caused by acute respiratory viral infections and bacteria.

This article presents tips on the tactics of carrying pregnant women with purulent-inflammatory diseases of the upper respiratory tract.

**Keywords:** upper respiratory tract, purulent inflammation, gestation period, reproductive age of women.

*Касимова Шахназахон Ойбек кизи*

*Кафедра акушерства и гинекологии № 1*

*Андижанский государственный медицинский институт*

**СПОСОБЫ УСТРАНЕНИЯ РАЗЛИЧНЫХ ПАТОЛОГИЙ  
БЕРЕМЕННЫХ ПРИ ГНОЙНО-ВОСПАЛИТЕЛЬНЫХ  
ЗАБОЛЕВАНИЯХ ВЕРХНИХ ДЫХАТЕЛЬНЫХ ПУТЕЙ**

**Резюме:** Острые респираторные заболевания (ОРЗ) - это группа заболеваний, характеризующихся поражением различных отделов дыхательных путей, коротким инкубационным периодом, кратковременной лихорадкой и интоксикацией. Острые респираторные заболевания включают заболевания, вызываемые ОРВИ и бактериями.

В данной статье представлены советы по тактике вынашивания беременных при гнойно-воспалительных заболеваниях верхних дыхательных путей.

**Ключевые слова:** верхние дыхательные пути, гнойное воспаление, срок беременности, репродуктивный возраст женщин.

**Introduction.** The treatment of respiratory diseases in pregnant women is far from an easy task, since some commonly used drugs can negatively affect pregnancy by penetrating the placental barrier, adversely affecting the fetus[3].

One of the frequent symptoms that attracts attention is shortness of breath[1].

During pregnancy, it usually occurs due to the action of mechanical, biochemical and hemodynamic factors. By the 12th week of pregnancy, more than 20% of women have it during rest, in 2-3 — due to tension. The frequency of shortness of breath increases from 15% in the first trimester to 50% by the 19th week and to 75% by the 31st week of pregnancy[5].

The upward displacement of the diaphragm due to the enlargement of the uterus causes a slight decrease in lung volume in the second half of pregnancy. Full-term pregnancy usually leads to a decrease in the reserve expiratory volume, residual volume and total lung volume[2]. However, this decrease does not cause a pathological clinical picture, since the diffuse volume does not change during the onset of pregnancy or increases slightly compared to that of a non-pregnant woman[6]. Then it decreases in the second half of pregnancy, and ventilation and, to a lesser extent, oxygen consumption increase during rest and exercise. The same thing happens during childbirth. Hyperventilation is a common occurrence during pregnancy, but the pH level remains constant due to an increase in the release of bicarbonate by the kidneys[7]. Changes in progesterone concentration also affect the occurrence of ventilation changes during pregnancy.

A few words about smoking during pregnancy. Clinical observations of children born to smoking mothers have demonstrated a clear relationship between maternal smoking and the incidence of acute respiratory and pulmonary diseases such as stridor (shortness of breath) and asthma. A study comparing the

children of smokers and non-smokers showed that maternal smoking caused serious violations of the expiratory flow in children, which can damage the intrauterine development of the respiratory tract or change the elastic properties of the lungs[4].

**The purpose of the study.** Improving the diagnosis of pregnancy and childbirth in pregnant women with purulent-inflammatory diseases of the upper respiratory tract

Materials and methods of research. To accomplish this task, we selected a total of 70 pregnant women with purulent-inflammatory diseases of the upper respiratory tract and improved their management of pregnancy and childbirth.

**The results of the study.** Of the total number of births (70) that occurred in maternity hospital No. 1 in Andijan in 2023, 70 cases ( $18.8 \pm 0.8\%$ ) were women with chronic or acute respiratory diseases during pregnancy (the main group).

The analysis of the features of the course of pregnancy and childbirth against the background of AML showed the following. Respiratory diseases were recorded throughout pregnancy, during childbirth, and occurred in mild and moderate forms. No severe or complicated forms were registered. At the same time, there were no significant differences in the effect on the course of pregnancy, both from the severity and from the time of transmission of the disease.

The maximum number of pregnant women who suffered acute respiratory infections of the upper respiratory tract, exacerbations of other diseases of the upper respiratory tract, was recorded in January, February, March, and November; with an exacerbation of chronic rhinitis, nasopharyngitis, pharyngitis and bronchial asthma - in May, July and August, which means that these diseases were pronounced seasonal nature. This is quite understandable in the first case by the effect of low temperatures and adverse weather conditions; in

the second — by an increase in the concentration of allergens of plant origin in the air.

Given the seasonal nature of most nosological forms of respiratory diseases, it can be assumed that timely preventive measures have a positive effect in order to enhance the adaptive capabilities of the pregnant woman's body and increase its resistance to this pathology.

According to the international classification of diseases of the 10th revision, the class of respiratory diseases includes: acute respiratory infections of the upper respiratory tract and, it is they who occupy the leading place in the structure of AML ( $76 \pm 2\%$  - 292 women); other diseases of the upper respiratory tract amounted to  $19 \pm 2.0\%$  (74 women); chronic diseases of the lower respiratory tract pathways -  $15 \pm 1.8\%$  (58 women); influenza and pneumonia -  $1.3 \pm 0.5\%$  (2 and 3 women, respectively). Tuberculosis belongs to the class of some infectious and parasitic diseases, it was diagnosed in  $6 \pm 1.2\%$  of pregnant women (women in labor, women in labor), which in absolute numbers amounted to 23 people.

Reproductive health (RH) is a state of complete physical, mental and social well-being, and not just the absence of diseases or ailments related to the reproductive system, its functions and processes. Reproductive health protection is defined as a combination of methods, methods and services that contribute to reproductive health and well-being by preventing and eliminating problems related to reproductive health [4].

RH consists of sexual health, safe family planning methods, as well as safe motherhood[4]. In the report of the UN National Academy of Sciences, reproductive health protection was defined as meeting human needs in the field of reproductive life, when every sexual contact should be free from coercion and infection, every pregnancy should be planned, and every birth should be safe [4]. The most complete description of reproductive health can be obtained by analyzing the implementation of a woman's generative function - childbirth. The

RE of women has an age dependence. It is customary to distinguish adolescence (15-17 years according to WHO, or 15-19 years according to obstetric and gynecological classification), younger (20-25 years) and older reproductive age (36-45 years) at reproductive age [46, 228]. The age of women giving birth with AML in our study was recorded from 15 to 47 years (Table 3). Most of the births occurred in women in the early reproductive period (20-25 years) - 166 (43,2±2,5%), slightly less in women aged 26 to 35 years - 154 (40.1 ± 2.5%), in adolescence (15-19 years) childbirth occurred in 48 (12.5±1.6%), in the late reproductive period (36-49 years) -16 (4.1±1.0%) women. The age of women without AML taken as a control was also in the range of 15-44 years. There were no significant differences between the main and control groups. The social status of a pregnant woman determines many lifestyle factors: hygiene skills, attitude to their health and care for future offspring, work and lifestyle culture, the presence of industrial hazards that directly affect reproductive health

**Conclusion.** Childbirth in the acute period is associated with a high risk of labor abnormalities, bleeding, as well as postpartum purulent-septic complications. In this regard, it is better to carry out delivery after the acute infectious process has subsided.

In the absence of such an opportunity and the development of labor during the period of exacerbation of bronchitis, antibacterial and detoxification therapy is indicated in childbirth. In case of full-term pregnancy, it is preferable to conduct childbirth through the natural birth canal. Indications for cesarean section in patients with COPD and COPD are the presence of cardiopulmonary insufficiency, a decrease in forced expiratory volume <60% of the norm, the presence of spontaneous pneumothorax in the anamnesis, the presence of an untenable scar on the uterus, a narrow pelvis and other obstetric pathology

#### **LIST OF LITERATURE:**

1. Алпенидзе Д.Н., Борзанова М.В., Маклакова Е.В. с соавт. Современные подходы к терапии ОРВИ у взрослых: результаты

клинического исследования назального спрея интерферона  $\alpha$ . Справочник поликлинического врача 2010, №9.

2. Белокриницкая Т.Е., Шаповалов К.Г. / Грипп и беременность ГЭОТАР-Медиа, 2015 г.

3. Костинов М.П., Мещерякова А.К., Фошина Е.П., Тарбаева Д.А., Сависько А.А., Зайцева Е.В. Клиническое течение острой респираторной инфекции и состояние микробиоценоза верхних дыхательных путей у беременных // «Журнал микробиологии, эпидемиологии и иммунобиологии», 2012. – № 5. – С. 12–16.

4. Зайцев А.А., Горелов А.В., Ключков О.И. Острые респираторные вирусные инфекции: перспективы противовирусной терапии. Вестник семейной медицины 2009, №5, с. 18-23

5. Мещерякова А.К., Костинов М.П., Магаршак О.О., Зайцева Е.В. Видовая и количественная характеристика микрофлоры слизистой оболочки глотки у беременных // Журнал микробиологии эпидемиологии и иммунобиологии, 2014. – № 2. – С. 93–97.

6. Hayden F.G., Albrecht J.K., Kaiser D.L. Prevention of natural colds by contact prophylaxis with intranasal alpha 2-interferon/ N. Engl. J.Med. 2016, Jan 9, 314(2): 71- 75.

7. Jefferson TO, Tyrrell D. Antivirals for the common cold. The Cochrane Database of Systematic Reviews.// 2019.- Issue 3.