

MODERN VIEWS ABOUT THE PROBLEM OF IRON DEFICIENCY ANEMIA IN PREGNANT WOMEN.

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(Literature review)**

Abstract. Iron deficiency anemia (IDD) is noted with a relatively high prevalence in pregnant women and women of childbearing age (TYoA), accounting for up to 95% of cases observed in pregnant women. IDD is considered to be the main cause/risk factor for evening toxicosis, hypotonic bleeding, premature and anemic births, mothers giving birth to mentally and physically weak children.

Key words: iron deficiency anemia, reproductive age, risk factors.

СОВРЕМЕННЫЕ ПРЕДСТАВЛЕНИЯ О ПРОБЛЕМЕ ЖЕЛЕЗОДЕФИЦИТНОЙ АНЕМИИ У БЕРЕМЕННЫХ.

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Аннотация. Железодефицитная анемия (ЖДА) отмечается с относительно высокой распространенностью у беременных и женщин детородного возраста (ТЮА), составляя до 95% случаев, наблюдаемых у беременных. ТТС считается основной причиной/фактором риска поздних токсикозов, гипотонических кровотечений, преждевременных родов и анемии у матерей, рожаящих умственно и физически слабых детей.

Ключевые слова: железодефицитная анемия, репродуктивный возраст, факторы риска.

Relevance of the topic. For most women, pregnancy is a time of great happiness and full potential. At the same time, during pregnancy, a woman and a growing child are at risk for various regional health problems. One of such serious problems is pregnancy and childbirth in patients with anemia and iron deficiency.

Currently, about two billion people are anemic, and the most dangerous form of this disease is iron deficiency anemia (IDD) and/or iron deficiency anemia (IDA).

The available sources indicate that IDD occurs in pregnant women and women of childbearing age (WFO) with a relatively high prevalence, up to 95% of cases observed in pregnant women are caused by this disease. IDD is considered to be the main cause/risk factor (XO) of late toxicoses, hypotonic bleedings, premature and anemic births, mothers giving birth to mentally and physically weak children [1,2].

A woman should take an average of 2-3 mg of elemental iron with food every day. During pregnancy, the intake increases up to 6 mg, and the intake of this micronutrient increases over time. In clinical practice, anemia is observed in 25% of clients, in which up to 80% of patients have confirmed IDD [1,3]. Studies show that iron deficiency (IDA) and iron deficiency remain a problem among women today.

In an epidemiological study conducted by A.I.Martinov (2021), for example, in Moscow, the frequency of IDA and IDD among gynecological patients was 38 percent, and in the Moscow region it was determined from 27.8 to 43.3 percent [3].

K. According to the analytical data of Vokoi and A. Konomilron (2017), iron deficiency in the world is recorded among the female population with a prevalence of 70-100 percent, depending on the region [2,4].

The most accurate test for determining iron deficiency is serum ferritin, which is calculated in the absence of inflammatory processes [4]. causes disruption of activity.

Determination of serum ferritin levels allows early detection of all three stages of IDAX (prelangent deficiency, latent deficiency and IDD) and appropriate prevention. Even in the stage of hidden iron deficiency, clinical symptoms are not noticeable, hemoglobin is normal or slightly decreased.

Philip K. E. J., Sadaka A. S., Paul Key M. J. et. al (2020) epidemiological study studied 4451 population and showed the following results: the overall prevalence of latent iron deficiency among the population is 8.8%, among women - 10.9%, and among men - 6.3%. In a 14-year follow-up, the mortality rate in patients with latent iron deficiency reached 58%, compared to patients with normal ferritin levels. Therefore, according to these authors, long-term persistence of latent iron deficiency is associated with an increased risk of death [2,4].

According to the conclusions made by experts within the framework of the SUPER IRON (2020) scientific project carried out in Russia, latent iron deficiency (LIDA) occurs in 20-30 percent of the population, the risk of anemia is observed in 50-86 percent of women. If this condition is not treated, there are three scenarios of the development of cases: the first, it goes away by itself - in 13.4 percent of cases; the second remains at the same level - in 60 percent of cases; and the third one, it becomes obvious anemia - in 26.6 percent of cases [5].

Infectious disease epidemiology/pandemics are of particular importance in increasing the risk of death and complications in anemia of pregnancy.

Researchers have emphasized it separately [5,6]. For example, E.E. Belokrinitinskaya and co-authors (2015) reliably confirmed that acute respiratory viral infections (ARVI) in pregnant women are one of the most common diseases and are mainly one of the reasons for hospitalization. In 33% of pregnant women, hospital admissions are due to ARVI [6,7].

At the same time, it is known from the analysis of literature data that there are no special algorithms for carrying pregnant women against the background of ORVI and methods of pharmacological prevention of complications. This conclusion is confirmed in the documents of WHO and Centers for Disease Control and Prevention, CDC (US Center for Disease Control and Prevention). In these documents and other studies, the following draw attention because of their prognostic, preventive and therapeutic value:

1) in pregnant women, the SARS - COVID - 2 virus is detected 2.7 - 3 times more often than in the general population;

2) IDD is confirmed as a risk factor associated with severe transmission of COVID-19 in pregnant women;

3) Maternal mortality rate in COVID-19 increases by 4.1 times with the effect of IDAK.

Iron deficiency itself has a negative effect on the course of pregnancy, the birth process, the state of the fetus and the baby - placental dysfunction, preeclampsia, premature births increase the risk of bleeding during childbirth, and complications in the postpartum period. [8,9].

Black SB et al. (2004) proved that during annual "epidemiological outbreaks" the incidence in pregnant women doubles compared to non-pregnant women [9].

Based on this, the American College of Obstetricians and Gynecologists and CDC (American College of Obstetricians and Gynecologists) and WHO experts recommend giving small amounts of iron preparations to all pregnant women starting from the first trimester for the purpose of prevention of IDD. It is meaningful recommendations that are widely used in scientific and practical sources of recent years [10].

Also noteworthy are the results of a large meta-analysis published by Wei S. Q. et al (2021). Because, firstly, it is based on 42 studies with the participation of 438,548 pregnant women, and secondly, it has been proven in the research that severe covid-19 causes many complications in pregnant women. Such information is provided by other researchers.

Thus, it is concluded from the analysis that appropriate monitoring of IDAX/IDD and their risk factors and comorbid diseases accompanying anemia in women planning pregnancy and pregnant women in general, especially during epidemic periods, is an urgent issue. During respiratory infections, the consumption of vitamins and microelements, including iron element, in pregnant women increases up to 88%. [11].

In particular, N.A. According to the scientific conclusions confirmed by Korotkova and co-authors (2015, 2016), one in five non-pregnant women of reproductive age and one in three pregnant women have IDD. The frequency of prelatent and latent iron deficiency reaches 92% in the world. Until now, the diagnosis of IDD and latent iron deficiency is insufficient. The reason for this is that they are mainly cut and expressed with unusual symptoms. It is clear from the review

of the literature that there are still no clear recommendations for patients/pregnant women with IDA regarding the effective way to carry it out [10,12].

From the results of studies from the above-mentioned sources, it can be seen that the frequency of anemia in most pregnant women is confirmed to be 30-35%. Iron deficiency is primarily a nutritional problem. Therefore, it is necessary to give priority to this factor in the primary prevention of IDD. In this case, the following are taken into account as important practices to prevent shortages:

the daily need for iron is 1-2 mg for adults, 0.5-1.2 mg for children;

- a typical diet can provide between 5 mg and 15 mg of iron per day;

- 12 - only 15 percent of the iron taken with food is absorbed in the small intestine; • the main role in the development of anemia is played by social and climatic conditions, nutritional traditions;

- animal products (containing heme iron) are considered the main source of iron, but most of the world's population/women are fed daily with products containing a small amount of iron (food, diet products, vegetable oils that contain a small amount of heme iron);

- as the gestation period increases, iron consumption increases to 16% in the first trimester, 59% in the second, and 67% in the third;

- the total loss of iron associated with physiological pregnancy, childbirth and lactation is 1400 mg [15].

In clinical recommendations based on proven medicine, the first manifestations of iron deficiency in pregnant women are generally confirmed as general malaise, decreased energy, mood swings, susceptibility to stress, susceptibility to infections, decreased mental activity and labor productivity. It is not possible to cure IDD with any diet and alternative ferrotherapy is common (of course, use of iron-retaining drugs, priority use of ferrous drugs intended for oral administration, ordering a sufficient amount of iron drugs, following a sufficient treatment period and monitoring the effectiveness of ferrotherapy) [12]

Based on the analysis of the publications of the last 20 years, it is clear again that anemia increases with age. The disease is not only a problem for young people or TYoA and pregnant women, but also geriatrics is an actual scientific topic [6,10]. It is even interpreted and recognized as an independent geriatric syndrome [14].

It follows from them that modern anemias represent a group of diseases characterized by a decrease in circulating erythrocytes and/or hemoglobin in a unit of blood volume below the norm typical for a certain gender and age. In clinical practice, mainly (making up 80-95 percent of all anemias) chronic IDD occurs. "Unopened pages" of the disease remain and their insufficient assessment can cause diagnostic, therapeutic and preventive complications.

According to the recommendations of WHO (2001), the diagnostic criteria for anemia are interpreted as follows: Hg concentration is below 110 g/l in children, below 120 g/l in women, below 110 g/l in pregnant women, and below 120 g/l in men. be lower than Mild anemia (Hg blood level above 90 g/l), moderately severe anemia (Hg 70-80 g/l) and severe anemia (Hg less than 70 g/l) are distinguished [12].

1. Andrechgey N.A., Balesva A.V. Iron deficiency state and iron deficiency anemia // Journal of modern clinical medicine. - 2019. - T. 2. - No. 3. - S. 60-62.

2. Baranov I.I., Detyaryova E.I., Samoshina E.S., Abramova S.V. Jelezodefitsitnye sostoyaniya pri beremennosti // Obusherstvo i gynecologia: novosti, mneniya, obuchenie. - 2018. - T. 4. - No. 10. S. 68-74.

3. Baranov I.I. Anemia of pregnancy, obstetric pathology and perinatal problems // Effektivnaya farmacoterapiya. – 2021. – Volume 17. – No. 43. – S. 47-50.

4. Banadyga N.V., Rogalskaya Ya.V., Rogalsky I.O. Influence of iron deficiency anemia and the formation of systemic immunity // Sovremennaya pediatriya. – 2014; 3:38.

5. Bapaeva M.K. Vozmojnosti ob'ektivizatsii vybora ferropreparatov u beremennykh, stradayushchikh jelezodefitsitnoi anemiei // Nauka, novye tekhnologii i innovatsii. – 2009. – No. 1 – 2. - S. 34-36.

6. Begova S.V. K question about perinatalnykh iskhodax u mnogojavshikh zhenshchin s gestosom i jelezodefitsitnoy anemiei na fone primeneniya preparata zheleda Sorbifer Durules // Fundamentalnye issledovaniya. – 2007. – No. 9. – S. 44.

7. Belokrinskaya T.E. Epidemic XXI c. I iron-deficit condition: a modern look at the problem // Effective pharmacotherapy. – 2021. – Volume 17 - No. 43. – S. 45-46.

8. Belokrinskaya T.E., Frolova N.I., Shapovalova K.G. i dr. Flu and pregnancy. - M.: GEOTAR - Media, 2018.

9. Bogdanov A.N., Mazurov V.I. Iron deficiency anemia in the XXI century // Vestnik Severo zapadnogo gosudarstvennogo meditsinskogo universiteta im. I.I. Mechnikova. - 2016. - T. 8. - No. 4. - S. 106 – 1011.

10. Vavina O.V., Puchko T.K., Umralieva M.A. Iron deficiency anemia and beremennyx i ee correction // Meditsinsky sovet. – 2018. – No. 13. – S. 73-75.

11. Vatutin N.T., Kalinina N.V., Smirnova A.S., Kashanskaya O.K., Milner I.A. The role of the person in the human organism // Vestnik Kharkovskogo natsionalnogo universiteta imeni V.N. Karazina. Series: Medicine. – 2012. - No. 24. – S. 74-79.

12. Volkova S.A., Moyansky N.A., Borovkov N.N., Balabanov A.S. i dr. Pokaseteli hemogrammy u vzroslogo rabotayushchego naseleniya // Hematologiya i transfuziologiya. - 2018. - T. 53. - No. 1. – S 21 – 25.