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**THE EXPEDIENCY OF PARTNER CHILDBIRTH IN THE
PRACTICE OF MATERNITY CARE IN THE REPUBLIC OF
UZBEKISTAN**

Annotation: This paper reflects the results of the survey conducted among all members of labor, as well as of potential partners. The results confirm that the parents should have complete information about the psychological specifics of generic process to represent the force of impact of this process on the personal sphere, to be educated and trained before taking a decision on joint participation in labor.

Key words: affiliate birth, pregnant women, midwives.

Partner childbirth or family-oriented childbirth - that is, such childbirth, at which someone close is present. Childbirth is a process perfected by nature to perfection. Women highly appreciate the constant presence of a person providing support during the birth of a child. Today taking into account new technologies in maternity care - partnership in childbirth, it has become possible to provide not only prenatal psychoprophylaxis, but also to continue it directly in childbirth.

A partner in childbirth, in addition to psychological, can assist in the use of various non-drug methods of anesthesia. Currently, there is a lot of talk about childbirth focused on family participation - this is an approach aimed at maximizing the satisfaction of a woman's needs and using training and family involvement as important tools to ensure the participation of the woman herself in the delivery process. In foreign countries, such as the USA, there is a system for preparing partner births and it has been working for more than 40 years. This program is called Lamaze, which unites more than 120 centers in the country (2-3

centers in each state). It should be added that 90% of births in the USA are partner births. This system is named after the French doctor Ferdinand Lamaze, who developed and implemented it in Europe and the United States.

In some regions, for a number of years, a policy of childbirth focused on family participation has also been actively introduced into the activities of maternity institutions, the main efforts of which are aimed at ensuring physiological delivery, taking into account the active participation of the family, its role in providing care for the woman in labor, mutual assistance in a stressful situation, mutual support of a married couple, during the most responsible and important stages of life. to study the opinion of women and midwives about the need for a partner (relatives and friends) to participate in childbirth on the basis of developed questionnaires. To study the opinion of women and midwives about the need for a partner (relatives and friends) to participate in childbirth, as well as to analyze the course and outcomes of childbirth from the medical (obstetric) point of view of "ordinary" childbirth and childbirth with the participation of a trained and unprepared partner, questionnaires were compiled and a questionnaire was conducted. All study participants were divided into six groups.

In the course of the questionnaire, answers were received to questions about age, nationality, marital status, professional experience, the medical category that midwives have, the name of the educational institution they graduated from. The questionnaire also included questions about the completion of advanced training courses for midwives, and questions that revealed the opinion of midwives about the conditions of childbirth. The opinions of midwives on the introduction of partner childbirth, positive and negative aspects of the presence of a partner in childbirth were received. 33 midwives were interviewed.

The second questionnaire was developed for obstetricians and gynecologists and included 22 questions. During the survey, answers were received to questions about age, nationality, marital status, professional experience, medical category that obstetricians and gynecologists have and the availability of a scientific degree. The questionnaire also included questions that revealed the opinion and assessment

of obstetricians and gynecologists about the activities of midwives and the introduction of partner childbirth, positive and negative aspects of the presence of a partner in childbirth.

The third questionnaire was designed for pregnant women and consisted of 14 questions. In the questionnaire, pregnant women were asked to answer questions about their age, nationality, marital status, and education level. Which pregnancy counts. Pregnant women expressed their opinion about the conduct of partnership and childbirth and about who should be a partner - husband, mother, mother-in-law or another close person.

The fourth questionnaire was designed for maternity patients and consisted of 24 questions. In this questionnaire, the gender and age characteristics of the maternity women who participated in the study, their marital status, education level, nationality were also given. What were the births in the account, the first or the maternity hospital was the one who gave birth again. The midwife's professional activity was evaluated. The maternity patients answered the question whether the birth took place together with the partner and who her partner was (husband, mother, mother-in-law, girlfriend, etc.). Did the partner take special courses to prepare for partner childbirth or did it happen spontaneously. Are the maternity patients satisfied with the chosen medical institution.

The fifth questionnaire was developed for partners who participated in partner childbirth or expressed a desire to participate in the delivery process. The questionnaire consisted of 25 questions, where there were also questions about gender, age, nationality and level of education. Questions were also asked that revealed the opinion of partners about partner childbirth in general. What were their feelings after participating in the delivery process. Whether the participation in childbirth was pre-planned or the presence was spontaneous. Who, according to the partner, is the best partner - husband, mother, mother-in-law, etc.

The sixth questionnaire was developed for potential partners, conducted among various age groups, various professions in order to identify the opinion of various social groups about the introduction of partner childbirth. The

questionnaire consisted of 15 questions, which were about gender, age, nationality, marital status, education level. The questions also revealed the participants' opinion about the presence of a partner at birth, who should be this partner and whether the partner should undergo special training. The resulting material was processed statistically.

The results of the study: In the process of the study conducted by the questionnaire method, 1,450 respondents took part, of different categories, which were divided into 6 groups. The first group of survey participants consisted of secondary medical personnel - 33 midwives; the second group consisted of obstetricians and gynecologists of 27 participants; the third group consisted of 197 pregnant women; the fourth group consisted of 133 maternity women; the fifth group included 24 partners; the sixth group had 1040 potential partners.

Also, the study used statistical data on partner births of leading medical institutions in Tashkent on the basis of which a questionnaire was conducted, which showed that 89% of the births performed in these institutions were partner. Discussion of the results of the study. The data obtained in the course of this study show that both midwives and doctors, as well as women in labor, advocate more partnership in childbirth.

Women in labor want their wishes and needs to be taken into account by medical personnel, while doctors and midwives agree that it is necessary to take into account the needs of women in childbirth. However, the design of the study does not allow us to answer the question of which group of doctors and midwives are more focused on liberalizing relations with women in labor, because the wording of some questions set a rather rigid framework and excluded all the variety of answers that could confirm and/or refute the initial hypotheses of the study. In addition, comparison between the six sample populations is difficult, because different formulations of questions and answer options were used in the questionnaires, as well as different question structures. The data of our study show that doctors are more "liberal" in relation to childbirth. The survey data show that doctors are more willing to grant powers to a woman, arguing that a woman in

childbirth can make decisions and be responsible for them. They argued to a lesser extent that the presence of the husband at birth interferes with their successful course and resolution. In other words, they are more inclined to partnership in childbirth and are less inclined to adhere to certain medical "orthodoxies".

At the same time, there are contradictions between the ideas about the role of midwives and doctors in the delivery process, shared by representatives of these groups. Midwives would like to expand their powers. They argue that midwives should be given more powers in childbirth. However, doctors are not ready to provide them with such. At the same time, doctors are more in favor of a model of childbirth, when a woman obeys the doctor's instructions in everything. Midwives do not see this as a significant contradiction, arguing that doctors always act, or at least sometimes/often, in accordance with the interests of women.

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