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**Gulomova Rano Islomjonovna, assistant  
Masharipova Salimakhan, senior lecturer  
Fergana Public Health Medical Institute  
Uzbekistan, Fergana**

**PSYCHOLOGICAL-MEDICAL ASSISTANCE TO THE MOTHER IN  
THE PROCESS OF CHILDBIRTH**

Annotation: In this article highlights of psychological-medical assistance to the mother in the process of childbirth and foreign experience, it is important issue in Uzbekistan.

Key words: childbirth, foreign experience, psychological-medical assistance.

One of the most important areas of activity of health authorities and institutions is the protection of the health of women and children, including obstetric and neonatal care, reduction of maternal and perinatal losses, prevention of disability from childhood. As a result of improving the system of reproductive health protection of the population, expanding the network and improving the work of reproductive health centers for women, girls and adolescents, equipping them with audio-visual and educational materials; the development of a system of continuous training, professional development of specialists and the level of knowledge of the population in the field of reproductive health; the identification of extragenital diseases in women and the expansion of their coverage with contraceptives, as well as the improvement of maternity care facilities have led to the fact that in the Republic of Uzbekistan there is a tendency to reduce maternal and infant mortality, the birth rate has been taken under control, which tends to decrease.

The effectiveness of the reforms carried out in our country has also been evaluated by world health experts. Thus, in the world ranking of 161 states compiled this year by the International Organization "Save the Children", Uzbekistan took 9th place among the countries where the health of the younger generation is best taken care of. Director-General Margaret Chen in her speech

noted that Uzbekistan pays great attention to the health sector, and the protection of maternal and child health is identified as a priority, which is the most correct strategy not only from the point of view of today, but also of the future. Zsuzsanna Yakab, Director of the WHO Regional Office for Europe, also noted that a lot of work has been done in this direction in Uzbekistan on the initiative of First President Islam Karimov, and the results achieved serve as an example for other countries of the world.

Today, many countries in the European region are developing their reform strategies in this area, taking into account the national model of maternal and child health protection created in Uzbekistan. But it should be noted that over the past decades, due to the introduction of new medical technologies, the practice of obstetrics has also undergone significant changes, including in assessing the importance of the human factor. As a result, a new approach has been developed, known as partnership in childbirth (individual support in childbirth), one of the tasks of which is to reduce emotional stress and fear in childbirth. Many complications of childbirth, such as labor anomalies and associated fetal hypoxia, are caused by emotional or psychological factors.

A general comparison of the prospects of medical workers (doctors and midwives) and women in labor allows us to say that those others generally agree with the distribution of power and authority among all participants in childbirth. Women in labor agree that the final decision on which method of delivery should be chosen belongs to specialists, however, they would like medical professionals to provide them with more information about the specifics of the course of their labor, what measures have already been taken with regard to them, what possibilities of childbirth they have, and what certain methods can lead to in their case. In other words, women are in favor of a greater degree of partnership in childbirth between them and medical professionals.

Partnership is understood by them as open communication, informing about their condition during childbirth, "attentiveness" to their needs, "care" on the part of medical personnel. If you try to outline the ideal course of labor, from the point

of view of all perspectives, it will look like this. There are: a woman in labor, a midwife, a gynecologist, a neonatologist, a nurse and close people of the woman in labor (husband / father of the child, relatives, friends).

The gynecologist makes the main decisions about what methods of delivery should be undertaken, while consulting with the midwife, as well as informing and taking into account the wishes of the woman in labor. The main role in the introduction of childbirth belongs to the midwife. Doctors intervene if necessary, help resolve unforeseen, emergency situations.

Doctors and midwife constantly inform the woman in labor about the nature of the course of labor and the measures that have been taken against her, explain to her the advantages and disadvantages of the measures that are supposed to be taken. They also do not only medical work, but also "emotional", psychological, encouraging and supporting the woman in labor. An important role in the implementation of moral, emotional, psychological support of a woman in labor is performed by those present at the birth of loved ones.

The woman in labor herself has the right to choose who will be the partner, as well as the period of labor in which they must be present. Out of all respondents surveyed, there was no group in which the majority of votes voted against partner childbirth. But at the same time, it was noted that the key to successful partner births is a decision made jointly. Joint childbirth is possible and in some cases desirable. But a strictly individual approach is needed, preliminary psychological counseling of spouses, passing special courses in preparation for childbirth, prognosis of possible negative consequences and, if necessary, prenatal psychocorrection. For some married couples, joint childbirth may be contraindicated. In cases where a woman wants her mother to be present at birth, she may also need the help of a psychologist.

Probably, the woman is not yet ready for the presence of her husband at birth, it may be not only the mother of the woman in labor, but also the mother-in-law or sister or another close person for the woman in labor. However, according to the results of the questionnaire on the question of the best partner of a woman in labor

in childbirth, the husband was marked by a majority of votes by all groups. Conclusions. Summing up the results of the survey conducted among all participants of childbirth, as well as potential partners, it was shown that parents should have complete information about the psychological specifics of the birth process, represent the impact of this process on the personal sphere, be educated and prepared before deciding on joint participation in childbirth.

Most experts agree that a woman should not be left alone during childbirth and that the best partner for her, as a rule, is her husband. It is also pointless to discuss the expediency of partner births without taking into account whether or not preparations for them were carried out, what goals were set for partners, what ways to achieve them were outlined. It is the meaning, content, partnerships in childbirth, preparedness for them that lead to their positive or negative consequences. If a completely unprepared or incorrectly prepared man is a witness to the process of childbirth, his presence may even be harmful.

At the same time, the long-term experience of gynecologists and midwives of Uzbekistan suggests that competently prepared and properly conducted partner births provide a favorable emotional background, reduce the number of complications. The decision on the husband's participation in childbirth should be discussed and accepted by both spouses, should not be spontaneous, thoughtless. When deciding on the presence at birth, it is necessary to take into account the motives that the spouses are guided by, insisting on this.

In many ways, the ideas of doctors and midwives about who should be present at the birth coincide, and both of them spoke more in favor of the presence at the birth, not only a gynecologist, a neonatologist, a midwife, a nurse, but also a close person of the woman in labor. Both of them quite similarly argue that the presence of one midwife together with a gynecologist is not enough.

Currently, one can observe a sharply contrasting picture of the consequences of partner births: the family situation of couples who participated in them varies from a sharp deterioration in relations to the opposite effect of the harmonization of relationships. There are publications of husbands leaving their families from the

presence of their wives at childbirth. Something important for the relationship is torn by dislike from what he saw. The consequence of the presence at birth, according to some men, is a further violation of marital, intimate relationships, depression, contradictory attitude to the child.

So much for the flip side of the coin. Love disappears, is replaced by sticky dislike, sexual attraction disappears, and this is very important for a man, and he will look for another object of lust. The main concern of a woman is to save her family. A wise woman should not forget about this. It's another thing to invite a woman to your birth. It is more reasonable to have a mother with whom a trusting relationship or a similar experienced woman who went through childbirth at the time. Partner childbirth is an avant-garde phenomenon. And in any avant-garde phenomenon, opposition is inevitable - the opposite of views. The younger generation with a flag in their hands welcomes any novelty, and the older generation looks back at the past, clings to it, supports conservatism and defends it with all its might. Progress in any field is achieved by the struggle of beliefs. The reasonable wins. There is a social survey of all segments of the population.

#### References:

1. Valieva, T. A. Partner childbirth: a fashion tribute or a necessity? // Young scientist. -2017. - № 16 (150). - PP. 31-34.
2. Iskandarova Sh. T., Mammadova G. B., Valieva T. A. Analysis of the introduction of partner childbirth into the practice of obstetrics // Pediatrics. - Tashkent, 2012. - No. 2. - pp. 21-23.
3. Muminjon N., Valievichmaster R. F. The availability of natural gas and the cost of building power plants //ACADEMICIA: An International Multidisciplinary Research Journal. – 2021. – Т. 11. – №. 3. – С. 1769-1771.
4. Башарова Г. Г., Абдуллаева М. Х. Влияние демократического стиля на повышение качества образования //Science and Education. – 2021. – Т. 2. – №. 6. – С. 560-563.
5. Results of self-assessment of public health services of the Republic of Uzbekistan: Technical Report. - Tashkent 2011. - pp.24-25

6. Sokolova O. A. The personal crisis of a woman during pregnancy // Personality and being. - Krasnodar, 2005. - pp. 80-86.