

**TO IDENTIFY COMPLICATIONS ARISING FROM INTRAUTERINE
INFECTION OF THE FETUS, AND TO IMPROVE METHODS OF THEIR
PREVENTION**

Shokirova Sadokathon Mukhammatsolievna, associate professor,

Ibragimova Santalathon Ruzievna, assistant.

Department of Obstetrics and Gynecology No. 2

Andijan State Medical Institute

Resume,

Intrauterine infections (IUI) are a group of infectious and inflammatory diseases of the fetus and newborn caused by various pathogens, in which the infection of the fetus occurred during the ante - or intranatal period.

The term "intrauterine infection" when used in clinical practice as a diagnosis should be specified not only by the etiology, but also by the period of infection, the features of the lesion of certain internal organs.

Key words: intrauterine infection, fetus, prevention, complications.

**ВЫЯВИТЬ ОСЛОЖНЕНИЯ, ВОЗНИКАЮЩИЕ ПРИ
ВНУТРИУТРОБНОМ ИНФИЦИРОВАНИИ ПЛОДА, И
УСОВЕРШЕНСТВОВАТЬ МЕТОДЫ ИХ ПРОФИЛАКТИКИ**

Шокирова Садокатхон Мухамматсолиевна, доцент.,

Ибрагимова Санталатхон Рузиевна, ассистент.

Кафедра акушерства и гинекологии №2

Андижанский государственный медицинский институт

Резюме,

Внутриутробные инфекции (ВУИ) - группа инфекционно-воспалительных заболеваний плода и новорождённого, вызванных различными возбудителями, при которых инфицирование плода произошло в ante- или интранатальный период.

Термин «внутриутробная инфекция» при использовании в клинической практике в качестве диагноза должен быть конкретизирован не только по этиологии, но и по периоду инфицирования, особенностям поражения тех или иных внутренних органов.

Ключевые слова: внутриутробная инфекция, плод, профилактика, осложнения.

**ҲОМИЛАНИНГ БАЧАДОН ИЧИ ИНФЕКЦИЯЛАНИШИДА ЮЗАГА
КЕЛАДИГАН АСОРАТЛАРИНИ АНИҚЛАШ ВА УЛАРНИ ОЛДИНИ
ОЛИШ УСУЛЛАРИНИ ТАКОМИЛЛАШТИРИШ**

Шокирова Садокатхон Мухамматсолиевна, доцент.,

Ибрагимова Санталатхон Рузиевна, ассистент.

2-Акушерлик ва гинекология кафедраси

Андижон давлат тиббиёт институти

Resume,

Ҳомила ичи инфекциялари (ҲИИ) - ҳомила инфекцияси анте-ёки интранатал даврда содир бўлган турли кўзғатувчилар оқибатида ҳомила ва янги туғилган чақалоқнинг юқумли ва яллиғланиш касалликлари гуруҳидир.

Клиник амалиётда ташхис сифатида қўлланилганда "ҳомила ичи инфекцияси" атамаси нафақат этиологияга, балки инфекция даврига, айрим ички аъзоларнинг зарарланиш хусусиятларига ҳам кўрсатилиши керак.

Калим сўзлар: бачадон ичи инфекцияси, ҳомила, олдини олиш, асоратлар.

Relevance. The progressive growth of infectious pathology of the fetus and newborn is one of the most urgent problems of modern obstetrics and perinatology. In recent years, intrauterine infection (IUI), which has an extremely adverse effect on the course of pregnancy and fetal development, has attracted increasing attention of perinatologists and obstetricians-gynecologists. Intrauterine infections are a group of infectious and inflammatory diseases of the fetus and young children

that are caused by various pathogens and are characterized by similar epidemiological parameters and often have the same type of clinical manifestations[2,5].

Recently, the structure of infectious morbidity of pregnant women, women in labor and maternity hospitals, as well as the fetus and newborn has changed. The frequency of IUI varies greatly (from 6 to 70%) and depends on the type of pathogen, the condition of the fetus and newborn, and the duration of pregnancy. Intrauterine infection develops in 27.4-36.6% of children born alive, and in the structure of newborn mortality, infectious pathology accounts for 11 to 45% of losses. Bacterial infection of the amniotic fluid was observed in 29.8-37.4% of pregnant women, while the frequency of IUI in newborns was 51.1%. [1,4]

The true frequency of IUI has not yet been established, but according to a number of authors, its prevalence among newborns and children of the first months of life can reach 10-15%. The share of IUI in the structure of perinatal mortality in our country is almost 25 %, at the same time, transplacental infection of the fetus is considered one of the most likely causes of 80% of congenital malformations, which, in turn, account for about 30% of all deaths of children under 1 year[3,6].

The purpose of the study. The purpose of our study is to study the complications that occurred after an intrauterine infection of the fetus.

Materials and methods of research. To fulfill the task set for us, we selected 65 patients who were diagnosed with VUI and had complications. In them, we conducted a clinical analysis and predicted complications.

The results of the study. The results of our own research allow us to characterize the vaginal micro-ecosystem as very dynamic and multicomponent in terms of species composition.

A special place is occupied by sexually transmitted urogenital infections, an increase in the frequency of which has been observed all over the world over the past decade.

It is proved that the causative agents of VUI are more than 27 species of bacteria, many viruses, parasites, 6 species of fungi, 4 species of protozoa and

rickettsia. Among patients with inflammatory diseases of the genitals, staphylococcal infection is detected in 17.1% of cases, trichomoniasis – in 20.4%, gonococcal – in 1.7%, tuberculosis – in 0.7%, mycotic – in 6.3%, viral – in 20.4%, mixed-in 33.4%.

The role of conditionally pathogenic pathogens, sexually transmitted pathogens (chlamydia, mycoplasma, ureaplasma), viral infection (herpes virus, cytomegalovirus), as well as fungi of the genus *Candida* has sharply increased. Thus, according to a number of researchers, mycoplasmas (17-50%) and viruses (herpes simplex virus – 7-47%, cytomegalovirus 28-91.6%, enteroviruses – 8-17%) are considered the predominant pathogens of antenatal infections. The causative agents of intranatal infections are chlamydia (2-25%), group B streptococcus (3-12%), listeria (1-9%). A number of studies show that mycoplasma-viral mixed infection causes more severe destructive changes in tissues than each separately isolated infectious agent.

Factors contributing to the implementation of IUI are gestosis (80.2%), the presence of chronic diseases in the mother (74.3%), chronic intrauterine fetal hypoxia (71.8%), anemia (63.4%), spontaneous abortions and stillbirths (62.2%), exacerbation of chronic pyelonephritis (53.6%), surgical correction of ICN, a long anhydrous interval in childbirth.

At the same time, the implementation of IUI in the infectious process is noted in 1.76% of newborns from healthy 8 mothers, in 8.6% of newborns from mothers with chronic foci of infections, in 21.8% of children from mothers with late gestosis.

The implementation of intrauterine infection depends on the primary or secondary nature of the infectious process in a pregnant woman, as well as the degree of prevalence and intensity of the inflammatory process.

Conclusion. In generalized forms of intrauterine infections, the mortality rate in the neonatal period reaches 80%. In local forms, serious lesions of internal organs occur (cardiomyopathy, COPD, interstitial nephritis, chronic hepatitis,

cirrhosis, etc.). In almost all cases, intrauterine infections lead to damage to the central nervous system.

Prevention of intrauterine infections consists in carrying out pre-pregnancy preparation, treatment of STDs before pregnancy, exclusion of contacts of a pregnant woman with infectious patients, correction of the pregnancy management program for women at risk. Women who have not previously had rubella and have not received a rubella vaccination should be vaccinated no later than 3 months before the expected pregnancy. In some cases, intrauterine infections can be the basis for artificial termination of pregnancy.

LIST OF LITERATURE:

1. Bahareva I. V. Prognostic significance of the study amniotic fluid in pregnant women with high risk of intrauterine infection / bahareva I. V. // Russian medical journal. – 2009. – No. 4. – P. 31-36.

2. Dolgushina N. In. Pathogenesis and prevention of placental insufficiency and fetal loss syndrome in pregnant women with viral infections: author. dis. ... Doctor of Medical Sciences – - M., 2009 – - 40 p.

3. Kravchenko, E. I. Pathogenetic moments of very early premature birth with ascending infection of the afterbirth/ E. I. Kravchenko, S. S. Sinitsina, A. E. Lyubavina// Mother and child in Kuzbass. Scientific and practical journal. -2011. - Special issue No. 1. - pp. 50-54. 4

. Petrukhin A. S. Neurology of childhood / edited by A. S. Petrukhin. - M: Medicine, 2004 – - 784 p.

5. Person E. K., Anderson S., Viklund L. M., Uvebrant P. Hydrocephalus in children born in 1999-2002: epidemiology, outcomes and ophthalmological data. The nervous system of the child, 2007, 23:1111-1118.

6. Wright SM, Inskip H., Godfrey K., et al. Monitoring of head size and growth using the new UK-WHO growth standard. Archive of Diseases in Childhood, 2011, 96:386-388.