

IMPROVING MATERNITY INFENSATION IN PREGNANCY

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Urgency. In intrauterine infections - Infectious diseases of the fetus and the newborn of birth, which occur during prenatal period or at birth, and its source is the mother's body. In intrauterine infections means intra-sized intravenous infiliation.

Perinatal infections are one of the leading reasons for women, newborns, childthology and deaths. Preservation of the health of a pregnant woman and the birth of a healthy child is the main task of obstetrics. As a result of infectious pathology, the higher infant mortality, as well as children's disability, are among the most pressing issues facing health. According to various reports, infant mortality is from 10 to 60%, the result of custody and neonatal infections. The frequency of intrauterine infections has a significant impact on all pregnancies and reproductive losses. Thus, early neonatal infections and mortality in intrauterine infection reaches 5.3 to 27% and the dead birth rate reach 4.8%.

The nature of the comprehensive study of the problem of intraiginal infection determines the cause of the negative perinatal results. The frequency of congenital infections varies from 28 to 47% in living children, and from 10 to 45% in perinatal losses.

Keywords: intrauterine infections, perinatal infections, pregnancy.

The purpose of the study is: when the uterus infiltration is observed during pregnancy, in the study of intraigural infensation, the main clinical nature of the fetus.

Materials and Research Methods: In accordance with the goals and objectives of the study, in 2019-2021, 2019-2021 the retrospective analysis of the primary medical documents of healthy women was conducted. All patients were studied in two stages, and in the first stage a retrospective analyzed patients. Rezuppecive Analysis Literally Cultured HII's risk factors, the general condition of pregnancy, maternity and postpartum, the fetus and the newborn infant were rated according to statistical clear information. The second prospective analysis studied women who were normalized additional pregnancy.

All pregnant women were divided into three groups:

--I-Group - 30 patients - Pregnant persons who have suffered from HII in pregnancy. In these patients, etiological treatment and azoneotherapy are jointly used.

-li-complying Through 30 patients in the group - pregnant women who are infected and unchanged by HII in pregnancy. Only symptomatic treatment is used in these patients.

--li-Group - 30 patients' surveillance patients - Physiological normal pregnancy.

Results of the study and discussions: Pregnant women in the Smooth clinic, the event of pregnancy, complications of pregnancy, complications of the Samarkand case.

In accordance with the anamnesis and instrumental infection of the fetus, 1 and 2 to 60 (100%), respectively, in groups 1 and 2 of the Instrumental Analysis. Complications in these patients were re-observed during this pregnancy.

Due to the complication of intrailate infection, 1 and 2 groups accounted for 30 (33.3%) and 30 (33.3%). In patients 1 and 2 patients, the pregnancy was held under the background of anemia and chronic infiniation.

Additional examination due to the previous pregnancy complexation, amnifier is carried out by 5, Cordosenthez- 2, the condition of the embryo and the cellular and vital immunity of the cupremakers, the pathogen in front of the fetus, and the bacteriological and virological examination of the pathogen.

Amniotomy-- ebitration induction - 8 patients were held according to pregnancy as the pregnancy begins.

Antibiotic interference in pregnancy in pregnancy was 22.2% - 50%. In the past, chronic pyelonephritis in pregnancy, chronic peeling, chronic tonsillitlit- 35.5% occurred.

Concacepresentations of 72 patients in the anamnesis The condom- 4 unfinished sex - 8, hormonal - means of 17 hormonal - means of 17 hormonal - and 41 people. Obstetric Anamete was observed in almost 2/3 parts of pregnant women. More than a quarter of the patients (25.5%) fetuses were observed (25.5%) fetuses (25.5% of the fetus. One in four women (25.5%): Dead births - 4.4%, the death of early born - 3.3%. In the past, abdominal temperature was observed in patients with pregnant (33.3%), including 25 women, were observed several times.

The main indicators of the painting of cesarean cuttings were born anomalies, the disparity between the beams and fetal, the departure of the platler, mainly divorces, and mainly biecling. In some cases, the placement of the platthent is ahead of the current, complicated obstracts were carried out (mainly dead births and early neonatal mortality) and catering cutting operation due to the transverse state of the fetus.

Patients of the main and specific group were studied. During the pregnancy, HII's source was a sexually transmitted and torch infection. Refrigion infection from HII detected by HII in pregnancy - respiratory infection - 21 (23.3%), genital infection- 13 (14.4%), Ark, URV- 90 (100%), bronchitis-9 (10%) formed. In the etiology of genital infection, mixed infection was 66.6%. According to the etiological structure, viral diseases were observed in HII in women. Mycoplasma genitalum, mycoplasma Hominis, and 33.3%, chicomelia - 33.3%, chicomedia-

33.3%, were 2 times less than in the damage to the QIIN microocenosis. The results of the inspection show that the highest rate in the HII is in the trichomon, other microorganisms .

(33.3%), 1 year - 16 (53.3%), 3rd year - 4 (13.4%). All patients in both groups were repeated women. Patients were determined using a varicose disease and thrombophlebite Dopplerography. The complication of pregnancy was observed in the most basic and comparative group. In the 1st Trimester 1 (40%), AwVI 60 (66.6%), AwVI (66.6%), early to 48 (53.3%), anemia 90 (100%), gestation pyelonephrit- 14 (15.5%), structure - 10.1%).

In complex diagnosis, the algorithmic designed to predict its development, the identification of inflammatory pathogenic tools, and the integration of the state of pregnant women, should be determined the activities of the antioxidant system, the state of lipoperxidant. . The membrane, antigipoxacts, and use of fatonotherotherapy in congenital complex complex complications contribute to the decline in complications.

Conclusion: Pregnant groups, medical and preventive measures were used by doctors in outpatients and hospitals to improve the methods of prediction. Implementation of systematic and local gradual disinfections, identifying pathogens and identification of leading pathogen, stage of infection, stage of infection;

- Use of donates of antioxidants, antioximes, membroding, secondary changes, distribution of infection, geemorology, microsurgery and tissue in the center and abrasion of infection, and abrasion; - Use of general detoxify therapy, vitaminotherapy and symptomatic therapy. The use of immunodulation therapy, taking into account the existence of the pathogen, the availability of significant immunity deficiency, provides the chronization of infection. Azonotherotherapily ensures a decrease in complications.

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