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Treatment Efficiency Analysis Pregnant, With Anemia of Varying Severity

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ABSTRACT

Iron deficiency anemia (IDA) is the condition that most often complicates the course of pregnancy and arises as a result of insufficient satisfaction of the increased need of the mother and fetus for iron necessary for hematopoiesis. Iron deficiency anemia (IDA) is an urgent problem in modern society, since it affects a significant private population of the world.

Relevance. The main criteria for IDA are a decrease in the level of hemoglobin and a color index reflecting the hemoglobin content in the erythrocyte. Morphologically determined hypochromia, erythrocytes, microcytosis, anisocytosis and poikilocytosis. The content of reticulocytes in the blood, as a rule, remains within the normal range. An important diagnostic value is a decrease in the level of serum gland and ferritin and an increase above the standard values of transferrin and the total iron binding capacity of the serum. Recently, the importance of determining the level of transferrin receptors in blood plasma, which is a sensitive indicator of the degree of tissue iron deficiency. According to the WHO recommendation, the lower limit of normal hemoglobin concentration for a pregnant woman is reduced to 110 g / l (outside pregnancy - 120 g / l), hematocrit - to 33% (non-pregnant - 36%). Laboratory criteria: In addition to hemoglobin (Hb), as a parameter of the functional fund, other hematological parameters are determined: red blood cell count (RBC) and hematocrit (Ht). The reserve fund is estimated by the level of serum ferritin (SF), and iron – regulatory - by erythrokinetic indicators: erythropoietin (EPO) and the coefficient of adequacy of EPO products.

Research objectives: To study the parameters of ferrokinetics in the dynamics of pregnancy, taking into account the severity of anemia Material and research methods For the period from 2017-2019. We examined 90 pregnant women with anemia, 50 of them were untreated, received in the maternity ward with a kind of activity, and 40 were treated in the department of pathology of pregnant women. The control group consisted of 40 conditionally healthy pregnant women. Under our supervision and examination, there were 40 pregnant women with anemia, aged 17–35 (28 ± 0.1) years, who were registered in female consultations and were treated in the department of pathology of pregnant urban maternity complex No.1. Bukhara.

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Hemoglobin content 95 g / l and below, serum iron 15 µmol / l and below, gestational age of 20 weeks or more, and absence of other blood diseases were the criteria for selection of pregnant women into groups. The main complaints of pregnant women with anemia were general weakness, fatigue, shortness of breath with mild physical exertion, flickering of "flies" before the eyes, dizziness, nasal hemorrhages, sleep disorders and mood for no apparent reason, decreased appetite, memory loss.

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The degree of anemia (Hb g / l)			Comparison Group (n = 18)	
	Абс	%	Абс	%
Lightweight (110 - 91)	7	32	6	33,3
Moderate (90 –71)	10	45	9	50
	5	23	3	16.7

Among the examined in the groups, recurrent and multiparous women with a second or third pregnancy, which did not differ in significantly significant limits, prevailed. In the obstetric and gynecological history, women had: honey. abortion - 13 women (15.6%), spontaneous miscarriages - 8 women (9.6%), non-developing pregnancy - 4 women (4.8), antenatal fetal death – 2 (3.6). Table .2 Outcomes of previous pregnancies in surveyed women.

Outcomes of Past Pregnancies	Pregnant groups			
	I comparison group (n = 18)		II group main (n = 22)	
	Абс	%	Абс	%
Medical abortion	2	11.1	4	18
Spontaneous miscarriages	1	5.6	2	9
Non-developing pregnancy	2	11.1	2	9
Antenatal fetal death	7	38.9	1	4.5

The health index of the examined women, taking into account the presence of extra-traumatic diseases, was relatively satisfactory. As can be seen from table 4, ARVI and anemia occupied the leading place in all groups, the remaining extragenital diseases were found in a small number of patients. Table .3 Extragenital diseases in the history of the examined women

Pregnancy				
	Comparison group (n = 18)		Basic group (n = 22)	
	Абс	%	абс	%
Respiratory diseases:				
Chronic. Tonsillitis	1	5.6	1	4.5
Chronic. Sinusitis			1	4.5

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Chronic. Bronchitis				
ARVI	8	44.4	10	45.4
CCC diseases:				
Hypertonic disease	1	5.6	1	4.5
Vegetative-vascular dystonia				
Varicose veins	1	5.6	1	4.5
Kidney disease				
Chronic pyelonephritis				
Blood diseases:				
Anemia	18	100	22	100
Gastrointestinal Disorders:				
Gastritis, colitis			1	4.5
Chronic. Hepatitis				
Metabolic pathology:				
Thyroid disease	3	16.7	9	41
Obesity	1	5.6	1	4.5
Diabetes				

The contingent of pregnant women was subjected to a thorough clinical and laboratory research. The clinical examination included a study of complaints, life, obstetric and gynecological anamnesis, taking into account the diseases suffered before and during this pregnancy. A general and special obstetric study was conducted:external palpation, auscultation of the fetus, examination in the mirrors with a prenatal rupture of the membranes and discharge of water, vaginal examination, determination of the degree of cervical dilatation. The mothers underwent a general analysis of blood, urine, discharge from the cervical canal, vagina, urethra. The group and Rh affiliation of the blood, the blood test for HBsAg, RW, by agreement of the woman to HIV / AIDS was determined. Some biochemical parameters of peripheral blood were also determined: total protein, ALT, AST, coagulogram. According to the testimony conducted tests on Zimnitsky, Nechiporenko, ECG was taken. The localization of the placenta and the size of the fetus were determined by ultrasound. All pregnant women are consulted by the therapist. The diagnosis of IDA was set on the basis of complaints, anamnestic data and clinical data, as well as the content of HB, erythrocytes, color index and indicators of iron metabolism (serum iron, OZHSS and ferritin). The severity of anemia was assessed by the WHO classification (1999) (Table .4).Classification of anemia by severity

Severity	Hemoglobin (g/l)	Red blood cells (10x12 / l)
I – light II – medium III – heavy	110 – 91 90 – 71 70 and below	3,6 - 3,2 3,2 - 3,0 3,0 – 1,5

Quantitative determination of hemoglobin in the blood was carried out with such hemoglobin cyanide method, and a method was used to determine the concentration of iron in the blood serum, and the determination of ferritin in the blood serum. The results obtained for the iron metabolism indicators of the examined pregnant women indicated that anemia in the examined pregnant women were jellied. Deficiency of iron in the depot and serum progressed as the severity of anemia and gestational period increased, which indicates an increased need for the maternal organism.

Therapy REPO has proven to be an effective and safe method of treating iron therapy, resistant to ferrotherapy. Hb level <90 g / l and non-efficacy of ferrotherapy for 2-4 weeks are sufficient

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indications for initiating REPO therapy. The treatment of IDA in pregnant women was carried out to a HB level of 110-120 g / l and then switched to a prophylactic dose of iron - 30 mg / day per os until the end of pregnancy.

It was established that the progression of mild anemia in every second, the development of PE and prenatal discharge of water in every third was a distinctive feature of the course of pregnancy. Births were often complicated by bleeding during pregnancy (PONRP - 6.3%) and after delivery (13.5%) and injuries of the soft birth canal (70%). Syndrome of delayed fetal development and the birth of low-weight babies was observed in 30% of patients. The findings showed that anemia is a high risk factor for the development of pregnancy complications and rhodes, which dictated the need to optimize complex therapies for pathology throughout the entire gestation period, which will prevent complicated pregnancy and childbirth and will be one of the antenatal measures fetal protection. A study of ferrokinetics in the dynamics of pregnancy has shown that anemia is iron deficient, with the degree of reduction of iron content, KNTZh and ferritin and increase of transferrin level depends on the severity of the disease. Treatment of IDA with iron-containing drugs only is not effective enough. Hb level <90g / l and resistance of anemia to treatment with Fe preparations is an indication for REPO therapy, especially when preparing for delivery. Combined ferrotherapy with REPO is an effective and relatively fast method for stopping the IDEA of pregnant women that allows to replace blood transfusion.

Bibliography

1. Aylamazyan, E.K., Samarin, A.V.,. Tarasov.A. The use of recombinant erythropoietin for the treatment of anemia in obstetric practice, // Gynecology 2010.
2. Artikhodzhaeva G.Sh.Modern approaches to the treatment of iron deficiency anemia in pregnant women // Medicalexpress. - Tashkent, 2010. - №1. - C. 28-29.
3. Asadov...D.A., .Nazhmitdinov AM, Sabirov D.M. Screening, prevention and treatment of iron deficiency anemia. Clinical management.-Tashkent-2010.-C.7-22
4. Asadov D. A. isoavt. Clinical guidelines for screening, prevention and treatment of IDA. // News of dermatovenerology and reproductive health. - Tashkent, 2004, - №3. -C.2-8.
5. Ahmedova D.R. Features of microelement status in pregnant women with iron-deficiency anemia - residents of the Karaulbazar district of the Bukhara region // News of dermatovenereology and reproductive health- Tashkent, 2004.- №4.C.1113.
6. Akhmedova D. R., Kurbanov D. D. Treatment of iron deficiency anemia in pregnant women from the standpoint of microelementosis of the body // News of dermatovenerology and reproductive health. - Tashkent, 2010. - N3. - C. 85-88 (Code H9 / 2010/3).
7. Ayupova FM, Inoyatova F.Kh., Saidzhalilova DD, Shukurov F.I. Dynamics of hemoglobin content and iron parameters in experimental anemia in pregnant women and their correction // Uzb. biol. journals - Tashkent, 2002. - №4. - C. 8-12.
8. Ilhomovna, F. N. (2022). Let" Wolf Mouths" and" Hares" Not Be Born.... *Research Journal of Trauma and Disability Studies*, *1*(12), 38-44.
9. Ilkhomovna, N. F. (2022). Negative Impact of Seizures on Quality of Life. *Miasto Przyszłości*, *24*, 120-122.
10. Nazarova, F. I. (2022). SOG'LOM FARZAND OILA QUVONCHI. *Scientific progress*, *3*(2), 1010-1015.
11. Ilhomovna, F. N. (2022). LATE SEIZURES AND CONSEQUENCES OF EPILEPSY IN YOUNG CHILDREN. *Conferencea*, 219-223.

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12. Nazarova, F. (2022). Qaridoshlar orasidagi ofat. *Scientific progress*, *3*(1), 663-669.
13. Nazarova, F. I. (2022). ABU ALI IBN SINONING SOG‘LOM TURMUSH TARZINI SHAKILANIRISHI HAQIDA. *Scientific progress*, *3*(1), 1137-1142.
14. Ilhomovna, N. F. (2023). A Healthy Child is a Guarantee of Family Joy and a Country Prospect. Scholastic: Journal of Natural and Medical Education, 2(2), 127-131
15. Бобокулова С. Б. Встречаемость гиперандрогении в структуре репродуктивных нарушений у женщин\\ Сборник материалов V международного молодежного научно-практического форума. 22 апреля 2021 г. Оренбург.С.-203
16. Initial manifestations constant septic diseases. Бобокулова С.Б., Хотамова М.Т. Тиббиётда янги кун 1 (29) 2020 ISSN-2181-712x С-180-182

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