

RISK OF COMPLICATIONS AFTER CORONAVIRUS INFECTION IN PREGNANT WOMEN IN THE THIRD TRIMESTER

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Abstract: *Pregnant women occupy a special place among the risk groups of infection with COVID-19. It is known that, despite the fact that pregnancy is a physiological state, a number of organs and systems, including the immune system, undergo changes. Therefore, the susceptibility to infections increases significantly during pregnancy. This article discusses about the risk of complications after coronavirus infection in pregnant women in the third trimester.*

Keywords: *Covid-19 infection, Immune system, preeclampsia.*

РИСК ОСЛОЖНЕНИЙ ПОСЛЕ КОРОНАВИРУСНОЙ ИНФЕКЦИИ У БЕРЕМЕННЫХ В ТРЕТЬЕМ ТРИМЕСТРЕ

Аннотация. *Беременные женщины занимают особое место среди групп риска заражения COVID-19. Известно, что, несмотря на то, что беременность является физиологическим состоянием, ряд органов и систем, в том числе и иммунная система, претерпевают изменения. Поэтому восприимчивость к инфекциям значительно возрастает во время беременности. В данной статье речь идет о риске осложнений после коронавирусной инфекции у беременных в третьем триместре.*

Ключевые слова: *инфекция Covid-19, иммунная система, преэклампсия.*

Currently, there is not enough observation of pregnant women infected with COVID-19, but some observations conducted in China, the USA and Russia allow us to draw some conclusions. Thus, pregnant women with various extragenital diseases are at high risk, especially in the second half of pregnancy. These are cardiovascular diseases, respiratory diseases (bronchial asthma), diabetes, arterial hypertension, chronic inflammatory diseases. In addition to these diseases, during pregnancy, the violation of the immune state, homeostasis (blood coagulation), the presence of malignant tumors increases the tension of the whole body, especially it leads to an increase in the volume of circulating blood, a decrease in respiratory parameters and the development of various complications. A risk factor for the development of complications during pregnancy is a complicated obstetric anamnesis.

That is, preeclampsia observed in the previous pregnancy, increased arterial pressure, bleeding, blood clotting disorders, premature births, termination of pregnancy, and various surgical procedures are also risk factors. Such pregnant women are at risk and require special attention. COVID-19 is more dangerous in the second and third trimesters, which is explained by the increased load on various systems of the body. In order not to increase the mortality rate of mothers and children, it is important not to forget the period when a pregnant woman should undergo a screening examination. All pregnant women, regardless of the coronavirus, should be tested at the time specified in the pregnancy protocol. It is necessary to submit analyzes in a timely manner, undergo UTT examination, consult with doctors. Not to miss the dates of

obstetric screening is a guarantee of reducing obstetric and neonatal complications. It is natural that there are restrictions related to coronavirus infection. But these challenges can be overcome with rest, physical activity, and proper lifestyle management (social distancing, hygiene, and protective measures).

The fetus is not a direct target of the coronavirus infection. The virus does not have a teratogenic effect on the fetus. Because the placental barrier is a reliable barrier for the fetus, babies are born healthy. Much depends on the condition of the mother and the severity of the coronavirus infection. Childbirth is usually easy, that is, children are born without symptoms. The most important thing is to separate them in time. While understanding the general anxiety and nervousness happening in the world, it should be noted that the main risk factor for pregnancy is stress (mental strain). It is necessary to refuse to read unsubstantiated news, follow hygienic procedures and be positive. The health of the placenta and the mother protect the fetus from the virus. Treatment of pregnant women is based on the level of infection with COVID-19, its clinical manifestations, and an accurate assessment of the obstetric situation. Obstetrical tactics depend on several aspects: the condition of the patient, the condition of the fetus and the duration of pregnancy. Taking into account the high risk of perinatal complications in severe and moderate pregnancy up to 12 weeks, it is recommended to terminate pregnancy after treating the infectious process. If the patient refuses to terminate the pregnancy, a chorionic biopsy is necessary to detect chromosomal defects in the fetus.

Termination of pregnancy and delivery during the outbreak of the disease is associated with the death of mothers and a large number of complications: aggravation of the main disease, development and acceleration of respiratory failure, obstetric hemorrhage, intranatal death of the fetus, and an increase in purulent-septic complications. However, if it is not possible to eliminate hypoxia against the background of OSV or in the case of exacerbation of respiratory failure, in case of alveolar edema of the lungs, as well as in refractory septic shock, emergency surgical operation by cesarean section is performed according to vital indications, along with the necessary measures to prevent coagulopathic and hypotonic obstetric bleeding. If labor begins during the peak of the disease and during pregnancy, it is better to give birth through natural childbirth under the monitoring of the condition of the mother and the child. Anesthesia, detoxification, antibacterial and antiviral, respiratory therapy should be carried out. Prevention of infection with the coronavirus is a priority for second-time pregnant women. Sheffield explains why: "Pregnant women can experience changes in their immune system that make them more vulnerable to respiratory viruses," she says. "These changes mean expectant mothers need to be proactive when it comes to safety measures. "If you are pregnant, you should take precautions to protect yourself from contracting COVID-19. Do what you can, including physical distancing, wearing a mask, washing your hands, and staying in close contact with your provider." He said many practitioners are scheduling less frequent appointments to help pregnant patients limit their visits to the doctor's office. Other obstetricians are ramping up telemedicine processes so they can continue to monitor pregnant patients without in-person visits. If you have symptoms of COVID-19 or think you have been in contact with someone who is infected, call your doctor and follow his or her advice. Sheffield says: "Ideally, all pregnant women should be screened for COVID-19 when they are admitted to deliver their babies, especially mothers with cough, fever or respiratory symptoms".

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