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**REHABILITATION MEASURES TO RELIEVE NEUROLOGICAL SYMPTOMS
WHEN COVID-19 IS DETECTED IN PREGNANT WOMEN.**


Abstract. *In our country, comprehensive large-scale programs are being implemented for early detection, high-quality diagnosis and treatment of neurological diseases, in particular, one of the main tasks of modern healthcare is "... to carry out comprehensive measures to radically improve the quality and expand the range of high-tech specialized care for patients with diseases of the nervous system.*

Keywords. *COVID-19, perinatal, coronavirus infection, humoral influences, pathological course of pregnancy.*

Currently, the world has accumulated information about the manifestations of the infectious process in pregnant women when infected with SARS (Severe acute respiratory syndrome) -CoV-2 (Severe Acute Respiratory Syndrome, Coronavirus-2) - the new pandemic coronavirus causing COVID-19. However, to this day, recommendations for the management of pregnant women with COVID-19, affecting the nervous systems, have a low level of evidence. The study of neurological and depressive disorders and their association with COVID-19 in pregnant women is an urgent problem in obstetrics and neurology. The relevance and need to study these problems is completely obvious, since the study of the pathogenetic mechanisms of the development of neurological and depressive disorders during pregnancy and in the postpartum period will make it possible to find out the effect of COVID-19 on the course of pregnancy and the postpartum period. Therefore, a technique is needed to study neurological disorders in the postpartum period in women who have undergone coronavirus infection.

This dissertation work, to a certain extent, serves to solve the problems provided for in the decrees of the President of the Republic of Uzbekistan No. PP-4947 dated February 7,






2017 "On the strategy of actions for the further development of the Republic of Uzbekistan", No. 3071 dated June 20, 2017 "On measures for the further development of specialized medical care to the population of the Republic of Uzbekistan for 2017-2021 ", as well as in other regulatory documents adopted in this area.

The question of the reasons for the increase in the activity of the sympathetic division of the ANS during pregnancy has not yet been studied. A number of authors believe that the increase in activity occurs under the influence of chronic stress, which is considered pregnancy [1]. Others regard this as compensation in response to systemic vasodilation, which occurs under the influence of nitric oxide, the production of which will increase significantly during pregnancy [2]. From the point of view of S.V. Khlybova and V.I. Tsirkin, an increase in the activity of the sympathetic division of the ANS during pregnancy is the result of a true increase in the activity of higher sympathetic centers under the influence of changes in the production of various hormones during pregnancy, and is also a consequence of an increase in the effectiveness of b-adrenergic effects on the heart (or a decrease in the effectiveness of M-cholinergic effects) [3].

It is most likely that, in general, an increase in sympathetic activity is a manifestation of adaptation to pregnancy and is aimed at the formation of mechanisms that ensure the growth and development of the fetus, including inhibition of the contractile activity of the uterus, an increase in the pumping function of the heart and the gas transport function of the blood. However, in the study of H.K. Mohammad, it was found that during full-term pregnancy in women without clinical signs of preeclampsia, there is a balanced autonomic regulation with the preservation of parasympathetic influences, while in pregnant women with preeclampsia in the second half of pregnancy, the dominance of the neural channel of regulation over humoral and sympathetic influences is revealed. over parasympathetic [4]. According to the author, during physiological pregnancy, the balance of nervous and humoral influences, sympathetic and parasympathetic activity is maintained, the stress index does not change over time.

Some authors distinguish the following characteristics of the ANS in the pathological course of pregnancy: 1. increase or decrease in tone and reactivity of the sympathoadrenal link; 2. activation of the central mechanisms of control of sympathetic reactions; 3. reducing the influence of the parasympathetic department; 4. a decrease in pulmonary-cardiac, cardiovascular effects in combination with multidirectional changes in the humoral link; 5. Simultaneous decrease in the activity of both parasympathetic and sympathetic influences. These characteristics have been





described by a number of researchers, who consider computer cardiointervalography with the study of indicators of variational pulsometry and spectral analysis to be the most informative method for studying the state of the ANS in the pathology of pregnancy [6].

The role of the ANS in preeclampsia is confirmed by the decrease in heart rate variability in women with preeclampsia compared with this indicator in healthy pregnant women, noted by many authors. This fact can be regarded as evidence of excessive activity of the sympathetic division of the ANS in this complication [7]. It has been shown that an increase in heart rate variability may precede the development of preeclampsia [5.].

Talalaenko Yu.A., Bagriy A.E., Danilova Yu.N. (2011) found that "... compared to the data of spectral analysis of heart rate variability of healthy pregnant women and pregnant women with gestational hypertensive disorders at 37–38 weeks of gestation at rest and during exercise tests, the latter showed higher values of sympathetic and more low level of parasympathetic activity "[7].

Similar results were obtained by L.V. Akker and H.K. Mohammad (2005), they found that "... the development and progression of preeclampsia is characterized by an increase in the tension of the higher vegetative centers, protective-adaptive reactions are characterized by the predominance of central influences over humoral and sympathetic over parasympathetic ones and are aggravated as the severity of preeclampsia increases [9]. A differentiated assessment of the state of adaptation mechanisms depending on the severity of preeclampsia was given in his study by AG Smirnov [10]. So, in milder forms of unfavorable course of pregnancy, he revealed the activation of defense mechanisms of adaptation of the somogenic type. Complicated forms of an unfavorable course of pregnancy were characterized by a significant tension of the adaptive mechanisms of the brain, which is manifested by a high level of anxiety, hormonal, immune and metabolic disorders, as well as a low-amplitude type of electroencephalogram or the presence of a high-amplitude background a-rhythm. For severe forms of an unfavorable course of pregnancy, the limiting stress of the adaptive mechanisms of the brain was characteristic.

In the study of D.O. Niyazlieva, a significant increase in pregnancy complications was noted in women with somatoform dysfunction of the ANS (ADVNS). At the same time, the author notes the dependence of complications on the type of autonomic dysfunction. Thus, with hypotonic type ADVNS, pregnancy was complicated mainly by vomiting of pregnant women, the threat of termination, edema





of pregnant women, and with hypertensive type ADVNS - by the threat of termination of pregnancy and preeclampsia [11]. In addition, it was revealed that vascular dystonia in pregnant women is accompanied by the development of chronic fetal hypoxia. The author considers the cause of the pathology to be chronic placental insufficiency, which develops in women with autonomic dysfunction.

Purpose of the study: to improve the methods of diagnosis and treatment of postpartum complications in women in childbirth who undergo coronavirus infection, by studying the pathogenetic mechanisms of the development of neurological and depressive disorders.

Research methods: The study consisted of 2 stages; the first stage analyzed the data of 1477 women treated at the Bukhara Covid Center. The study was conducted between July 2020 and June 2021. All patients tested positive for COVID-19 virus nucleic acid from a throat swab, and among women with Covid positive were 114 pregnant women with different gestational ages. These pregnant women made up the main group for studying the course of pregnancy with a previous Covid infection. The age gradation ranged from 19 to 39 years (average age 27.9 ± 1.8 years). The gestational age ranged from 12 weeks to 37 weeks (the average gestational age was 29.5 ± 0.3 gestational weeks).

The second stage of the study included analysis of the postpartum period among 81 women with a history of Covid infection at various gestational periods. The study was carried out in the immediate postpartum period in women who gave birth in the Bukhara region of the Kagan maternity complex (COVID study group - 19) According to our research, the age of women in the study groups was from 18 to 39 years, the average age was 27.2 ± 0.58 respectively, which had no significant differences.

The dynamics of the examination was carried out in the early (in the maternity hospital and late postpartum periods (in the private clinic "Nasriddin Shams Med", director Nasriddinov I.Sh.).

Hormonal status and EEG studies among puerperas were studied 10 days after delivery. We also recruited a control group of women who lived in the same geographic area and gave birth in the hospital at the same time period as the study group. The age gradation of women ranged from 19 to 36 years (average age - 26.1 ± 0.50). Scientific research results. Given that asymptomatic transmission of COVID-19 may be possible in pregnant or recently pregnant women, all women with an epidemiological history of exposure should be monitored.





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