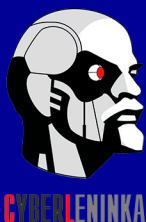


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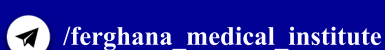


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К ВОПРОСУ О ТЕЧЕНИИ ПОСЛЕРОДОВОГО ПЕРИОДА У ЖЕНЩИН, ИНФИЦИРОВАННЫХ ВИЧ

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К ВОПРОСУ О ТЕЧЕНИИ ПОСЛЕРОДОВОГО ПЕРИОДА У ЖЕНЩИН, ИНФИЦИРОВАННЫХ ВИЧ ЖКМП.-2023.-Т.1-№1.-С

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Аннотация: Несмотря на значительные успехи в борьбе с ВИЧ как в Узбекистане, так и во всем мире, количество беременных ВИЧ-позитивных пациенток продолжает увеличиваться. Своевременное и полноценное осуществление мер по перинатальной профилактике передачи ВИЧ способствуют улучшению показателей, тогда как недостаточное либо отсутствие их приводит к трансмиссии вируса до 20-40% , при этом внутриутробное инфицирование встречается в 10-15% , во время родового акта – 60-75%. В статье представлен анализ данных по особенностям течения гестации, родов и пuerперального периода у беременных, инфицированных ВИЧ.

Ключевые слова: ВИЧ-инфекция, беременность, роды, послеродовый период.

OIV INFEKTSIYASIGA CHALINGAN AYOLLARDA TUG'RUQDAN KEYINGI DAVR MOBAYNIDA

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Toshkent tibbiyot akademiyasi

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OIV INFEKTSIYASIGA CHALINGAN AYOLLARDA TUG'RUQDAN KEYINGI DAVR KPTJ.-2023-T.1-№1-C

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Annotatsiya: O'zbekistonda ham, butun dunyoda ham OIVga qarshi kurashda sezilarli muvaffaqiyatlarga erishganiga qaramay, homilador OIVga chalingan bemorlar soni ko'payishda davom etmoqda. OIV yuqishining perinatal oldini olish bo'yicha chora-tadbirlarni o'z vaqtida va to'liq amalga oshirish ko'rsatkichlarni yaxshilashga yordam beradi, ularning etarli emasligi yoki yo'qligi virusning 20-40% ga tarqalishiga olib keladi, intrauterin infeksiya esa 10-15% da, tug'ilish to'g'risidagi akt davomida - 60-75%. Maqolada OIV infeksiyasiga chalingan homilador ayollarda homiladorlik, tug'ish va puerperal davrning o'ziga xos xususiyatlari to'g'risidagi ma'lumotlar tahlili keltirilgan.

Tayanch so'zlar: OIV infeksiyasi, homiladorlik, tug'ruqdan keyingi davr.

ON THE COURSE OF THE POSTPARTUM PERIOD IN WOMEN INFECTED WITH HIV

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Annotation: Despite significant successes in the fight against HIV both in Uzbekistan and around the world, the number of pregnant HIV-positive patients continues to increase. Timely and full implementation of measures for the perinatal prevention of HIV transmission contribute to the improvement of indicators, while insufficient or absence of them leads to the transmission of the virus to 20-40%, while intrauterine infection occurs in 10-15%, during the birth act - 60-75%. The article presents an analysis of data on the peculiarities of the course of gestation, childbirth and the postpartum period in pregnant women infected with HIV.

Keywords: HIV-infection, pregnancy, childbirth, postpartum period.

Despite the progressive development of medical science, the problem of the prevalence of HIV infection continues to be one of the most urgent both in Uzbekistan and around the world. [1; 2]. Increasingly, HIV infection is observed in women of childbearing age who want to exercise their reproductive function [3,5]. Concerted international response to HIV contributes to increasing the coverage of relevant services. Thus, 68% of adults and 53% of the world's children infected

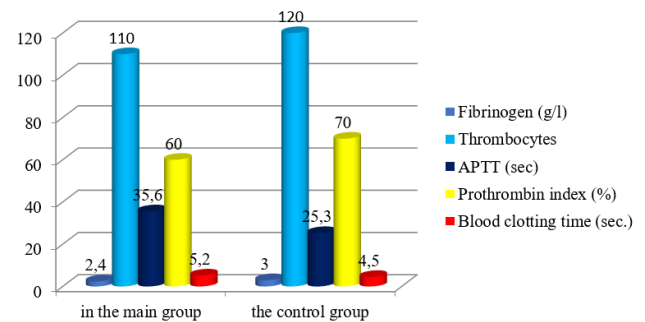
with HIV in 2019 received lifelong antiretroviral therapy (ART). In the Republic of Uzbekistan, special attention is paid to the problem of preventing the transmission of HIV infection vertically, i.e. from mother to child and the birth of a healthy child. HIV infection among pregnant women in the Republic of Uzbekistan in 2019 was diagnosed in 668 patients. The coverage of antiretroviral therapy for pregnant women in 2019 in the Republic reached 97.0%

Infection with the human immunodeficiency virus in a vertical way occurs during gestation when passing through the placental barrier, which often occurs in the later stages, when the throughput of the placenta increases; in the process of childbirth, as a result of which the child comes into contact with infected biological fluids of the mother; when breastfeeding an infant through infected milk of the woman giving birth [2, 5, 7]. According to various authors, in the absence of preventive measures for the transmission of the human immunodeficiency virus from mother to child, the risk of infection reaches 20-40%, of which 10-15% of the virus is transmitted in utero, during the birth act - 60-75%. The purpose of the study is to analyze the characteristics of the course of the postpartum period in HIV-infected women.

Material and research methods: To achieve this goal, we analyzed the birth histories of 73 HIV-infected patients who were delivered in city maternity complexes No. 1, 9 of the city of Tashkent. An analysis of data, features of the course of gestation and the postpartum period in patients infected with the human immunodeficiency virus was carried out.

Discussion of the results: The average age of the women surveyed was 24.1 ± 4.3 years, ranging from 21 to 34 years. Verification of the diagnosis of HIV in 9 (18%) women was during this pregnancy, in 41 (72%) - before pregnancy. Analysis of data relating to the results of establishing the viral load showed that high values occurred in 20 (40%) cases, low - 43%. In 16% of cases, data on viral load was not detected. Antiretroviral therapy as chemoprophylaxis of antenatal transmission of HIV was administered to all pregnant women. At the same time, in the first trimester, chemoprophylaxis was carried out in 55% of cases, in 35% - in the second trimester, the remaining 10% - in the third trimester. Among extragenital diseases in pregnant HIV-positive women, anemia was most often observed (83%), followed by viral hepatitis C (27%), viral hepatitis B (12%), diseases of the urinary system (10%). A comparative analysis of the course of this pregnancy revealed that in the main group in the first half of pregnancy in 20 (41%) women there was a threat of termination of this pregnancy, 14 of them received inpatient treatment, 6 out patient. 12 (24%) women had vomiting pregnant women of mild and moderate degree, 3 of them received inpatient treatment. In the control group, the threat of abortion was observed in 7 (20%) patients, vomiting of pregnant women - in 15 (42%). In 2 (6%) women

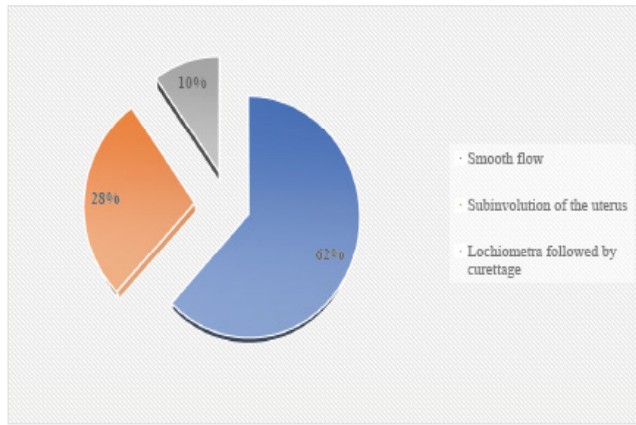
of the control group, ptyalism was also observed. In the second half of pregnancy, the threat premature birth was observed in 12 (24%) patients of the main group, in 7 (14%) patients there were hypertensive disorders, GIB was observed in 3 (8%), preeclampsia of mild severity was in 2 (6%). Moderate polyhydramnios and low water, according to ultrasound, occurred in 21 (42%) women. In the control group, the threat of premature birth was noted in 5 (14%) patients, hypertensive disorders - in 6 (17%), including pregnancy-induced hypertension in 4 (11%), mild preeclampsia - in 2 (6%). Moderate polyhydramnios and low water, according to ultrasound, was in 8 (23%) women. All pregnant women at the 28th week of pregnancy underwent ultrasound of the uterus with dopplerometry of the uterine-placental-fetal blood flow. Analysis of the results showed that the frequency of complications such as violation of the uteroplacental-fetal blood flow, polyhydramnios, low water, Fetal Growth Restriction Syndrome, fetal malformations in HIV-positive women were more common than in the control group



Rice 1. The analysis of laboratory parameters of the blood coagulation system.

Analysis of the timing of gestation during delivery in women of the study groups showed that in the main group, pre-laced births took place in 5 patients (10%), the remaining 90% - urgent labor at a gestational age of 37 to 39 weeks. All HIV-positive women are delivered by caesarean section. In a planned manner, delivery is allowed in 78% of cases, the rest on an emergency basis (22%). The condition of the newborn was assessed on the Apgar scale at 1 and 5 minutes. In the main group, 25% of newborns had a delay in fetal development, cerebral ischemia was observed in 42%, signs of respiratory failure - in 19% of cases. On average, the indicators were as follows: at 1 minute he was 6 points, at the 5th minute - 7 points. It should be noted that in the main group the number of premature babies was 5 (10%), while 1 of them died due to deep prematurity and developed pneumonia.

4 were transferred to the department of pathology of newborns for further observation. Antiretroviral therapy was given to all newborns to prevent HIV transmission. Antiretroviral therapy was carried out from 8 o'clock of the newborn's life and included the following schemes: "Zidovudine" syrup at 4 mg / kg 2 times a day for 7 days, "Lamivudine" at 2 mg / kg 2 times a day for 7 days, "Nevirapine" at 2 mg / kg once.



Rice. 2 Features of the course of the postpartum period in women infected with HIV.

In the postpartum period, women in labor infected with HIV infection were prescribed the drug Dostinex in order to suppress lactation, and preventive antibiotic prophylaxis was also carried out. During the postpartum period in the majority of women of the main group - 31 (62%) was smooth, in 14 (28%) cases there was subinvolution of the uterus, in 5 (10%) cases - lochiometra followed by curettage of the uterine cavity. In the control group, the data did not differ significantly from the main group. The smooth course of the postpartum period was observed in the vast majority of cases - in 32 (91%), subinvolution of the uterus was observed in 3 cases (9%). Conclusions: Thus, the main complications of gestation characteristic of HIV-infected pregnant women are the threat of abortion, impaired uterine-placental blood flow, fetal growth retardation syndrome. In newborns, fetal development retardation and damage to the central nervous system are most often observed. The course

of the postpartum period in patients infected with HIV did not significantly differ from healthy mothers.

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