



e-ISSN: 2319-8753 | p-ISSN: 2347-6710

IJIRSET

International Journal of Innovative Research in
SCIENCE | ENGINEERING | TECHNOLOGY

INTERNATIONAL JOURNAL OF INNOVATIVE RESEARCH

IN SCIENCE | ENGINEERING | TECHNOLOGY

Volume 11, Issue 3, March 2022

ISSN INTERNATIONAL
STANDARD
SERIAL
NUMBER
INDIA

Impact Factor: 7.569

9940 572 462

6381 907 438

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Distribution of Physical Multimorbidity in Pregnant Women, Specificity and Importance of Their Prevention and Treatment

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Resume. In ICD - 10, concomitant diseases (conditions) are defined as other critical diseases (conditions) that lead to death. In this regard, in accordance with clinical recommendations, it is proposed to show concomitant diseases as an additional competitor, concomitant and background after the main disease

Two terms are most common: "concomitant pathology" and "polymorbidity". Currently, comorbidity is determined by the presence of several diseases associated with one pathogenetic mechanism at the same time, and polymorbidity is determined by the presence of many diseases, most likely unrelated to each other.

The article reveals the prevalence of diseases among pregnant patients.

Keywords: multimorbidity, epidemiological status, pregnant woman, concomitant pathology, polymorbidity, prevention.

Relevance. In recent years, there is often a combination of several diseases in women during pregnancy, which requires a special approach to management in order to successfully deliver and ensure the necessary level of health of the mother and child [1,4].

The problem of combined pathology is currently receiving more and more attention in the domestic and world medical literature [3,7]. Increasing the level of medical care, improving the quality of life, social support and rehabilitation programs lead to an increase in the proportion of elderly and senile patients suffering from chronic non-communicable diseases (World Health Organization, 2005) [5].

For women with multimorbidity, attention should be paid to individualized care and development of it, taking into account the needs and priorities of each pregnant woman [6,8].

As the population ages, multimorbidity is becoming the norm rather than the exception.

Worldwide, studies show that multimorbidity increases with age and with socioeconomic deprivation [2,6].

One study in primary care in England found that one in six people had multiple QOF-listed chronic conditions and that these people used a third of consultations in general practice. With the definition of chronic conditions extended beyond the QOF, more than half had multimorbidity and accounted for more than three-quarters of consultations [4].

One large Scottish study in 2012 found that about 65% of people over the age of 65 and almost 82% of people aged 85 and over had multimorbidity.

The likelihood of a mental health disorder increases with the number of physical health conditions.

Multimorbidity is more common in women.

The purpose of the study. To study the prevalence of physical multimorbidity in pregnant women, to analyze their prevention and adequate treatment methods.

Materials and research methods. We examined 85 patients who were under examination and inpatient treatment in the therapeutic departments of the ASMI clinic in pregnant women with multimorbid diseases.

Research results. The presence of multiple somatic pathology seriously complicates the course of pregnancy. Polymorbidity increases the risk of pathological conditions during gestation, such as polyhydramnios/oligohydramnios, threatened miscarriage, inflammatory diseases of the pelvic organs.

At the same time, pregnancy can lead to a deterioration in the course of other somatic diseases - hypertension, diabetes mellitus and its complications.

The presence of polymorbidity in a pregnant woman requires obstetrician-gynecologists to be especially vigilant in relation to such a patient.

To reduce the risk of pregnancy pathology, it is necessary to carefully monitor the course of pregnancy and childbirth and timely correction of concomitant pathology by a group of specialists - an obstetrician, endocrinologist, internist, nephrologist.



In recent years, there has been an increase in the number of pregnant women with type II diabetes in the population due to the fact that the disease has become “younger” and the average age of pregnancy is “older”.

The prevalence of all forms of diabetes mellitus (DM) among pregnant women reaches - 3.5%, type 1 and type 2 diabetes mellitus - 0.5%, gestational diabetes, or diabetes in pregnant women, - 1-3%. Diabetes mellitus complicates the course of both pregnancy and childbirth, and the postpartum period. Preeclampsia (60–70%), polyhydramnios, fetoplacental insufficiency, urinary tract infections, and inflammatory diseases of the pelvic organs are more common in pregnant women with type II diabetes than in healthy women.

In the course of our clinical and experimental studies, it has been shown that in the first weeks of pregnancy, hyperglycemia and associated metabolic disorders affect the development of such perinatal complications as spontaneous abortions (35–70%), early delivery (25–60%), and diabetic fetopathy (44-83%), intrauterine hypoxia (37-76%), neonatal hypoglycemia (29%), respiratory distress syndrome.

Most researchers have recognized the presence of hyperglycemia in early gestation as the main teratogenic factor. The most common malformations in children from mothers suffering from type II diabetes include congenital heart defects. In addition, women with DM by the time of pregnancy, as a rule, have various comorbidities: morbid obesity, arterial hypertension, metabolic disorders, micro- and macrovascular complications of diabetes (diabetic retinopathy, diabetic nephropathy, damage to the vessels of the heart, brain, peripheral vessels of the lower extremities, etc.), which has an additional negative impact on the outcome of pregnancy.

Conclusion. Given the variety of terminology and the ambiguity of the semantic component that each author puts into the definition, there is some confusion that further complicates the work of the practitioner.

Thus, at present the question of terminology remains open. It seems justified to come to a consensus in terms of terminology, as well as classification and diagnosis, which will allow avoiding mistakes and disagreements between doctors of various specialties.

The possibility of successful management of a pregnant woman with multimorbidity has been demonstrated. This became possible due to the interdisciplinary interaction of several specialists: a cardiologist, an obstetrician-gynecologist, an endocrinologist, a rheumatologist.

BIBLIOGRAPHY:

1. Barnett K., Mercer S.V., Norbury M. et al.; The epidemiology of multimorbidity and its implications for health care, research and medical education: a cross-sectional study. *Lancet*. 2012 Jul 7380 (9836): 37-43.
2. Vertkin A. L., Skotnikov A. S. Comorbidity. *Attending doctor*. 2013;6:66-9.
3. Martin Durden and others; *Optimizing Polypharmacy and Drugs: Ensuring Safety and Reliability*, TheKingsFund, November 28, 2013
4. Oganov R. G., Denisov I. N., Simanenkov V. I. et al. Comorbid pathology in clinical practice. *Clinical guidelines. Cardiovascular therapy and prevention*. 2017;16(6):5-56.
5. Payne R.A., Avery A.J., Duerden M. et al.; The prevalence of polypharmacy in the Scottish primary population. *EurJ Clin Pharmacol*. 2014 May70(5): 575-81. doi: 10.1007/s00228-013-1639-9. Epub 2014 February 1st.
6. Smith S.M., Wallace E., O'Dowd T. et al.; Interventions to improve outcomes in patients with multimorbidity in primary care settings and communities. *Cochrane Syst Rev database*. 2016, March 143: CD006560. doi:10.1002/14651858.CD006560.pub3.
7. Boyd CM, Fortin M. Future of multimorbidity research: How should understanding of multimorbidity inform health system design? *Public Health Rev*. 2010;32(2):451-74
8. Valderas JM, Mercer SW, Martin Fortin M. Research on patients with multiple health conditions: different constructs, different views, one voice. *J Comorb*. 2011;1:1-3.



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