RISK FACTORS OF PREECLAMPSIA AND MONITORING APPROACHES IN THE SURKHANDARYA REGION

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Relevance of the topic

Preeclampsia is one of the most common and severe obstetric disorders worldwide and remains a leading cause of maternal and perinatal morbidity and mortality. Due to its late clinical manifestation and rapid progression, preeclampsia poses a serious threat to maternal and neonatal health.

In the Surkhandarya region, high birth rates, increased healthcare demands, and unfavorable social determinants further contribute to the high incidence of preeclampsia.

Therefore, identifying regional risk factors and improving monitoring strategies are of great scientific and practical importance.

Objective of the study

To identify the main risk factors contributing to the development of preeclampsia in the Surkhandarya region, assess their prevalence, and improve preventive and monitoring measures aimed at reducing maternal and perinatal complications.

Materials and methods

The study was conducted from 2022 to 2024 in outpatient clinics and maternity hospitals of Termez city, Kumkurgan, and Shurchi districts of the Surkhandarya region. A total of 500 pregnant women were examined.

Data were collected using structured questionnaires, clinical examinations, blood pressure measurements, urinalysis, and basic biochemical tests. Statistical analysis was performed using SPSS software, including correlation and regression analyses.

Results

The study identified several significant risk factors for preeclampsia. Pregnant women aged over 35 years had a 2.5-fold higher risk of developing preeclampsia. A history of preeclampsia or arterial hypertension in previous pregnancies increased the risk of recurrence by 30–40%. Obesity was identified as a major contributor, with 22% of preeclampsia cases occurring among women with a body mass index greater than 30.

Chronic extragenital diseases, including renal pathology, diabetes mellitus, and cardiovascular disorders, were also associated with increased risk.

Additionally, social factors such as low income levels, unemployment, and limited access to healthcare services significantly influenced the prevalence of high-risk cases.

Conclusions

Early identification of pregnant women at high risk of preeclampsia and their inclusion in structured antenatal monitoring programs are essential.

Preventive healthcare measures should be strengthened through the active involvement of primary and rural healthcare providers. Health education programs focusing on balanced nutrition, weight control, and stress management should be expanded.

The implementation of a standardized preeclampsia monitoring card and the development of an automated system for identifying high-risk pregnant women within the electronic healthcare framework are recommended.