

THE ROLE OF DIAGNOSIS AND TREATMENT OF IDA IN PREPARATION FOR PREGNANCY

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Abstract. IDA is one of the most common diseases during pregnancy and the postpartum period. Statistical analysis of the study showed that many obstetric complications, such as polyhydramnios, chronic renal failure, intrauterine growth restriction, premature birth, weak labor, perineal ruptures, lochiometra, more often developed in women with IDA who did not prepare for pregnancy. Women with insufficient protein nutrition, with heavy menstruation for more than 7 days, multiparous women, women with chronic infectious diseases or chronic diseases of internal organs (in particular, the gastrointestinal tract), pregnant women with multiple pregnancies and / or having a short period of time between births belong to the group with high risk factors for the development of IDA. This article describes the role of IDA diagnosis and treatment in preparing for pregnancy.

Keywords: pregnancy, polyhydramnios, lochiometra, chronic diseases, anemia, tachypnea, gastrointestinal tract, menstruation, chronic renal failure.

Relevance. The prevalence of IDA is staggering: 2 billion people, or more than 30% of the world's population, suffer from anemia, many due to iron deficiency (about 20%). Of these, according to WHO estimates, 42% of children under five and 40% of pregnant women worldwide suffer from IDA. In terms of frequency, direct and indirect impact on maternal and perinatal mortality, anemia remains important for public health worldwide. About 30% of all women of reproductive age already have latent iron deficiency before pregnancy due to various etiologies.

The aim of the study is to evaluate the role of IDA diagnostics and treatment at the stage of preparation for pregnancy as a prevention of complications of pregnancy and childbirth.

Materials and methods of the study. 59 women from the postpartum department of the 2nd maternity hospital in Bukhara aged 18 to 42 years were examined. Based on the data of the delivery history and the survey, the following were identified: the first group - 40 women admitted for delivery with IDA of varying severity; the second group - 19 women who were admitted without anemia, but they were treated in preparation for pregnancy. Statistical analysis was performed in Microsoft Excel. Results and discussion: Among the patients of the first group, the following were significantly more common: polyhydramnios in 5 women (12.5%), chronic fetal renal failure in 3 women (7.5%), fetal hypoxia in 7 women (17.5%), grade 1 IUGR in 4 women (10%), and threatened miscarriage in 12 women (30%) than in the second group. Premature labor (15%), primary and secondary weakness of labor (20%), grade 1–2 perineal ruptures (10%), and lochiometra (7.5%) were also significantly more common among the patients of the first group. When assessing the condition of newborn children of women in the study groups, it was found that cases of transient tachypnea with the development of grade 1 and 2 iron deficiency anemia (15%) were more common in children born to mothers in the first group compared to the second. During the study of the medical histories of women in the two study groups, the most common factors that can lead to iron deficiency were identified, which were also more common among patients in the first group: insufficient protein nutrition - 20.3%,

heavy menstruation for more than 7 days - 25.4%, chronic infectious diseases or chronic diseases of internal organs (in particular, the gastrointestinal tract) - 13.6%, multiple births and / or a short period of time between births - 32.2%, menstrual irregularities - 8.5%. **Conclusions:** Detection and effective treatment of IDA at the stage of preparation for pregnancy significantly reduces the incidence of complications during pregnancy and childbirth. Identification of risk factors for the development of IDA will allow timely diagnosis of latent iron deficiency and prevent the development of IDA.

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