



Features of the Operating Principles of the Perinatal Hospital with Pregnant Women under Conditions of Coronavirus Pandemic

1. Niyozmetova Gulnoza Tulkin kizi
2. Duschanova Zaynab Atabaevna

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¹ 2nd year student of the medical faculty of the Urgench branch of TMA

² Senior Lecturer, Urgench branch of the Tashkent Medical Academy

Abstract: The COVID-19 pandemic caused by the coronavirus of severe acute respiratory syndrome has grown from a global outbreak into a global pandemic in a few months. Therefore, it is now necessary to collect data and exchange information on coronavirus disease among children and pregnant women. Country reports confirm that children and adolescents account for a very small proportion (1–5%) of the total reported cases. But COVID-19 in pregnant women proceeds in the same way as in other people. According to the data, pregnant women have the same frequency of infection as other adults in the general population. Therefore, the provision of medical care and compliance with anti-epidemic measures is especially important in perinatal centers. The rapid spread of the epidemic demanded a complete reorganization of the infrastructure of perinatal centers.

Key words: coronavirus, obstetrics-gynecology, breastfeeding, breast milk, perinatal centers

The new coronavirus infection occurred in Wuhan, China in December 2019, which led to a worldwide pandemic. This type of coronavirus has become one of the most significant threats to human public health. Today, one of the important issues is the peculiarity of the course of the SARS-CoV-2 coronavirus infection during pregnancy. And the most pressing issue was: the possibility of transmission of coronavirus infection COVID-19 from mother to fetus and newborn. Transmission of viral diseases from mother to fetus (with the exception of the herpes virus) is usually carried out by the hematogenous route, the virus circulating in the maternal bloodstream, enters the placenta, and then to the fetus. However, the vertical transmission of COVID-19 has not been proven until now. Coronavirus SARS-CoV-2 could not be detected in breast milk. But close contact of an infected mother with her baby increases the risk of infection in her newborn. Like other people, pregnant women also have four courses of the disease: mild, medium-severe, severe and extremely severe. In each trimester, the disease has its own pathogenic characteristics and risks for the development of the fetus.

In the perinatal centers, a number of changes related to the epidemiological period were introduced. Counsel to pregnant women and women who have recently undergone pregnancy about possible manifestations of the disease in the mother and in the newborn, including with signs of deterioration in connection with COVID-19 and subjectively perceived weakening of fetal movements by the mother.

They were advised to seek emergency care for worsening or other dangerous symptoms. In particular, signs of pregnancy complications (such as bleeding or fluid from the vagina, blurred vision, severe headaches, weakness or dizziness, severe abdominal pain, swelling of the face, fingers, and feet, intolerance to food or liquids, seizures, difficulty breathing, decreased movement fetus). Childbirth and complication preparedness plans have been updated so that women know when and where to seek care.

During the pandemic, perinatal centers worked in three groups:

The first group, a working group is in a medical facility to make decisions and provide immediate first aid to pregnant women. The group consisted of active responsible people, professionals in the specialties of obstetrician-gynecologist, anesthesiologist-resuscitator, chief midwife or nurse, neonatologist and department leaders, the head of COVID consultations - an epidemiologist or infectious disease specialist. The second group, a triage Call center for all pregnant women, to assess their epidemiological history, condition and timely transportation to a maternity hospital allocated in the COVID region. The third group, a screening group for all pregnant women with suspected infection: the group is mobilized to screen and counsel the patient before entering the maternity hospital or perinatal center.

Women who are in self-isolation at home during pregnancy and in the postpartum period, recommended self-administration of the necessary preventive procedures. Scheduled antenatal or postnatal visits to the health facility have been postponed; the provision of antenatal and postnatal consultations, as well as follow-up and other types of care, were provided through alternative platforms such as telephone or telemedicine consultations. For women in need of abortion services, alternative ways of providing abortion services were considered, including self-administered medical abortion at home up to 12 weeks' gestation, when women have access to accurate information and access to health care at any stage of the process. Delaying termination of pregnancy can lead to increased morbidity and mortality when people engage in unsafe abortion practices, as the provision of termination services is limited by statutory gestational age. The deferred hospital visits were rescheduled after the completion of self-isolation in accordance with national guidelines and recommendations, as well as in consultation with a healthcare professional. Pregnant and recent pregnant women with suspected, probable or confirmed COVID-19 infection have access to skilled, women-centered care delivered in a respectful environment, including midwives and obstetricians, perinatal and newborn care, and psychosocial support; at the same time, assistance was provided in the event of complications in both the mother and the newborn. With a moderate severity and severe course of the disease up to the 12th week of gestation, due to the high risk of perinatal complications associated with both the effect of a viral infection and the embryotoxic effect of drugs, it was suggested to terminate pregnancy after the infection process was cured. If the patient refused to terminate the pregnancy, a biopsy of the chorionic or placental villi was done up to 12-14 weeks or amniocentesis from 16 weeks of gestation to detect chromosomal abnormalities of the fetus. Pregnant women infected with COVID-19 were threatened with aggravation of the underlying disease and the complications caused by it, the development and progression of respiratory failure, the occurrence of obstetric bleeding, intrapartum fetal death, and postpartum purulent-septic complications. Discharge from the hospital of a pregnant or postpartum woman is carried out after a double negative laboratory test result for the presence of SARS-CoV-2 RNA with an interval of at least 1 day.

Clinical criteria for hospital discharge of pregnant women and postpartum women are:

- normal body temperature for 3 days;
- absence of symptoms of respiratory tract damage;
- restoration of disturbed laboratory parameters;

- absence of obstetric complications (pregnancy, postpartum period).

The mother is not separated from the infant, unless for health reasons, she cannot take care of the child. In such situations to perform this function defined another member families. Mothers and babies had the opportunity to be together at all times, to practice skin-to-skin physical contact, including the use of the kangaroo method, especially immediately after birth and during breastfeeding, regardless of the presence of a suspected, probable or confirmed COVID-19 infection in the mother or infant ... A newborn baby whose mother is suspected or confirmed to be infected with COVID-19 was applied to the breast no later than 1 hour after birth. In situations where the mother's severe course of illness makes it impossible for her to care for the baby and continue to breastfeed directly, it was recommended that she express milk and use it to feed the baby.

Often, especially before contact with a child, it was recommended to hand hygiene by washing with soap or using an alcohol-based hand sanitizer. Observe the rules of respiratory hygiene: when coughing and sneezing, cover the mouth and nose with a napkin, which should then be discarded immediately. After that, carry out hygienic treatment of hands by washing with soap or using an alcohol-based disinfectant. Wash and disinfect surfaces that the mother comes in contact with. Wear a medical mask until symptoms resolve and criteria for ending isolation are met. In addition, a breastfeeding mother should be helped to wash her breasts with soap and water before feeding if she could get drops when coughing. It is not necessary to wash your breasts before each feed. Although mothers were advised to wear a medical mask, continued breastfeeding should be encouraged in the absence of one, as the benefits of breastfeeding outweigh the potential risks of transmitting the virus.

Conclusion: Pregnant women, especially from vulnerable groups, during the pandemics will especially need the assistance of obstetricians and gynecologists. WHO and UNICEF emphasize the importance of the availability of highly qualified medical care, medical care, psychological support for pregnant women with suspected or confirmed tests for COVID-19 during a pandemic. The staff of perinatal centers in Uzbekistan was fully trained to work in different clinical situations of the pandemic. The COVID-19 situation is evolving rapidly, and these guidelines are subject to change: new information about COVID-19 in pregnant women becomes available at the Centers for Disease Control and Prevention as the experience of doctors around the world accumulates. Physicians involved in the provision of health care during pregnancy and childbirth need to constantly improve their knowledge of a new disease, its features in pregnant women and newborns. This, among other things, determines how soon we can take control of the course of the corona virus infection and stop its spread.

References:

1. “Акушерство, гинекология, репродукция” 2020* Том 14* №2 научный журнал
2. ПЕДИАТРИЧЕСКАЯ ФАРМАКОЛОГИЯ /2020/ ТОМ 17/ № 4 научный журнал
3. Clinical Practice in Pediatrics, 2020, volume 15, No 2, p. 7–20 Е.В.Мелехина, А.В.Горелов, А.Д.Музыка
4. Annals of the Russian Academy of Medical Sciences. 2020;75(1):83–92. Д.К. ди Ренцо, А.Д. Макацария, В.И. Цибизова, Ф. Капанна, Б. Разеро, Э.В. Комличенко, Т.М. Первунина, Д.Х. Хизроева, В.О. Бицадзе, А.С. Шкода. “О принципах работы перинатального стационара в условиях пандемии коронавируса”
5. Uchqun o'g'li, B. S. (2021). BLOOD DISEASES IN SURKHANDARYA REGION, THEIR CAUSES AND PREVENTION. International Engineering Journal For Research & Development, 6(ISPCIEI), 2-2.

6. Abdullayevich, B. E., & Uchqun o'g'li, B. S. (2021). TRANSITIONAL FEATURES OF ACUTE HERPETIC STOMATITIS IN CHILDREN AND MODERN APPROACHES TO TREATMENT. *World Bulletin of Public Health*, 1(1), 1-3.
7. Uchqun o'g'li, B. S. Bulvar And Pseudobulbar Syndrome. *International Journal on Integrated Education*, 3(11), 19-22.
8. Ugli, B. S. U., & Bekchanovich, K. Y. (2020). CLASSIFICATION OF VITAMINS AND DISEASE SYNDROME. *Science and Education*, 1(1).
9. Epilepsy and epileptic syndrome Boboyorov Sardor Uchkunugli *ACADEMICIA: An International Multidisciplinary Research Journal* 10 (5), 372-383, 2020
10. Madiyev Rustam Zoirovich, Boboyorov Sardor Uchqun o'g'li, & Abdullaeva Dilnoza Ergashevna. (2021). EFFECTIVENESS OF ENDOVIDEOLAPAROSCOPIC TECHNOLOGY IN THE TREATMENT AND EARLY PREVENTION OF INTESTINAL OBSTRUCTION IN CHILDREN. *European Journal of Research Development and Sustainability*, 2(7), 68-73. Retrieved from <https://www.scholarzest.com/index.php/ejrd/article/view/1067>
11. Sultonov, R. K., Sodiqova, Z. S., & o'g'li, B. S. U. (2021). Dynamics of Fat Cells of the Bronchial Tree Mucosa in Postnatal Ontogenesis. *CENTRAL ASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES*, 2(4), 182-184. <https://doi.org/10.47494/cajmns.v2i4.271>
12. Доцент, Ш. Г. Ф. . к. м. н. . ., Доцент, С. Н. Р. . к. м. н. . ., н., Х. Л. Н. . к. м. ., доцент, д. к. м. н. . ., Дилмуродович, А. ., & Учкунўгли, Б. С. (2021). Материалыизучение Влияния Пищевой Добавки “Мелла Круассан”На Эмбриогез. "ONLINE - CONFERENCES" PLATFORM, 178–179. Retrieved from <http://papers.online-conferences.com/index.php/titfl/article/view/358>
13. PSYCHOSOMATIC SYNDROME Boboyorov Sardor Uchqun o'g'li *ResearchJet Journal of Analysis and Inventions* 2 (06), 376-378, 2021