

FEATURES OF POST TERM PREGNANCY

Turakulov Javlon Sodik ugli,

Ibragimova Nadiya Sabirovna

Assistants at the Department of Clinical and Laboratory Diagnostics with a Course of
Clinical and Laboratory Diagnostics at the Faculty of Postgraduate Education,

Turakulova Dildora Bexzodovna

Cadet of the Department of Clinical and Laboratory Diagnostics
with a Course of Clinical and Laboratory Diagnostics of FOPE,
Samarkand State Medical University, Uzbekistan, Samarkand

Abstract

Post-term pregnancy is a condition that raises many questions and concerns for expectant mothers and their families. The usual length of pregnancy is about 40 weeks, but sometimes the period can exceed this mark. This phenomenon brings with it not only physical but also emotional trials. A woman finds herself in a position where fear for the child's health merges with the expectation of childbirth, and every movement, every change in well-being becomes a cause for concern. In this regard, post-term pregnancy is a complex, multifaceted process that requires careful approach and monitoring by medical specialists.

Keywords: Post-term pregnancy, etiology, pathogenesis, clinical symptoms, laboratory diagnostics, complications.

Introduction

Post-term pregnancy, defined as a condition in which delivery occurs after 42 weeks of gestation, is the subject of in-depth study in obstetrics. The main reasons for this phenomenon are varied and can be associated with both physiological and psychological factors. One of the main reasons is genetic predisposition: if a woman has a history of post-term pregnancy in her family, the likelihood of this condition increases [1, 4, 10].

In addition, a lack of hormones such as estriol and progesterone can affect the mechanism of labor initiation. Pathologies of the endocrine system, such as diabetes or thyroid disorders, can also delay labor. An important aspect is the individual characteristics of the woman's body, such as age, psycho-emotional state and stress level, which can have a significant impact on the course of pregnancy.

The pathogenesis of post-term pregnancy is a complex process in which many factors interact that affect the health of the mother and fetus. One of the key reasons is the immaturity of the placenta, which leads to insufficient provision of oxygen and nutrients to the fetus. . In addition, hormonal changes occurring in a woman's body can disrupt the regulation of processes associated with the onset of labor [2, 5, 9].





Post-term pregnancy is often accompanied by increased levels of stress hormones, such as corticosterone, which can negatively affect fetal development and increase the risk of various complications. Premature aging of the placenta can also contribute to cell death and a decrease in functional activity, directly affecting the condition of the baby.

Genetic factors also play an important role in pathogenesis, as well as chronic maternal diseases, such as diabetes or hypertension, which can affect the duration of pregnancy.

Symptoms in post-term pregnant women that indicate they are past their due date may vary, but include decreased fetal activity, changes in amniotic fluid, and possible signs of general physical discomfort such as swelling, fatigue, and excess tension in the abdominal area. . A woman may also experience sharp pains or cramps, which can cause anxiety [1, 8, 11].

In later stages, there may be a deterioration in the general condition, including swelling, headaches and more frequent cramps. In some cases, a pregnant woman may experience problems with blood circulation, which also affects her well-being. It is important to pay attention to changes in sensations and mood, because postmaturity can lead to associated risks for both the mother and the fetus.

In later stages, there may be a deterioration in the general condition, including swelling, headaches and more frequent cramps. In some cases, a pregnant woman may experience problems with blood circulation, which also affects her well-being. It is important to pay attention to changes in sensations and mood, because postmaturity can lead to associated risks for both the mother and the fetus. It is important that women remain in constant contact with a doctor who can offer the necessary support and appropriate medical supervision to reduce risks and ensure the safety of both mother and child [3, 6, 18].

Clinical symptoms of post-term newborns are an important topic in neonatology, since delay of labor can lead to various complications in both mother and child. Post-term newborns usually have an increased risk of developing respiratory problems, which is associated with insufficient surfactant and lung maturity. One of the most obvious signs of postmaturity is the appearance of the skin [2, 13, 15]. In such children, the skin is usually dry and wrinkled, with pronounced signs of desquamation. In addition, the hair on your head may be longer than usual, and your nails often outgrow your fingertips.

In addition, these children often show signs of hypotension and may have difficulty regulating temperature. Feeding may be difficult due to poor coordination of sucking and swallowing. Changes in neurological status, such as increased muscle tone and reflexes, are often observed. Physiological signs also include more noticeable body size, which may indicate excess of normal weight and height [1, 7, 14].

Recognition and proper management of these symptoms in the first days of life are critical to ensuring the health and well-being of post-term neonates.

It is important to note that postmaturity can be associated with various risks, including a lack of amniotic fluid, which can negatively affect the baby's health. In this regard, doctors are recommended to closely monitor the condition of such newborns and provide the necessary medical care [1, 19].

Laboratory diagnosis of post-term pregnancy is a key element in monitoring the health of the mother and fetus. This process involves a series of tests aimed at identifying possible





complications and ensuring timely intervention. The main tests are blood tests to determine the level of hormones, such as human chorionic gonadotropin, and assessment of placental maturity [3, 16, 17].

In addition, ultrasound allows doctors to monitor fetal development and amniotic fluid volume, which is critical in post-term pregnancies. Clinical and laboratory tests help determine the degree of cervical ripening and predict the onset of labor.

The essence of laboratory diagnostics is not only the detection of abnormalities, but also the doctor's provision of recommendations for correcting the condition.

Post-term pregnancy beyond 42 weeks increases the risks for both mother and baby. One of the main complications is the deterioration of placental blood flow, which can lead to insufficient supply of oxygen and nutrients to the fetus. . In addition, the likelihood of developing hypertension and eclampsia in the mother increases, which poses a threat to her health [2, 11, 12]. It is also common to have problems with amniotic fluid, including low levels of amniotic fluid, which can complicate labor and cause injury to the newborn.

Conclusions

Post-term pregnancy requires more careful medical monitoring to avoid potential risks. At the first signs of postmaturity, it is recommended to consult a doctor to assess the situation and take the necessary measures. Timely tests carried out as part of a comprehensive examination help reduce risks and provide a favorable outcome for both the mother and the newborn. Good preparation and regular visits to your doctor will help reduce risks and ensure a smooth, safe pregnancy.

References

1. Новикова О.Н., Мустафина Л.Р. Переношенная беременность. Фундаментальная и клиническая медицина. 2019;4(2):42-47.
2. Чернуха Е.А. Переношенная и пролонгированная беременность. – М.: ГЭОТАР-Медиа, 2007.
3. Елевсинова Ж.К., Бекмамбетова К., Ергешбаева А., и др. Переношенная беременность в современном акушерстве // Вестник КАЗНМУ. – 2013. – № 2. – С. 37–43
4. Feruz O'ktam o'gli T., Mengdobilovich M. N. ANALYSIS OF GLYCEMIA AND GLUCOSURIA IN PATIENTS WITH DIABETES AND COVID-19 //Open Access Repository. – 2023. – Т. 4. – №. 2. – С. 177-181.
5. Tursunov Feruz O'Ktam O'G'Li, Raximova Gulchiroy Olim Qizi, Isroilova Umidaxon, Turayeva Shaxnoza ASSESSMENT OF CARBOHYDRATE METABOLISM IN PATIENTS WITH DIABETES AND COVID-19 // ReFocus. 2022.
6. Isomadinova L.K. Qudratova Z.E. Shamsiddinova D.K.Samarqand viloyatida urotiliy kasalligi klinik-kechishining o'ziga xos xususiyatlari. Central asian journal of education and innovation №10. 2023, P. 51-53
7. Sabirovna I. N., Fotima I. PROBLEMS OF DIAGNOSIS OF COMMUNITY ACQUIRED PNEUMONIA IN YOUNG CHILDREN //TADQIQOTLAR. UZ. – 2024. – Т. 31. – №. 2. – С. 188-192.



8. Бердиярова Ш.Ш., Юсупова Н.А. Особенности иммунометаболических нарушений иммунологической реактивности при гематогенных остеомиелитах, Вестник науки и образования, 29-32
9. Dushanova G. A., Nabiyeva F. S., Rahimova G. O. FEATURES OF THE DISTRIBUTION OF HLA-ANTIGENS AMONG PEOPLE OF THE UZBEK NATIONALITY IN THE SAMARKAND REGION //Open Access Repository. – 2023. – Т. 10. – №. 10. – С. 14-25.
10. Berdiyarova Sh.Sh., Ahadova M.M., Ochilov S.A. COMPLICATIONS OF TREATMENT OF ACUTE HEMATOGENOUS OSTEOMYELITIS, LITERATURE REVIEW, Galaxy International Interdisciplinary Research Journal 293-298
11. Бердиярова Ш.Ш., Юсупова Н.А., Широных Х.И. Клинико-лабораторная диагностика внебольничных пневмоний у детей, Вестник науки и образования, 80-83
12. Sabirovna I. N. et al. ETIOPATHOGENETIC AND CLINICAL FEATURES OF POST TERM PREGNANCY //Web of Medicine: Journal of Medicine, Practice and Nursing. – 2024. – Т. 2. – №. 1. – С. 54-58.
13. Ибрагимова Н. С., Шарипов Ш., Бобомуродова Д. ПЕРЕНОШЕННАЯ БЕРЕМЕННОСТЬ. ОБЗОР //TADQIQOTLAR. UZ. – 2024. – Т. 31. – №. 1. – С. 39-44.
14. Даминов Ф. А. Анализ результатов хирургического лечения больных узловыми образованиями щитовидной железы //research focus. – 2022. – Т. 1. – №. 2. – С. 120-124.
15. Ибрагимова Н. и др. РАССТРОЙСТВА ИММУННОЙ СИСТЕМЫ. ПАТОГЕНЕТИЧЕСКИЕ ОСНОВЫ //Центральноазиатский журнал академических исследований. – 2024. – Т. 2. – №. 1. – С. 4-8.
16. Isomadinova L.K, Qudratova Z.E., Babaxanova F.Sh.clinico-laboratory features of the course of covid-19 with hepatitis b journal of new century innovations №-3. 2023 P. 60-65.
17. Nabiyeva F. S., Ibragimova N. S., Diamatova D. N. 2-TIP QANDLI DIABET KECHISHINING O'ZIGA XOS XUSUSIYATLARI //TADQIQOTLAR. UZ. – 2024. – Т. 31. – №. 1. – С. 28-32.
18. Широных Х. И., Ибрагимова Н. С., Ибрагимов Б. Ф. НЕБЛАГОПРИЯТНЫЕ ИСХОДЫ СИНДРОМА ПОЛИКИСТОЗНЫХ ЯИЧНИКОВ У МОЛОДЫХ ЖЕНЩИН //Journal of new century innovations. – 2023. – Т. 26. – №. 3. – С. 185-189.
19. Sabirovna I. N., Kizi U. S. I. FEATURES OF THE COURSE OF POSTPONED PREGNANCY //Research Focus. – 2023. – Т. 2. – №. 1. – С. 236-240.

