

## LATE POSTPARTUM COMPLICATIONS AND ITS CORREC

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**Abstract.** With a decrease in mortality, however, the risk of an increase in the number of diseases after childbirth increases; the algorithm for reducing the frequency of inflammatory complications and bleeding during childbirth and the early postpartum period is well covered in the literature.

**Keywords:** algorithm, inflammatory complications, bleeding, birth, early postpartum period.

**Introduction.** In recent years, the Republic of Uzbekistan urovwhat is it maternal mortality rate namnogo sniget angry. Worldwide, its level has decreased by 44% over the past 25 years. In our Republic, the maternal mortality rate for 2016 was almost equal to the world level and amounted to 10.7 per 100 thousand live births (according to the Ministry of Health of the Republic of Uzbekistan for 2016). Today, bleeding remains one of the most common causes of death of women in labor and delivery [2, 4, 6]-they are on the 2nd place, second only to somatic pathology. According to the World Health Organization (WHO), in 2015, more than 30 thousand people died from obstetric bleeding in the world. women, which is undoubtedly the tragedy of modern midwifery.

The problem of late postpartum complications remains poorly understood and relevant today[1, 3, 4, 9,]. The main causes of late postpartum bleeding are the remains of parts of the placenta in the uterine cavity and the hematometer, which lead to a violation of the contractility of the uterus with the development of its subinvolution, an inflammatory reaction of the endometrium and, subsequently, uterine bleeding against the background of a progressive clinical picture of postpartum endometritis [2, 5, 7, 8].

**Material and methods.** The study was carried out on the basis of the Department of Obstetrics and Gynecology in the Bukhara city Maternity complex. We conducted a retrospective analysis of the management and treatment of 75 patients with complications of the late postpartum period from 2016 to 2019.

**Results.** The patients ' age ranged from 19 to 40 years, averaging 28.6+5.06 years. There were 49 (64.5%) women who gave birth for the first time and 26 (35.5%) women who gave birth again. Obstetric history showed that 14 (18.6%) patients had operative delivery, while the remaining 82.4% had spontaneous delivery through the natural birth canal. In 1 patient, the postpartum period was complicated by a tight attachment of the placenta, which required manual separation of the placenta and isolation of the placenta, and in 3 patients, bleeding occurred in the early postpartum

period. Thus, the total number of intrauterine interventions in the early postpartum period, it was 4 (6.5%). The majority of patients (68%) were discharged on days 3-4 in satisfactory condition. Later discharge (5-7 days - 32% of patients) was associated with the child's condition. 14+8.9 days after delivery, the women in labor complained of lower abdominal pain (45% of patients), increased blood discharge from the genital tract (57.6%), increased body temperature and other complaints (34.3%), and therefore the patients were hospitalized. In 26 out of 75 patients (40.8%), vacuum aspiration of the contents of the uterine cavity was performed under intravenous pressure. analgesia with mandatory ultrasound monitoring. 6 (5.6%) of them, due to heavy bleeding, underwent emergency surgery on the 1st day of hospitalization (5 primiparous, 1 recurrent), 20 (35.5%)-on a delayed basis, on the 2nd day from the moment of admission after preliminary preparation in the form of antibacterial, anti-inflammatory, uterotonic therapy. Complex, well-chosen conservative therapy, taking into account the volume of blood loss and its replacement, in some cases allowed to avoid surgical intervention.

**Conclusions.** The problem of late postpartum complications still remains extremely relevant. Promising development of modern treatment algorithms based on knowledge of pathogenesis and the use of the latest pharmacological and surgical technologies.

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