ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

IMPROVING NURSING PRACTICES IN THE CARE OF PREGNANT WOMEN

Kasimova D.A.

Alfraganus University, Tashkent Medical Academy, School of Public Health

Associate Professor, PhD,

E-mail: dilfuza.kasimova.2015@mail.ru

Qurbonova A.R.

School of Public Health, 1st-year Master's Student, Tashkent, Uzbekistan.

aqurbonova77@gmail.com

Abstract: Maternal mortality is an integral indicator of reproductive-age women's health, reflecting the impact of economic, socio-hygienic, and medical-organizational factors at the population level. It also serves as a measure of the effectiveness of maternal and child healthcare services. This article discusses the work of midwives and junior nurses within medical teams serving pregnant women, as well as the opportunities available for nurses today. Additionally, the article provides insights into screening examinations designed to further improve women's health. Information is also provided on comorbidities in pregnant women and the "Healthy Family Room" initiative established in local communities.

Key words: maternal mortality, medical team midwife, screening, visiting nurse, pregnant woman, healthy family room, pregnancy-related diseases, amniotic fluid, women's consultation center, diabetes mellitus, UNICEF, maternal and child health protection.

Maternal mortality is a fundamental indicator of reproductive-age women's health and reflects the population-wide effects of economic, socio-hygienic, and medical-organizational factors. It also serves as a key measure of maternal and child healthcare service effectiveness. (1) Access to emergency medical care is critical for many women, as obstetric hemorrhage is one of the leading causes of maternal death, particularly in cases of hemostatic disorders. (2,3) The most common cause of pregnancy-related bleeding is premature placental abruption (11-45%), along with postpartum and early postnatal hemorrhages (24.2%). Disseminated intravascular coagulation was observed in 10% of cases, with the risk of significant bleeding being linked to specific clinical conditions.

Proper organization of prenatal monitoring for high-risk pregnant women, timely hospitalization, adherence to treatment protocols, and the availability of emergency surgical care are crucial in preventing complications. To ensure this, visiting midwives and nurses must register pregnant women promptly and ensure that they undergo all necessary prenatal examinations.

Prioritizing women's health is essential. As part of primary healthcare services, women aged 35-55 undergo screening programs, including cervical cancer screening every three years by family doctors. (4)For women aged 45-65, breast cancer screening is conducted

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

every two years, including specialist consultations and mammographic examinations. Women aged 15-49 undergo annual preventive check-ups, including assessments for pregnancy contraindications. Specialist consultations and general blood tests are also included in the screening programs.

Within the patronage system, pregnant women undergo medical examinations by a medical team midwife at 12 and 32 weeks of pregnancy. Postpartum women are examined three times—within three days of discharge, and again at 15 and 30 days postpartum. (4) Breast and cervical cancer, which are the leading cause of death among women and occur mainly in 35-65-year-old women, are being screened for early detection.(5)Patronage midwives play a crucial role in monitoring both maternal and infant health from the onset of pregnancy, ensuring all necessary medical check-ups, and overseeing postpartum recovery for 42 days before handing over care to a visiting nurse. Additionally, they educate communities about healthy pregnancies and childbirth. (6) The government prioritizes increasing healthcare accessibility, including the establishment of "Healthy Family" rooms in local communities. These initiatives focus on reducing maternal and child mortality and preventing hereditary diseases among children. (7) Health Risks During Pregnancy Pregnancy increases susceptibility to various diseases, especially infections. Infections affecting the uterus can lead to miscarriage or infertility, highlighting the importance of timely medical treatment. Early intervention prevents premature rupture of amniotic fluid and subsequent septic complications. (8) Normally, amniotic fluid is released after 37 weeks of pregnancy, signaling labor within 24 hours. However, pregnancy-related conditions affecting the placenta can lead to premature rupture. (8) To improve reproductive health and medical care for pregnant women, specialized women's consultation centers and adolescent health departments have been established. Systematic patronage services and reproductive health initiatives have proven effective. Advances in gynecological diagnostics, treatment, and rehabilitation now align with international standards. Qualified specialists in maternal and child health centers conduct on-site medical examinations for pregnant women and reproductive-age women. Training sessions and seminars have been organized, and 15 specialists have undergone professional development abroad (13 in Russia, 1 in Poland, and 1 in Turkey). Amid the COVID-19 pandemic, 15 medical institutions have been designated for pregnant women infected with the virus, with a total capacity of 820 specialized hospital beds. Stakeholders have also discussed ongoing challenges and proposed improvements in maternal and neonatal care policies. Deputies have suggested strengthening healthcare personnel capabilities and revising staffing norms for women's consultation clinics and adolescent health centers. Increasing the number of general practitioners and optimizing workloads would enable better integration of obstetricians, gynecologists, pediatricians, and adolescent gynecologists in primary healthcare settings. The Role of UNICEF and New Patronage Models The Ministry of Health and UNICEF have jointly developed a universal progressive home visit model to improve the quality and accessibility of medical care for pregnant women and children under five. This model enhances monitoring of child development and maternal health during pregnancy and postpartum recovery.

Healthcare professionals gathered in Tashkent for a national meeting to discuss the new patronage model and receive training on risk identification and best practices in maternal and child healthcare. The new model prioritizes not only medical issues but also social, educational, and preventive healthcare measures.

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

Conclusion. Maternal and child health services include obstetric-gynecological and pediatric care, provided through a network of hospitals, women's consultation clinics, perinatal centers, and primary healthcare facilities. Obstetric care is available in urban maternity hospitals, women's clinics, and rural healthcare centers. (9)Diabetes is one of the major health concerns during pregnancy, with two primary types: pre-existing (Type 1 or Type 2) and gestational diabetes. Both forms can pose serious health risks if not managed properly. Pre-existing diabetes refers to diabetes diagnosed before pregnancy, while gestational diabetes develops during pregnancy and usually disappears after delivery. Both types of diabetes can be dangerous for mother and baby if left untreated. One of the main concerns with diabetes during pregnancy is the risk of complications such as high blood pressure, preeclampsia, premature birth and birth defects. Poorly controlled blood sugar levels can lead to larger-than-normal babies, which increases the risk of complications during delivery. To manage diabetes during pregnancy, it is important to work closely with your health care team, which may include an endocrinologist, obstetrician, dietitian, and diabetes educator. They will help you monitor your blood sugar regularly, eat a healthy diet tailored to your needs, stay physically active (with modifications as needed), take any prescription medications or insulin, and exercise regularly. helps create a personalized care plan that includes prenatal care. inspections. Diabetes and pregnancy can present unique challenges, but with proper management and medical care; women with diabetes can successfully conceive and give birth to healthy children. Regular monitoring of blood sugar levels and following a balanced diet plan recommended by health care providers or nutritionists are essential.

By educating yourself about the risks associated with diabetes during pregnancy, you can take proactive steps to effectively manage the condition and have a safe and healthy pregnancy journey. (10)

Summary

In conclusion, it can be said that through this article you can learn about how nurses provide services to pregnant women and what they strictly follow. Screening among the population and the need to ensure the active participation of women and girls aged 15-49 in particular. Bringing medicine closer to the population - the priority task set by our head of state is the measures aimed at forming a healthy family, in particular, the establishment of "Healthy Family" mothers in the neighborhood It plays an important role. It is mainly the duty of the nurses of the medical brigade to implement this among the population. In addition, you can learn information about premature rupture of the hymen in pregnant women and comorbidities of a pregnant woman.

References:

1. Zakirova N, Abdullayeva N. Factors influencing maternal illness and death. //EURASIAN JOURNAL OF ACADEMIC RESEARCH. 2023.-№241

2. Zakirova N.I. // Materinskaya smertnost v regione s vysokoy rojdaemostyu// Obstetrics and Gynecology. S. 21-24. 1998

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

3. Zakirova N. Zakirova F. Abdullayeva N. Features of pregnancy management and birth outcomes in women with fetal macrosomia with active and expectant tactics. Journal of reproductive health and uro-nephrology research. 2022; 3(4):77-79.

4. Khudoyorov L. What kind of patronage and screening examinations does the midwife of the Medical Brigade conduct for women? | Khudoyorov L|| Nurse.-Tashkent,-№1.-B.5.

5. Butayev F. NEW MODEL: How should medical brigades work?| Butayev F.||Nurse.-Tashkent,-№4.-B.12

6. Azimova G. Patronage midwife: incentive, action, result!| G. Azimova|| Nurse.-Tashkent,-№6.-B.6

7. Gozidinov B. How should the "Healthy Family" rooms be!| B Gozidinov|| Nurse.-Tashkent,-№6.-B.8

8. Bekchanova A.S. Observation, assessment and comparison of the pregnancy with premature rupture of the hymen before delivery with last year's results: naunoe izdanie/A.S. Bekchanova, D.T.Ruzmetova, Z.R.Madaminova:{s.n}| |Sovremennye podkhody k standardizatsii okazaniya medical assistant in obstetrics and gynecology practice: materialy nauchno-prakticheskoy conference posvyashchennoy pamyati d.m.n. Professor A.S. Mordukhovich (Tashkent, February 23, 2023).- Tashkent, 2023.-S16.

9. Akhunova N (2022). Maternal and child health care: a new universal model of patronage nurses in women's and children's health care. development of pedagogical technologies in modern sciences, 1(2), 2–4. https://doi.org/10.5281/zenodo.7091366

10. Komiljonova Diabetes and pregnancy: what you need to know O Komiljonova|| Scientific Journal of Biological and Chemical Sciences May 23 / 2024 / Issue 5, pp. 43-44.