

EFFECTS OF POSTPARTUM DEPRESSION ON CHILD HEALTH**Axmadjonova Zuxraxon Akmaljon qizi**

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Abstract: This article aims to identify the factors, signs that cause depression in postpartum mothers as well as depression. The article mainly selected and studied patients with children under one year old. In the disclosure of the research problem, the Edinburgh scale was determined on the basis of its methodology, and methods of prevention and treatment of depression were recommended.

Keywords: depression, pathological process, family environment, stress, clinical screening, Edinburgh scale, postnatal depression, presidential decrees, antipathy.

Relevance. One of the problems that currently puts mothers at risk for their health is postpartum depression. This condition causes mothers to experience feelings of neglect, affection, even hatred for their child. This condition in turn has a negative effect on children, both mentally and physically. And cases of antipathy, especially in relation to mothers' own babies, have a strong negative effect on the developing baby. That is, the mother's indifference, relatively negative attitude towards her nutrition, sleep, the processes of change taking place in her body, pathological conditions in her pose a threat to the child's health.. Therefore, the identification, study and elimination of postpartum depression in mothers remains an important issue before doctors.

The purpose of the study. Identification, study, treatment and development of prevention measures for postpartum depression in mothers.

Material and methods. Postpartum depression is a mental change that occurs in women after the birth of a child, manifested by depression, anxiety, and inability to perform its function. It lasts more than 2 weeks, unlike temporary postpartum depression. This condition occurs in 10-15% of women after childbirth.[1] this pathological process negatively affects the health of the mother and child.

The lessons of the origin of depression are polyethological. In this case, the initial causes are manifested in the following factors:

1. Pain during childbirth;
2. Family environment:
 - a) couple relationships: misunderstanding between them, quarrels;
 - b) mother-in-law Relations: peoples living in Eastern countries in particular, problems in mother-in-law Relations in Uzbek families, difficulties, household chores, especially postpartum situations;
 - c) rituals after the birth of a baby: various traditions, expenses for it;

d) economic problems: inability to provide for the needs of the baby and the mother, cases of financial insufficiency; that is, research by Edward Hagen indicates financial insufficiency as the main cause of the origin of depression in mothers [2].

e) the period between pregnancies; - the short duration of this period implies a negative confirmation of the mother's mental tension both physically and mentally, the inability to pay enough attention to her children, the health of the children;

f) unplanned pregnancy; - Edward Hagen's research found that postpartum depression was associated with unplanned pregnancy and abortion [3].

Based on the analysis of the causes of the origin of the aforementioned depression, its following signs Julia touched on some in her scientific research: deep anxiety, deep sadness, headaches, frequent tearfulness, a feeling of inability to take care of the child, guilt, panic attacks, stress and irritability, fatigue and weakness, inability to concentrate, sleep disorders, loss of interest in intimate contact, a feeling of

Based on these signs, it can be concluded that the exact etiology of postpartum depression is unknown, but hormonal changes after childbirth, inability to get enough sleep, genetic predisposition can be the cause.

For the study and analysis of the causes and signs indicated, we selected patient infants who were being treated in the early-age children's department at Andijan city children's multidisciplinary hospital. Analysis based on the Edinburgh scale, we conducted an anonymous survey by way of a survey. The Edinburgh scale is a presented clinical screening technique in the form of a self-guided survey, it is designed to identify depressive disorders in women of the prenatal and postnatal periods. The procedure is simple, filled by the patient independently, the filling time is 5-6 minutes. The internal structure of the scale is very simple: it consists of 14 points, each of which has 4 levels of responses, served to assess D-depression and Q-fear. The questionnaire was accompanied by questions about the economic condition of the woman, the support of the spouse, the type of childbirth, breastfeeding with the breast. In the end, a score is placed depending on the answers and an assessment of the patient's condition is given, in women who received a score of 0-7, this is normal mood status, in women who received a score of 8-10, postnatal distress, in women with a score of 11-21 and above are women prone to Real postnatal depression.

The result. An analysis of the data obtained during the study showed that out of 18 selected mothers, 1(5.5%) were in a normal state, 3(16.6%) were close to non-food, and the remaining 15(83.2%) mothers were in a nooadthy state. Mothers whose children were up to 6 months old were 14(77.7%). In 4(22.2%) of mothers, it was observed that the child had a miscarriage condition and depression was higher in these mothers. It was observed that the mothers of patients who were recently brought to the hospital also had high rates of depression due to their child and inability to adapt to their new environment, excessive noises, whims of their child and other inconveniences. Mothers with 1 child were 3(16.6%), mothers with 2 were 6(33.3%), mothers with 3 were 7(38.8%), mothers with 4 were 2(11.1%). It was found that mothers who have both boys and girls are 15(83.3%). It turned out that in 4(22.2%) of mothers, the process of childbirth

went through a cross-cutting. Maternal age was 4 people(22.2%) in the range of 20-25, those in the range of 26-30 were 8 people(44.4), those in the range of 31-35 were 5 people(27.7%), those in the range of 36-40 were 1 person(5.5%).

Conclusion:

1. Based on the results obtained above, we found that postpartum depression is higher in mothers who have experienced childbirth in a natural way - because they feel intense pain, in mothers with a state of miscarriage, in young mothers, mothers with 3 or more children, as well as in mothers with short pregnancy intervals. Therefore, the doctors of the family polyclinic should provide young and mothers with postpartum depression with complete information about this, explanatory work, symptoms and causing causes of depression, as well as apply the measures that must be taken to avoid getting into this condition.

2. Conclusions of the above results taking into account that these mothers should be given mental help to get out of depression, and if necessary, sedative drugs or spiritualist help should be provided that do not affect the health of their child.

3. In order for the mother to recover herself, it is necessary to provide comfortable conditions, peace in the family. In this, of course, you need the help of a spouse in raising children. After all, the health of mothers and children is very important not only for family members, but also for doctors.

4. Certain solutions to the problem we are studying are served by decisions and activities dedicated to the social protection of mothers and children carried out by our government [5]. All the measures taken are evidence that special attention is paid to human dignity, its solidity, especially the health of mothers and children in our country. After all, the health of our people is above all else.

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