

CAUSES ORIGIN OF PRETERM BIRTH

Isroilova Guljannat Pardabaevna

Assistant of the Department of Obstetrics and Gynecology
Samarkand State Medical Institute

Abdulxakimova Mohinur-

ordinator of Medical institute

Samarkand, Uzbekistan

E.mail: sevar0887@mail.ru

Tel: +998904506108

Annotation Premature birth occurs for various reasons. Most preterm births occur spontaneously, but some result from early induction of labor or caesarean section for both medical and non-medical reasons.

Key words: Premature birth, causes, infections, indication, risk.

Introduction

Common causes of preterm birth include multiple pregnancies, infections, and chronic conditions such as diabetes and high blood pressure; however, often the cause remains undetected. Genetic factors also play a role. A better understanding of the causes and mechanisms will contribute to the development of ways to prevent preterm birth.

Where and when does preterm birth occur

Over 60% of preterm births occur in Africa and Asia, but preterm births are truly a global problem. In low-income countries, on average, 12% of children are born too early compared to 9% in higher-income countries. Within countries, poorer families are at higher risk.

Top 10 countries with the highest number of preterm births²:

- India: 3,519,100
- China: 1,172,300
- Nigeria: 773,600
- Pakistan: 748,100
- Indonesia: 675,700
- United States of America: 517,400
- Bangladesh: 424,100
- Philippines: 348,900
- Democratic Republic of the Congo: 341,400
- Brazil: 279,300

Top 10 countries with the highest rates of preterm births per 100 live births:

- Malawi: 18.1 per 100
- Comoros: 16.7
- Congo: 16.7
- Zimbabwe: 16.6
- Equatorial Guinea: 16.5
- Mozambique: 16.4
- Gabon: 16.3
- Pakistan: 15.8
- Indonesia: 15.5
- Mauritania: 15.4

Of the 65 countries with reliable trend data, all but three have seen an increase in preterm birth rates over the past 20 years. Possible reasons for this include better measurement, increased maternal age and maternal health issues such as diabetes and high blood pressure, increased fertility treatment that results in higher rates of multiple pregnancy, and changes in obstetric practice towards more preterm births. caesarean section.

There is a huge difference in the survival rate of premature babies depending on where these babies are born. For example, more than 90% of babies born extremely preterm (<28 weeks) in low-income countries die within the first few days of life; while in high-income countries, less than 10% of children born at these gestational ages die.

WHO activities

In May 2012, WHO and partners published Born Too Early - Global Action Report on Preterm Birth, which provides the first ever country-by-country estimates of preterm births.

To reduce health problems and the number of lives lost due to preterm birth, WHO is taking the following specific actions:

- works with Member States and partners to prepare the Every Newborn: Action Plan to End Preventable Mortality as part of the UN Secretary-General's Global Strategy for Maternal and Child Health;
- works with Member States to improve the availability and quality of data on preterm birth;
- Every three to five years, updates the analysis of global levels and trends in preterm births;
- works with partners around the world to conduct research into the causes of preterm birth and test the effectiveness and approaches of interventions to prevent preterm birth and treat preterm babies;
- Regularly updates clinical guidelines for the management of pregnancy and mothers in preterm labor or at risk of preterm birth, as well as guidelines for the care of preterm infants, including the use of the kangaroo method, feeding of infants with low birth weight, management of infections, and respiratory problems, as well as aftercare at home; and
- develops methodologies to improve the skills of health workers and assess the quality of care provided to mothers who are at risk of preterm and premature births;
- supports countries in implementing the WHO guidelines on antenatal care to reduce the risk of negative pregnancy outcomes, including preterm birth, and to ensure a positive pregnancy experience for all women.

Guidelines for Improving Preterm Labor Outcomes

WHO has developed new guidelines with recommendations to improve the outcomes of preterm birth. This set of key interventions can improve the survival chances and health outcomes of preterm babies. Guidelines include interventions for the mother such as steroid injections before delivery, provision of post-water antibiotics before labor begins, and magnesium sulfate to prevent neurological disorders in the baby) and interventions for the newborn such as thermal care (kangaroo), feeding support, safe use of oxygen, and other treatments to make breathing easier for the baby.

WHO is currently coordinating two clinical trials called ACTION (an acronym for Antenatal Corticosteroids for Improving Outcomes in preterm Newborns) in women at risk of preterm birth:

- A multi-country study on the immediate application of the kangaroo method (currently recommending that this method should be started only after the child's condition has stabilized) in Ghana, India, Malawi, Nigeria and the United Republic of Tanzania.
- Implementation study on scaling up the kangaroo method in India and Ethiopia.

Conclusion

These trials will evaluate the safety and efficacy of steroid injections in women and preterm infants in low- and middle-income countries.

Literature

1. AK Islomovna, JG Ergashevna, IG Pardabaevna, Prevention of Vertical Transmission of Infection in Pregnant Women with Hepatitis B, JournalNX, 141-144
2. IG Pardabaevna, Changes in the reproductive system of girls with vitamin D deficiency, Eurasian scientific herald 5, 170-172
3. IG Pardabaevna, SA Khayrillayevich, Optimization of the outcome of pregnancy and childbirth in women with the threat of premature childbirth, E-conference globe, 52-54
4. G Isroilova, K Azimova, M Amonova, The effect of vitamin D deficiency on the formation of the reproductive system in girls, Theoretical & applied science, 381-385
5. G Isroilova, S Abdurahimov, The socio-political activity of the youth of Uzbekistan, International conference on multidisciplinary research and innovative technologies 231-235