

THE EFFECTIVENESS OF STAGE-BY-STAGE REHABILITATION MEASURES IN MATERNITY PATIENTS AFTER CESAREAN SECTION

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Abstract: Abdominal childbirth has significantly reduced the risk of maternal death in a number of pregnancy complications and made childbirth safer for both the mother and the baby. However, septic complications following cesarean section are 10 times more common than after vaginal delivery. This is why the importance of preventing these complications during abdominal surgery is growing.

Rehabilitation after cesarean delivery is a major concern in obstetrics, with great social significance. The surgery itself should not be the end of patient care. Rehabilitation therapy, including physiotherapy, is essential, as it can help restore the body's functions and improve the overall health of the woman.

Key words: rehabilitation, cesarean section

Introduction: Abdominal childbirth has significantly reduced maternal mortality rates in a number of obstetric pathologies and made childbirth safer for the fetus. However, the risk of septic complications after cesarean section is 10 times higher than after delivery through the natural birth canal. That is why the role of methods for the prevention of purulent-septic complications during abdominal delivery is increasing. Rehabilitation of women after cesarean section is an urgent problem of obstetrics, which is of great importance social significance. The operation itself should not be the final stage of patient management. Rehabilitation therapy is necessary, the leading place in which is given to physiotherapeutic agents that have a beneficial effect on the functional state of organs and systems.

The main risk factors contributing to the development of postpartum purulent septic diseases include infections during pregnancy (candidiasis, bacterial vaginosis, mycoplasmosis, herpes, pyelonephritis, etc.). The most a common complication after childbirth is postpartum endometritis. The probability of developing endometritis after abdominal delivery increases 5-10 times compared with spontaneous labor, its frequency remains consistently high, despite a significant number of proposed methods of prevention and treatment. The clinical picture of postpartum endometritis is currently characterized by a late manifestation of symptoms, the presence of atypical, erased forms, which are often characterized by a discrepancy between the general reaction of the body and the severity of the local pathological process.

Various methods of treating postpartum endometritis are known, consisting in drug treatment, including antibacterial drugs of various groups, in various combinations, detoxification and desensitizing therapy, uterotonic drugs. A combination of medications with physical factors is often used.: currents, medicinal electrophoresis, ultrasound therapy, UHF, UFO, helium-neon laser.

Purpose of study – determination of the effectiveness of stage-by-stage rehabilitation measures in the postpartum period in maternity patients after cesarean section.

50 women of reproductive age who underwent cesarean section surgery were examined. The main group consisted of 30 women whose treatment was carried out in three stages (obstetric hospital, women's consultation, sanatorium). In the control group (20 women), treatment was limited to the first and second stages of rehabilitation who underwent the following examination methods:

- anamnesis and assessment of the nature of bleeding
- clinical blood test
- gynecological examination
- ultrasound control.

Results: The phenomena of endometritis of varying severity were observed in 50 maternity hospitals. Of these, 31 (62%) women were delivered by cesarean section, and 19 (38%) women gave birth through the natural birth canal. The age of the subjects was from 18 to 40 years old. 80% of maternity patients had a complicated obstetric and gynecological history. Gynecological diseases (inflammation of the uterus and its appendages, infertility, cervical erosion, uterine fibroids) had 66.7% of women in the past.

Extragenital infection (chronic pyelonephritis, chronic tonsillitis, acute respiratory infections) was diagnosed in 73.3% of patients. Inflammatory diseases of the genital area (bacterial vaginosis, trichomoniasis) occurred in 20% of the observed cases. Complications during pregnancy and childbirth were noted in all maternity hospitals: gestosis (13.3%), polyhydramnios (6.7%), antenatal fetal death (6.7%), prenatal outflow of amniotic fluid (60.0%), early postpartum bleeding (6.7%). Cesarean section was performed on 5 women in labor. Indications for cesarean section: premature detachment of the normally located placenta, abnormalities of labor activity, lack of effect from labor arousal during prenatal discharge of amniotic fluid and the transverse position of the fetus.

The onset of infectious and inflammatory disease was noted from the 3rd day of the postpartum (postoperative) period in 24.0% of maternity patients, on the 6th – in 32.0%, on the 7th– 10th - in 28.0% and on the 12th day in 28.0% of maternity patients

Complaints of abdominal pain were noted in 66.7% of patients; weakness and general malaise – in 53.3%; bloating was detected in 46.7% of patients, chills – in 53.3%; nausea and vomiting were in 40.0% of maternity patients; loose stools – in 20.0%. Headache is noted in 6.7% of patients, dyspnea – in 20.0%.

The severity of endometritis and the form of the disease were assessed according to clinic data (fever, uterine subinvalution, pathological nature of lochia), ultrasound control on the device and laboratory results. When analyzing the birth histories, we identified errors in the tactics of management and treatment of maternity hospitals with

purulent septic diseases: inadequate antibiotic prophylaxis, underestimation of complaints from maternity hospitals, data from paraclinical studies, which caused the late diagnosis of the disease, as well as irrational treatment of local manifestations postpartum infection, which turns into a generalized process.

All patients received traditional therapy after cesarean section, which included antibiotic therapy, uterotonic drugs, etc. Then, in the conditions of the antenatal clinic, magnetic infrared laser therapy was performed for all patients according to the author's method. 50 women who made up the main group underwent sanatorium treatment after the I and II stages. After treatment, 90% of the women in the main group noted an improvement in general well-being, relief of pain syndrome. At the end of the three-stage therapy, a clinical examination was conducted using ultrasound, which indicates regression of endometritis phenomena. Positive dynamics of laboratory parameters was observed: the number of leukocytes statistically significantly decreased to normal, and ESR decreased.

Conclusion: A system of restorative treatment of cesarean section survivors was carried out, including the use of antibiotic prophylaxis in early postoperative rehabilitation. At the first stage and a complex of recreational activities using general magnetic therapy, at the second and resort factors of the republic (Belorechensk nitrogen-thermal waters) – at the III stages. In the main group of maternity hospitals after cesarean section and Stages II and III of treatment showed a more pronounced normalization of the clinical condition and the psycho-emotional sphere, indicators central and regional hemodynamics, immune status, than in women in the control group. Long-term results showed that in the main group, the incidence of purulent-septic complications after cesarean section decreased by 3 times.

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