



## MODERN VIEW ON EMERGENCY CAESAREAN SECTION

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### Resume

The article presents data on situations with an emergency caesao section and a look at them according to the "near-miss" concept. The work was carried out on the basis of the maternity complex of clinic No. 1 of Samarkand State Medical University for 2021-2022. In the course of the study, there were no cases of severe maternal and perinatal morbidity and mortality, which indicates the effectiveness of therapeutic measures in situations of "near-miss".

**Keywords:** emergency caesarean section, delivery, indications, «near-miss»

### Relevance

Currently, caesarean section is the most common abdominal operation worldwide, being performed 2 times more often than appendectomy and 4 times more often than cholecystectomy [1, 4, 7]. With the development and increase in the number of abdominal delivery operations performed, the number of emergency caesarean sections also increased [2, 5, 11]. The most significant risk factors for abdominal delivery are: uterine scar, myopia, hereditary thrombophilia, chronic rheumatic heart disease, lumbar osteochondrosis, pneumonia, arterial hypertension, chronic pyelonephritis, congenital heart disease, preeclampsia, obesity, nephroptosis, dysplastic kyphoscoliosis, cardiomyopathy, anemia, placental insufficiency, abnormal fetal positions (including pelvic), IVF, primiparous 40 years and above.

In modern obstetrics, caesarean section is of great importance, since in the complicated course of pregnancy and childbirth, it allows you to save the health and life of the mother and child. A doctor of any specialty should know the indications for this operation, be able to objectively assess the benefits of a caesarean section for the mother and child, taking into account the possible adverse effects of the operation on the health of the female body, and in case of emergency indications from the mother, perform the operation.



### **Objective:**

study and analyze cases of emergency caesarean sections from a new point of view (“near-miss” concept), evaluate the effectiveness of therapeutic measures in “near-miss” situations.

### **Material and Research Methods**

At the clinic of Samarkand Medical University No. 1, on the basis of the maternity complex for 2021-2022, a retrospective analysis of medical documentation was performed. 152 histories were studied: 76 birth histories (form 096/y) and 76 histories of the development of the newborn (form 097/y). Statistical processing of the obtained data was carried out using MS Office Excel 2013 software, a licensed version of the DataTab Software module.

The analysis of indications for emergency caesarean section was carried out, the analysis of the structure of risk factors for operative delivery was carried out.

### **Research Results**

The study group consisted of 76 women who were delivered by emergency caesarean section. The average age of women was  $27.14 \pm 3.92$  years. Parity of births: 62 (81.58%) - primiparous, 14 (18.42%) - multiparous. The average gestational age at the time of delivery was  $277.12 \pm 13.43$  days, with 5 (6.58%) preterm births noted.

The main indications for emergency abdominal delivery were: fetal distress during childbirth - 30 (39.47%); persistent weakness of labor activity, not amenable to drug correction - 20 (23.32%); clinically narrow pelvis - 12 (15.79%); deviations from the normal biomechanism of labor in occipital presentation of the fetus and extensor presentation of the fetus - 5 (6.58%).

The average duration of the operation was  $39.7 \pm 10.87$  minutes, while regional anesthesia was used in 69 (90.79%) cases, endotracheal anesthesia - in 7 (9.21%) patients. The average volume of blood loss was  $786.18 \pm 183.96$  ml, blood transfusion was performed in 4 (5.26%) cases. It is important to note that there were no organ-removing operations (amputation/extirpation of the uterus) in the study group, which made it possible to preserve the reproductive potential of women.



## Conclusions

Основными показаниями для экстренного кесарева сечения являлись: слабость родовой деятельности (23,32%), дистресс плода (39,47%), клинически узкий таз (15,79%). При этом следует отметить, что в исследуемой группе существенно преобладали первородящие женщины (81,58%). В ходе проведенного исследования случаев тяжелой материнской и перинатальной заболеваемости и смертности установлено не было, что свидетельствует об эффективности лечебных мероприятий в ситуациях «near-miss».

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