

Prevention of Early Birth in Pregnant People with Kidney Disease

Suyarkulova Madhiya Erkinovna

FJSTI Department of Traumatology, Obstetrics and
Gynecology, Candidate of Medical Sciences Phd

Abdullaeva Muazzam Rustamjon kizi

FJSTI Obstetrics and Gynecology,

1st year master's degree

Fergana, Uzbekistan

Annotation: The rate of kidney damage during pregnancy is generally declining worldwide, but remains an important health problem in developing countries. It is also possible that the woman was diagnosed with kidney disease for the first time. Understanding what normal physiological changes in pregnancy are is crucial in diagnostic evaluation. This article discusses the relationship between kidney disease and pregnancy. Discussions included physiological changes in normal pregnancy in a patient with kidney disease and anomalies that occur during pregnancy, the impact of pregnancy on kidney disease, as well as the impact of kidney disease on pregnancy.

Keywords: kidney disease, urinary system, gestational age, clinical manifestations, hypertension, hypertensive pregnancy, dialysis.

Introduction

Kidney disease in women - includes various pathologies that interfere with the normal functioning of these organs of the urinary system. Each kidney disease has its own characteristics, different clinical manifestations and treatment methods. [1] In fact, many kidney diseases are asymptomatic, and patients are unaware of their health problems. Therefore, it is important to understand what the main diseases of the kidneys are, their symptoms and treatment.

As the incidence of chronic kidney disease increases and women continue their pregnancies at an older age, treatment of kidney disease during pregnancy is becoming increasingly relevant for the practicing nephrologist. Women with renal insufficiency face a number of difficulties during pregnancy due to increased physiological requirements for the kidneys and increased risk of developing the disease, potential teratogenicity of drugs, and increased risk of complications such as preeclampsia and preterm birth. [3]

Literature Analysis And Methodology

Kidney disease in pregnant women occurs in all countries of the world, although it is not uniformly distributed and is often endemic in nature. Kidney disease occurs in many parts of the globe. Accordingly, it is difficult to deny that one of the causes of urolithiasis is external environmental conditions. For example, hot climates cause kidney disease, excessive water loss through sweat increases urine concentration, urine becomes too saturated with salts, which precipitate and form stones. According to statistics (V.A. Barsel, 1961), natural foci of urolithiasis are found in the Transcaucasian republics, Central Asia and Donbass, in the Sverdlovsk region. [2]

Results

Exacerbation of kidney disease occurs both in the early stages of pregnancy (15–16 weeks) and later (26–30 weeks), when the enlarged uterus begins to squeeze neighboring organs.

In the second half of pregnancy, toxicosis may worsen again. Anemia and placental dysfunction may also develop.

At 36 weeks, the woman is hospitalized for prophylactic treatment. Natural childbirth is done with the introduction of medications to lower blood pressure and relieve pain. [4]

During pregnancy, a woman should be especially careful about her well-being. It is easy for pregnant women to miss the first signs of kidney problems because the gestation period is different for each woman. What symptoms to look for:

- Rise in body temperature;
- nausea, vomiting;
- swelling of the face, arms, legs;
- Painful pain in the lumbar region or on the affected side;
- Increased pain when walking;
- difficulty urinating;
- the desire to go to the toilet more often.

Discussion

Pregnancy-related kidney injury in young women worldwide is an important cause of maternal and fetal morbidity and mortality. The causes of kidney disease vary geographically and depending on the availability of health resources. In developing countries, the main cause of kidney disease during pregnancy is severe sepsis resulting from septic abortions. Other causes of kidney disease include hypertension from pregnancy and bleeding. Causes of kidney disease in our country also include hypertension of pregnancy and sepsis, heart failure, fatty liver and postpartum hemorrhage. [5]

The overall rate of pregnancy-related kidney disease has declined in recent decades. The disease can be caused by several factors, including an increase in the use of assisted reproductive technologies that allow women to conceive in old age, an increase in the incidence of hypertensive pregnancies, and an increase in obesity. Kidney disease that requires dialysis during pregnancy or postpartum is less common. [6] Kidney disease occurs in 1 in 10,000 pregnant women. Pregnant women with kidney disease should be treated early to prevent premature birth, and experts recommend that pregnant women not give birth.

Conclusion

In summary, women with renal insufficiency are generally advised not to become pregnant. The level of complication is very high. The risk is great for both the mother and the developing baby. If you are thinking of becoming pregnant, talk to your doctor. If you are pregnant, you will need close medical supervision, changes in medicine, and more dialysis to give birth to a healthy baby.

References:

1. A Gadayev "Ichki kasalliklar" Toshkent— Turon Zamin Ziyoyi, 2014
2. M.F. Ziyayeva TERAPIYA (Ichki kasalliklar) TOSHKENT— "ILM ZIYO"—2007
3. Renal Disorders in Pregnancy: Core Curriculum 2019 Maria L. Gonzalez Suarez, Andrea Kattah Joseph P. Published:August 16, CORE CURRICULUM| VOLUME 73, ISSUE 1, P119-130, JANUARY 01, 2019
4. <https://www.lotos74.ru/about/news/beremennost-i-rody-pri-zabolevaniyakh-pochek/>
5. [https://www.ajkd.org/article/S0272-6386\(18\)30770-4/fulltext](https://www.ajkd.org/article/S0272-6386(18)30770-4/fulltext)
6. <https://clinica--urology-ru.turbopages.org/turbo/clinica-urology.ru/s/stati-i-publikatsii/zabolevaniya-pochek-pri-beremennosti-simptomy-diagnostika-dieta/>