

Factors that lead to asphyxia in babies

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Abstract: Asphyxia is considered to be one of the main causes of high morbidity and mortality rates among infants. The proportion of asphyxia in the Perinatal death structure (structure) is 40.3%. Squamous asphyxia is said to be a non-breathing or norithmic as well as a spatially superficial breathing in the presence of a heartbeat. Asphyxia is when a baby is said to be unable to breathe spontaneously due to impaired oxygenation at birth. Asphyxia develops as a result of hypoxia and hypercapnia of the fetus during the antenatal period, characterized by impaired function of important systems and internal organs.

Keywords: asphyxia, fetal hypoxia, metabolic acidosis, Apgar scale, hypercapnia.

Research objective. Features of clinical withdrawal of children born in asphyxia, treatment in an outpatient setting, monitoring and Prevention of complications, carrying out measures aimed at rehabilitation.

Materials and research methods. In the maternity home of the city of Fargana, Fergana region, during 2022-2023, the course, clinic, complications and treatment of the disease were performed in children diagnosed with asphyxia. The taxile used questionnaire survey, statistics, outpatient card copying methods.

Research results and their discussion. In the Fergana City maternity home of Fergana region, on average, 74 babies were born in asphyxia during 2022-23, of which 30% are due to fetal infection, 20% are due to fetal intrauterine hepaxia, 15% are due to social conditions, 10% are due to the fact that medical staff have used improperly curative methods and 25% may be affected by other factors.

The main sign of asphyxia is the appearance of breathing, in which changes in the functioning of the heart are observed, and blood condition and neuromuscular changes come out of observation. The severe or mild course of asphyxia is determined on the Apgar scale. The scale was proposed in 1952 by American obstetrician Virginia Apgar, and is passed by a clinical assessment of her condition 1 and 5 minutes after the birth of the baby. (In this case, the number of heart contractions, independently taking, skin color, reflector sensitivity and muscle tone are evaluated with scores, and

the degree of asphyxia is determined depending on the sum of these scores.) But currently only breathing on the Apgar scale can be a one-to-one criterion.

When assessing the main criteria for asphyxia and its severity, the course of the first-line period and the degree of impact of asphyxia on the internal organs and systems assess the problems. Hence, the degree of asphyxia is estimated based on the course of the first neonatal period (the first 7 days of life).

Babies born with asphyxia are responsible for the help of revitalization. The earlier the revitalization treatment begins, the more positive the effect it will have. This process is carried out in the Maternity Hospital. In this case, the main life indicators of the baby are taken under control and the implementation of rapid relief measures.

Ensuring upper respiratory tract permeability in the infant Revitalization Department is to perform asphyxia. With the help of breathing methods not benefiting, the child begins to normalize the heart, when necessary, medication is also sent to the umbilical system.

After resuscitation assistance in the Maternity Hospital, babies are transferred to an intensive post and regular control over them is carried out.



In conclusion, understanding the developmental processes of fetal hypoxia, as well as dysfunction of the "mother-placenta-fetus" system, is an important issue in modern Perinatology.

The main antenatal risk factor that contributes significantly to the development of asphyxia in newborns is placental insufficiency, which is detected in 32% of cases, which significantly exceeds the indicator in the control group. Various gynecological and extragenital diseases of the mother, pathogenetic dependence, damage to blood vessels with a violation of the functioning of the "mother-placenta-fetus" system, are a characteristic reaction of the placenta to negative influences, representing the mechanism of their implementation. from this risk factor.

Factors that negatively affect the fetus during the Antenatal period and determine a more severe course of asphyxia include premature rupture of membranes, obesity, first pregnancy (38%), medical abortion, and Orvi during pregnancy (31%).

Risk factors for the development of severe asphyxia during the Intrapartum period are the long anhydrous period (13%) and stimulation with oxytocin (6%).

Relatively modifiable (controlled risk factors) include medical abortion, anemia, obesity, hypertension, and smoking history.

The presented information updates the multifactorial nature of such a condition as asphyxia at birth, confirms the need to pay close attention to the health of women of reproductive age (gynecological pathology, prevention and effective treatment of obesity and hypertension, smoking cessation), justifies its importance. Optimization of women's monitoring, in which risk factors are taken into account during pregnancy and childbirth, shows an important part of the unfavorable predictors of asphyxia, which are controlled in nature and therefore prevent the development of severe hypoxic consequences in a child.

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