

OBSTETRIC TACTICS FOR HIV-INFECTED WOMEN*Nematova Khandona**1st year Master's student**Kh.N. Negmatshayeva**Scientific supervisor, decent**2nd Department of Obstetrics and gynecology**Andijan State Medical Institute*

Objective: To develop obstetric tactics for HIV-infected women

Materials and methods: A retrospective analysis of 81 birth histories of HIV-infected women was conducted from 2023 to 2025 at the 2nd maternity hospital of Andijan city.

Results and discussion: 81 pregnant women with HIV infection were admitted to the maternity complex. By gestational age, they were distributed as follows: 60 pregnant women were admitted before 37 weeks, and 21 pregnant women at 38-40 weeks.

76 pregnant women underwent planned cesarean section. The average weight of full-term newborns was 2966.4 ± 396.2 g. 5 HIV-infected women were admitted in the 1st stage of labor with ruptured membranes; they delivered vaginally.

The increased frequency of preterm delivery is likely related to antenatal HIV transmission through the placenta.

Antiretroviral prophylaxis (ARP) during pregnancy was initiated at 14 weeks and continued after childbirth. Preventive therapy was prescribed to newborns within 24 hours, preferably during the first 6-12 hours after birth. In newborns, ELISA testing should be conducted at 18 months. We have developed an algorithm for examining HIV-infected pregnant women.

Conclusion: Based on the obtained data, the optimal delivery time is 37-38 weeks by planned cesarean section, with timely postnatal prevention for newborns in the first 24 hours after delivery.