

**OBSTETRIC MANAGEMENT IN PREGNANT WOMEN WITH UTERINE SCARRING**

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**Objective:** Develop an algorithm for managing women admitted to the maternity ward with a history of uterine scarring to enhance safety and optimize delivery tactics.

**Materials and methods:** Clinical analysis was conducted on the basis of the obstetric complex of the maternity hospital No. 2 in the city of Andijan. The study included 25 pregnant women who had a scar on their uterus after a previously performed cesarean section. Anamnesis data, the course of the current pregnancy, the nature of labor activity, partogram data, features of obstetric tactics, and the outcomes of childbirth for the mother and newborn were studied.

The age of the examined patients ranged from 18 to 40 years: up to 18 years - 2%, 20-30 years - 80%, 30-40 years - 18%. Particular attention was paid to the presence of extragenital pathology, the peculiarities of previous births, and the intergenetic interval.

**Results and their discussion:** Of the 25 women who gave birth, 20 (80%) completed childbirth through the natural birth canal. All of them had undergone a cesarean section in the lower uterine segment more than three years ago, the postoperative period proceeded without complications, and the current pregnancy proceeded successfully. The partogram in these patients did not reveal any pathologies of labor activity, and the condition of the newborns was assessed as satisfactory.

5 (20%) pregnant women were diagnosed with prolonged labor according to the partogram. Two of them underwent amniotomy and oxytocin stimulation followed by successful delivery through the natural birth canal. 3 patients underwent emergency cesarean section due to signs of fetal distress.

The obtained data indicate the possibility of safe delivery through the natural birth canal in women with uterine scars under the following conditions: Anamnestic cesarean section was performed in the lower segment of the uterus. The postoperative period proceeded without complications. The intergenetic interval is at least 3 years. Pelvic dimensions correspond to fetal dimensions, fetal condition is satisfactory.

**Conclusions.** Childbirth through the natural birth canal in women with a scar on the uterus is possible and safe, provided certain criteria are met. Individual approach, careful monitoring, and using a

partogram play a key role in choosing obstetric tactics. Further research will allow for in-depth study of issues related to managing this category of patients and improve approaches to childbirth.