

ASPECTS OF PREVENTION OF MAIN DENTAL DISEASES DURING PREGNANCY**Rakhmonova Feruza Mutalibovna**

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Abstract: The purpose of the work was to study the need to use various methods of preventing dental diseases during pregnancy and to develop a plan of dental treatment and preventive measures for pregnant women. Based on the results of the survey, a low level of awareness and motivation of pregnant women regarding the prevention of dental diseases during pregnancy was revealed and an urgent need was identified to create an algorithm for providing therapeutic and preventive dental care to pregnant patients.

Keywords: Risk factors, pregnancy, method, prevention of dental diseases.

INTRODUCTION: The group at increased risk of dental diseases includes pregnant women and young children, since they are the basis of the health of the nation as a whole. Carrying out prevention during these periods of a person's life is especially effective and allows further reduction of treatment costs. Prevention of dental caries and periodontal disease in pregnant women should pursue a dual goal: to improve the dental status of the woman and to carry out antenatal prevention of dental caries in her unborn child. Measures to prevent dental caries should begin before planning pregnancy or from the early stages of pregnancy and be organized taking into account all present risk factors for dental diseases and necessarily taking into account the nature of the course of pregnancy. Pregnant women often experience a deterioration in dental status, which is the result of the influence of both hormonal changes during a given physiological period and a decrease in local resistance factors in the oral cavity [1, 2].

MATERIALS AND METHODS: During the physiological course of pregnancy, the prevalence of caries is 91.4%, periodontal diseases occur in 90% of cases, damage to previously intact teeth with a predominance of the acute course of the carious process occurs in 38% of patients. Secondary caries, progression of the carious process, enamel hyperesthesia are recorded in 79% of pregnant women, while the rate of increase in caries is 0.83%. With toxicosis in the second half of pregnancy, the prevalence of caries increases to 94.0%, and the intensity of the damage depends on the severity of the toxicosis [4, 5]. The need for therapeutic care occurs in 94.7%, orthopedic care in 56.1% of pregnant women. Emergency surgical interventions at a dental appointment are performed in 2.2% of the total number of pregnant women [6].

The purpose of the work is to study the need to use various methods of preventing dental diseases during pregnancy and to develop a plan of dental treatment and preventive measures for pregnant women.

In the course of the work, the following sanitary-educational, clinical and scientific-clinical work was planned and implemented:

– a survey was conducted of 60 pregnant women attending antenatal clinics in the city.

– a working version of the plan for treatment and preventive measures during pregnancy was drawn up and a form of individual recommendations for the patient was developed based on a clinical examination.

RESULTS AND DISCUSSION: As a result of a survey of 60 pregnant women attending antenatal clinics in the city of Andijan, aged from 19 to 39 years, during various periods of pregnancy (1-3 trimesters), data was obtained that is presented in Table 1.

Table 1 – Assessment of the level of awareness of pregnant women in the city of Andijan on the prevention of dental diseases during pregnancy

Name of the question	Answer options			
	South of Andijan	Andijan Center	North of Andijan	All
1. Frequency of visits to the dentist during pregnancy	- once a year 25%	- once a year 30%	- once a year 25%	27%
	- 2 times a year 25%	- 2 times a year 40%	- 2 times a year 40%	35%
	- if necessary 50%	- if necessary 30%	- if necessary 35%	38%
2. Sanitation of the oral cavity this year	85%	75%	55%	72%
3. Source of information about the need for rehabilitation	- dentist 25%	- dentist 5%	- dentist 15%	13%
	- gynecologist 25%	- gynecologist 25%	- gynecologist 40%	30%
	- general practitioner 0%	- therapist 15%	- general practitioner 5%	7%
	- independent decision 40%	-independent decision 30%	-independent decision 15%	28%
4. Period during which oral cavity sanitation was carried out	- at the pregnancy planning stage 25%	-at the pregnancy planning stage 25%	-at the pregnancy planning stage 40%	30%
	- during pregnancy 60%	- during pregnancy 55%	- during pregnancy 55%	57%
	- deferred for the postpartum period 5%	- deferred for the postpartum period 5%	- postponed until the postpartum period 0%	3%
5. Were you recommended to have an individual plan for visiting a dentist during pregnancy?	30 %	15%	25%	23%
6. What activities were carried out during an appointment with a primary care physician this year?	- conversation, motivation 30%	- conversation, motivation 40%	-conversation, motivation 40%	37%
	- training in oral hygiene, selection of hygiene products and items 5%	- training in oral hygiene, selection of hygiene products and items 10%	- training in oral hygiene, selection of hygiene products and items 0%	5%
	- therapeutic, surgical treatment 55%	- therapeutic, surgical treatment 40%	- therapeutic, surgical treatment 60%	52%
7. The fact of prescribing endogenous preventive drugs by a dentist, obstetrician-gynecologist	- calcium supplements 25%	- calcium supplements 40%	- calcium supplements 45%	37%
	- fluoride preparations 5%	- fluoride preparations 10%	- fluoride preparations 10%	8%
	- multivitamin preparations 55%	- multivitamin preparations 10%	- multivitamin preparations 30%	32%
8. Used items and personal hygiene products for the oral	- toothbrush and toothpaste containing 95%	- toothbrush and toothpaste containing 95% fluoride	- toothbrush and toothpaste containing 95%	95%

cavity; means of exogenous prevention of dental diseases during pregnancy	fluoride		fluoride	
	- floss 20%	-floss 15%	- floss 30%	23%
	- mouth rinse 35%	- mouth rinse 20%	- mouth rinse 0%	18%
	- tongue brush 40%	- tongue brush 10%	- tongue brush 15%	22%
	-chewing gum without sugar 25%	-chewing gum without sugar 30%	-chewing gum without sugar 30%	28%
	- mineralizing gels	- mineralizing gels and medicinal pastes 0%	- mineralizing gels and medicinal pastes 0%	0%
9. Was there a specific diet recommended to you?	20%	10%	25%	18%

CONCLUSION:A low level of awareness and insufficient level of motivation among pregnant women regarding the prevention of dental diseases during pregnancy was revealed. An insufficient level of awareness about the need for preventive measures during pregnancy on the part of dentists was discovered.

Low indicators of dental health and deterioration of dental status during pregnancy indicate the need for a more thorough diagnosis of all risk factors for major dental diseases and the implementation of all stages of treatment and preventive measures during pregnancy based on the results of a full comprehensive examination.

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