

UDK:616.31.084-075.8

**TREATMENT AND PREVENTION OF IRON DEFICIENCY ANEMIA DURING PREGNANCY****Teshayeva Dilbar****Narzilloyeva Zilola**

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**Abstract:**Iron deficiency anemia is a common disease in pregnant women. This disease has a negative effect on both the woman and the fetus. In the treatment of this type of anemia, both enteral and parenteral methods of taking iron preparations are used. This article reviews the literature on iron deficiency anemia during pregnancy.

**Key words:**iron deficiency anemia, parenteral method, enteral method, iron-polymaltose, reproductive age, cognitive function

Iron deficiency anemia (IDA) is the most common deficiency condition and the most common form of anemia in pregnant women. Its clinical consequences are very important, because the negative effects of iron deficiency affect not only the woman's body, but can also affect the course of pregnancy and the health of newborns. The first method of treatment of iron deficiency is to take iron preparations by enteral method, the most effective and safe form of which is currently the iron-polymaltose complex. In severe anemia, the preferred alternative is intravenous iron supplementation. Timely diagnosis and adequate therapy allow to restore iron metabolism in a pregnant woman in the shortest possible time and prevent the development of complications [3].

Anemia is often detected in women during pregnancy and postpartum. This is due to the increased physiological needs of the fetus and often to the decrease of iron reserves in the mother's body. Iron deficiency during pregnancy can cause a number of complications both for the woman herself and for the newborn baby. The fastest, most effective and safe correction of iron deficiency anemia, especially its severe forms, helps to prevent complications and improve pregnancy outcomes.

The main treatment for iron deficiency anemia is taking iron supplements. However, taking into account the specific characteristics of absorption of iron in the gastrointestinal tract, oral forms may not be effective in all cases. Iron carboxymaltose is an intravenous drug that is well tolerated and, most importantly, effective in the treatment of iron deficiency in pregnant women from the second trimester and in the postpartum period, and provides rapid replacement [4].

Iron deficiency anemia is a common disease. According to various sources, it occurs in most women of reproductive age, pregnant women and postpartum women. This is due to higher iron requirements during pregnancy and increased iron intake in the postpartum period. The selection of the most effective iron replacement drug, the effect of which takes place in the shortest time, is the basis for the optimal solution of this problem and contributes to positive results [1].

Iron deficiency anemia (IDA) is associated with a number of pathological conditions of the gastrointestinal tract. In addition to inflammatory bowel disease, TTA is often associated with chronic liver disease. Various factors such as chronic blood loss, malabsorption, and inflammation contribute to the development of TTA. Although patients with symptoms of anemia are often

initially referred to gastroenterologists, the approach to diagnosis, treatment, and follow-up is not standardized or optimal. Iron deficiency, even when symptoms of anemia do not develop, can significantly affect physical health and cognitive function and reduce quality of life. Therefore, it is important to regularly evaluate the iron concentration and understand the clinical consequences of a decrease in the concentration of iron in the blood serum by other specialists: surgeons, therapists, cardiologists.

Currently, due to the introduction of effective and well-tolerated parenteral iron preparations into clinical practice, the possibilities of treatment of iron deficiency anemia are expanding. There are no systematic reviews on the treatment of iron deficiency anemia and, in particular, on the treatment of patients with gastrointestinal diseases in the available scientific periodicals. This review summarizes the current understanding of the course of TTA in specific diseases of the gastrointestinal tract and liver and discusses a unified approach to the treatment of anemia and iron deficiency in daily clinical practice [2].

The average incidence of iron deficiency in pregnant women in the world is 25 to 50%. Their prevalence ranges from 35 to 75% in developing countries, and 18-20% in developed countries. According to the Russian Ministry of Health, the average frequency of iron deficiency in pregnant women in the Russian Federation is from 39 to 44%, and in postpartum women from 24 to 27%. Iron deficiency negatively affects pregnancy, childbirth and the postpartum period, the condition of the fetus and newborn, which is the risk of pregnancy, placental insufficiency, growth retardation and fetal hypoxia, premature birth, weak labor helps to increase the frequency. , the frequency and volume of pathological blood loss during childbirth and in the early postpartum period, infectious complications and hypogalactia in postpartum women.

Taking iron preparations for the purpose of prevention reduces the risk of anemia in the mother during childbirth by 70% and iron deficiency by 57%. Among oral iron preparations, Sorbifer Durules (EGIS, Hungary) has proven itself well. In recent years, the use of this drug in a large sample of pregnant women and postpartum women has proven its effectiveness in the treatment of ID in this patient group [5].

Iron deficiency in pregnant women, not only openly, but also in a hidden form, has a negative impact on pregnancy and childbirth, the postpartum period, the condition of the fetus and newborn, and as a result, it is still one of the pressing problems today. remains. modern obstetrics. The article reflects the modern view of the etiology, pathogenesis, clinical presentation, diagnosis, prevention and treatment of this condition. To date, two clinical variants of iron deficiency in pregnant women have been identified: typical and atypical. Criteria for diagnosing hidden iron deficiency in pregnant women have been developed. Lack of timely treatment in the stage of latent deficiency leads to the development of anemia in 65% of pregnant women. At the same time, selective prevention prevents 94% of its development, thereby significantly reducing placental insufficiency and fetal growth retardation [6].

Optimizing the diagnosis and treatment of pregnant women with iron deficiency and chronic pyelonephritis to reduce obstetric and perinatal complications. Materials and methods. A prospective cohort study was conducted that included data from 119 pregnant women; The main group included 52 patients with hidden iron deficiency and chronic pyelonephritis, and the comparison group included 67 women with hidden iron deficiency without chronic pyelonephritis. Different funds of iron metabolism, changes in the level of proteins in the acute phase were studied, the effectiveness of selective prevention of pulmonary hypertension was analyzed.

**Summary:**One of the most common diseases in pregnant women today is iron deficiency anemia. This disease affects not only the woman herself, but also the fetus, and an anemic child is born from a woman with iron deficiency. Many scientists have conducted scientific work on the treatment and prevention of iron deficiency anemia. Despite the fact that many iron preparations are used, the complete treatment and prevention of this disease during pregnancy has not yet been fully resolved.

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