ASSESSMENT CRITERIA FOR POSTOPERATIVE SCAR DISABILITY IN WOMEN WHO HAVE HAD A CAESAREAN SECTION

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Relevance and necessity of the topic. In modern obstetrics, the number of caesarean sections is increasing every year. This is influenced by the rapid development of modern medical science, the improvement of surgical techniques, the emergence of new suture materials and broad-spectrum antibiotics, analgesia, and the change in society's attitude to childbirth [12]. coming extragenital pathologies [17;29].

The frequency of operative delivery in Uzbekistan is about 23% of all deliveries. According to their reports for the years 2017-2022, from 5100 to 5897 births are carried out by operation per year, and the number of women with a scar on the uterus increased from 568 to 618, and one scar the number of women dominated. The majority of women who completed childbirth with CK corresponded to district medical associations. Women who gave birth for the first time ranged from 10.5% to 17.7%. During pregnancy, 68% to 77.2% of women have various extragenital diseases: obesity, myopia, chronic pyelonephritis, chronic gastritis, anemia, hypertension, hypertensive conditions, neurocirculatory dystonia, hydronephrosis, and varicose veins. In 91.3-92.3% of those who had repeated births, childbirth ended with a repeat caesarean section with removal of the postoperative scar. 7% of women with one uterine scar gave birth through a natural birth canal.

According to world scientists [55, 67], the average frequency of CK worldwide is 18.1%, and the highest rate (100%) is the wrong position of the fetus (including the presence of CC in the anamnesis) also corresponds to the first delivery in the form of a pelvic presentation of the fetus (92.3%). These numbers confirm that delivery tactics have changed (60-80%) in the direction of CK when the fetus is in the pelvis [6, 11, 32]. The frequency of completion of delivery by CK with lower median laparotomy decreased from 67.3% to 41.0% [44, 52]. At the same time, an increase in the frequency of performing this operation with transverse laparotomy was noted from 21.9% to 50%, which corresponds to modern trends.

Expanding the indications for CK is justified if it leads to a reduction in perinatal morbidity and mortality. It is known from the literature that in 8-10% of all births, CC surgery actually leads to a decrease in perinatal mortality, but in the frequency of completion of labor through the abdominal cavity, perinatal mortality is more than 15-17%. There are also data on increasing the probability of postoperative complications without changing the indicators [67]. However, there are conflicting opinions on this topic, and different studies provide different information. An analysis of the intranatal causes of severe conditions in term infants showed that the high frequency (33.6%) of intra-abdominal delivery was not a factor in reducing perinatal morbidity [4]. There is no doubt that it is impossible to solve the problem of high perinatal mortality by increasing the frequency of CK surgery , because this indicator depends on many factors. But we can see in all studies that the percentage of CK is constantly growing , which causes a number of new problems: on the one hand, it is the increase of purulent-septic diseases and the search for effective measures for their prevention and treatment, on the other hand, Complications of pregnancy and childbirth in the presence of uterine scar after CC [73].

Childbirth is the final stage of pregnancy, and the condition of the mother and newborn depends on the correctness of the tactics of carrying them, therefore, new high-tech research methods are being developed for more effective management of pregnancy and childbirth [33]. In a

situation where the frequency of delivery through the abdominal cavity is high, it is natural to analyze the instructions for this operation. Some of the guidelines that have been generally accepted for many years and require urgent intervention are, as a rule, consistent with classic obstetrics and certainly remain unchanged, but some are emerging due to the introduction of new technologies into obstetric practice [11, 23].

Abdominal delivery is necessary to change the outcome of childbirth in a positive way in the situation where it can suffer for the fetus (premature separation of the placenta, placental insufficiency, etc.), i.e. fetal distress syndrome . Other factors affecting the rate of KK include: relative safety of the operation, reduced risk to the fetus, absence of damage to the pelvic floor muscles, convenience for the obstetrician, less bleeding, and finally, the patient's preference.

The main indications for CK in modern obstetrics by the mother: severe extragenital pathology, severe preeclampsia, eclampsia; by the fetus: fetal distress, placental abruption, breech presentation and large fetus, multiple pregnancy [11].

When the desire of women to give birth by surgery was studied, such a desire was expressed by 1.5 to 9.8 percent of women [19, 76]. According to the world literature, among obstetricians and gynecologists, 31% of women and 8% of men supported CK by choice, for other specialists, these data were 14.6% and 16.4%, respectively. [8]. However, 95% of midwives in England were against performing CK at the patient's request [44].

Conclusion : Today, many studies are devoted to the problem of adaptation and timely resuscitation of newborns after CK. There is a risk of neonatal respiratory disease [20] and neonatal injury [38] during delivery via CC. It is known from the literature that the risk of developing bronchial asthma increases by 40% even in planned CC [63]. According to the literature, the frequency of respiratory disorders after scheduled birth control in full-term newborns is 1.8-30%, during emergency birth control it is 1.2- It is 11.2% and does not exceed 0.5-3.7% during natural childbirth [64]. The period of adaptation to the external environment of children born by CC surgery is much more difficult than that of children born through the natural birth canal [63].

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