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SOCIAL ASPECTS OF CESAREAN SECTION

Abstract: Caesarean section is a surgical intervention that affects the abdomen and pelvis. Sometimes this method of giving birth to a child is chosen by the expectant mother voluntarily, but taking into account the fact that complications arise after it and repeated hospitalization is carried out.

Keywords: obstetrics, caesarean section, medical care, healthcare.

Caesarean section is a surgical operation in which the pregnant uterus is dissected, the fetus and the afterbirth are extracted, and the integrity of the uterine wall is restored.

CS is one of the most common operations in obstetric practice, related to emergency benefits, which should be able to perform not only every obstetrician-gynecologist, but also a doctor of any specialty who owns surgical equipment.

Any surgical operation is associated with a certain risk. Sometimes a caesarean section is necessary for medical reasons in order to save the mother or child. In such cases, this is the only and safest way out. But in some situations, the choice is not so obvious. Sometimes a woman in labor and a doctor need to weigh all the pros and cons of performing a cesarean section in order to make the best decision. In some countries, up to 33.3% of babies were born this way, although unions of obstetricians and many leading gynecologists in a number of countries speak out against this complex abdominal surgery. According to many specialists, the country's healthcare is experiencing a negative moment - the spread of cesarean section continues instead of the natural process of childbirth, which still distinguishes our medicine.

The level of development of the healthcare system clearly reflects the social security of the population, and the degree of introduction of modern technologies in healthcare - the level of technological development of each country. Therefore, the allocation of healthcare to a priority development sector shows the declared degree of interest of the country in achieving the current level of development.

In the last 30 years, there have been fundamental changes in the quality of life in the world, which allows us to call the current period informational, significantly affecting the economy of all countries. To a large extent, this affected social aspects, in particular medical care for the world's population. Positive processes are going on dynamically in the healthcare system of industrialized countries, which are difficult to compare with anything that has happened before.

An important aspect of modern medicine is the high and not always justified awareness of the population due to easy access to the medical database, which is accompanied by low patient preparedness for objective perception and correct interpretation of fragmentary and incomplete information obtained from the Internet, and, as a consequence, causes a large number of lawsuits against doctors. In the USA, for example, this has reached the scale of a national problem, and since doctors are not objectively protected before filing lawsuits against them, they take preventive measures and try to confirm each of their actions, each diagnosis repeatedly and exhaustively with additional tests. For example, in order to operate on a patient, they need to conduct at least two mutually confirming analyses even in a completely obvious case, which ultimately significantly increases the cost of medical services. In the conditions of our medicine, this also leads to an increase in the length of stay in the hospital, because it is associated with the usual slowness of the staff performing any actions and procedures. And the absurdity of such a situation is further fueled by unqualified and redundant information offered by television programs

for any illiterate patient. A good plan to increase the medical literacy of the population does not receive the intended continuation, because it does not guarantee an adequate perception of the information offered at the level of a "crooked mirror" by the audience. And a certain self-confident citizen, after watching a TV show, begins to teach the doctor how to treat him, leaving, nevertheless, responsibility for the result on this unfortunate object of his annoying "upbringing".

Especially in the context of her speech, "Firstly, hospitals are not working effectively enough in many regions. ... In most countries of the world ... simple gynecological and urological interventions are performed in a day hospital or outpatient. This resource is still little used in our country. ... But, obviously, without additional resources, further development is unlikely to be possible: increasing the volume of high-tech assistance, the development and introduction of new methods of diagnosis, treatment and rehabilitation require additional financial support... the weak work of polyclinics and hospitals, which patients complain about, is not always associated with insufficient funding."

"Half of the births by caesarean section could have been avoided," experts say, many of them consider this operation dangerous. According to the latest research conducted in the USA, for children born by caesarean section, the risk of complications associated with the respiratory system is higher, and maternal mortality is higher than with natural childbirth.

In Switzerland, where the proportion of stillbirths has long been 4-5 cases per 1000 births, on the contrary, the difference between physiological childbirth and cesarean delivery is considered purely academic, declaring that the advantages and disadvantages of both methods are approximately comparable.

There are different opinions: "This constant reproach borders on discrediting. I recommend cesarean section to my patients for medical reasons," Nadine Kunzi-Binswanger, a doctor at the leading Swiss clinic Linden hospital Bern, was indignant. Unwillingness to take risks and pain during natural

childbirth of the patient can be considered the basis for cesarean section, the doctor confirms. And some of his Swiss colleagues, on the contrary, argue that cesarean delivery is just big business.

At the same time, dialogues about the expediency of cesarean section cannot continue forever, for example, Turkey has already finished with them: the government has decided on the possibility of such surgical intervention solely for medical reasons. In addition to them, it should be noted that the highest level of public confidence in medicine is observed, according to the results of surveys conducted, in Sweden, Canada and the USA. Thus, 75% of Swedes and 70% of Canadian citizens believe that it is easy for them to get qualified medical help in case of illness, and only 51% of Americans agree with them. At the same time, in Russia, Hungary and South Korea, the indicator of trust in healthcare is less than 30% 16. The latter is also conditioned by the statistical results given, where it can be seen by its indicators.

The analysis of the situation shows that this situation, in addition to insufficient financing of the industry, is associated with other factors. Thus, the existence of autonomous maternity hospitals, outside the system of the universal hospital complex, significantly constrains the level of their development. The narrow specialization of employees of such institutions and the separation from doctors of other specialties sharply reduces the efficiency of work, especially with the slightest difficulties in the conditions of delivery. The emergency involvement of employees of other medical institutions to provide medical services or the transfer of patients to multi-specialty hospitals with any complications certainly gives some effect. The process of securing maternity hospitals to multidisciplinary hospitals currently being implemented can generally give a practical positive result, but with the continued separation of these institutions geographically, organizationally, etc., one should not expect rapid progress from this action. These subsystems should be combined organically and act completely synchronously. Another negative point is the

continued spread of Cesarean section instead of the natural process of childbirth, which still distinguishes our medicine. An analysis of the current state of medicine in various countries has shown a similar situation in relation to the methods of outpatient support of pregnancy and delivery. With a relatively high prevalence of cesarean section and even the presence in some countries of trends towards an increase in the percentage of deliveries by such methods, a more cautious approach to choosing a caesarean section instead of the natural course of labor should be recommended.

In modern obstetrics, CS is of great importance, since in the complicated course of pregnancy and childbirth, it allows you to preserve the health and life of the mother and child. CS as any surgical intervention can have adverse consequences both in the immediate postoperative period (bleeding, infection, pulmonary embolism (PE), ovarian embolism, peritonitis) and in the long-term periods of a woman's life. Despite the use of high-quality suture material, complications of the operation in the mother continue to be recorded. CS can influence the further childbearing function of women: infertility, habitual miscarriage, menstrual cycle disorders, placenta previa, true placenta accretion during subsequent pregnancy may develop. CS cannot always preserve the health of the child, especially with deep miscarriage, over-bearing, infectious fetal disease, severe hypoxia.

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