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ORGANIZATION OF MEDICAL CARE IN NEONATOLOGY

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ABSTRACT: - The main direction of the neonatology service is medical and diagnostic assistance. The training of highly qualified specialists, the effective organization of neonatal services and the availability of modern equipment make it possible to qualitatively help critically ill newborn children. The purpose of the study: to analyze the work of the department of intensive care and neonatal resuscitation of the Samarkand regional multidisciplinary Center for the period from 2017 to 2021. The research material was the annual reporting data of this department for 2017-2021. For the period from 2017 to 2021. 3666 newborns were admitted to the department, of which 589 (16%) and 3074 (84%) were admitted to the surgical department for somatic diseases, 3123 (85%) newborns were admitted from the districts of the Samarkand region, 537 (15%) from the city of Samarkand and 635 (17.3%) from other regions. High qualification of doctors, good diagnostics ensured timely resuscitation, respiratory support for newborns, correction of hemodynamic disorders, infusion therapy of newborns.

But despite the intensive therapy carried out, neonatal mortality averages 10%, which poses new challenges for improving neonatal care. Thus, intensive care in neonatal intensive care is one of the main links in the provision of medical care to newborns, which requires a high level of knowledge from our doctors, the use of modern diagnostic methods, treatment that comply with state protocols.

KEYWORDS: Infusion, neonatology, resuscitation, therapy, newborn.

INTRODUCTION

Over the past two decades, a special direction in perinatology has appeared — intensive therapy of newborns, which provides for a complex of therapeutic measures at the birth of a child with oxygen deficiency (asphyxia), aimed at restoring cardiac activity, respiration, blood flow, metabolism in all vital organs [1,5,9,12]. Neonatology is the care of newborns from the first day to 40 days of life, especially those who were born prematurely, as well as with the detection, diagnosis and treatment of specific diseases of this age group, as well as the preservation of life and care for prematurely born newborns. Intensive development of science and technology contributed to a deeper study and understanding of the pathophysiology of premature infants, which contributed to the active nursing of children with extremely low body weight up to 500 grams [4,6,8,10] Despite the obvious progress in medical science, infant mortality in the country remains high. Neonatology, as one of the young and promising areas in medicine, expands its capabilities according to the requirements of the time and sets new tasks for itself. The improvement of neonatology medical care is the most important factor in reducing mortality and disability of newborn children.

The main direction of the neonatology service is medical and diagnostic assistance [2,3,7,11]. The training of highly qualified specialists, the effective organization of neonatal services and the availability of modern equipment make it possible to qualitatively help critically ill newborn children. Given the urgency of this problem, we were tasked with learning how effective intensive care is carried out in the intensive care unit and neonatal intensive care unit of the Samarkand regional Multidisciplinary Center. The purpose of the study: to organize medical care and analyze the work of the neonatal intensive care and resuscitation department of the regional children's medical multidisciplinary center of Samarkand for the period from 2017 to 2021.

Research materials: The study was conducted in the Samarkand Regional Children's Medical Multidisciplinary Center in the neonatal intensive care and intensive care unit. The research material was the annual reporting data of this department for 2017-2021. Results and discussion: in 2017, in the city of Samarkand in the regional multidisciplinary center, a neonatal intensive care and resuscitation department was established, which consists of a newborn department with 6 beds and a newborn surgery department with 3 beds. The neonatal intensive care unit is ready to act promptly at any time, it is equipped with all the necessary equipment to provide rapid resuscitation of a newborn:

- ventilators (Artificial lung ventilation), which regulate all parameters of the newborn's respiratory system;
- SPAP devices that generate positive pressure at the end of exhalation;
- 4 incubators for premature babies that regulate the temperature and humidity of the environment;
- 6 resuscitation tables with irradiating heat regulating the body temperature of the newborn;
- a mobile ultrasound device that allows you to do ultrasonography,

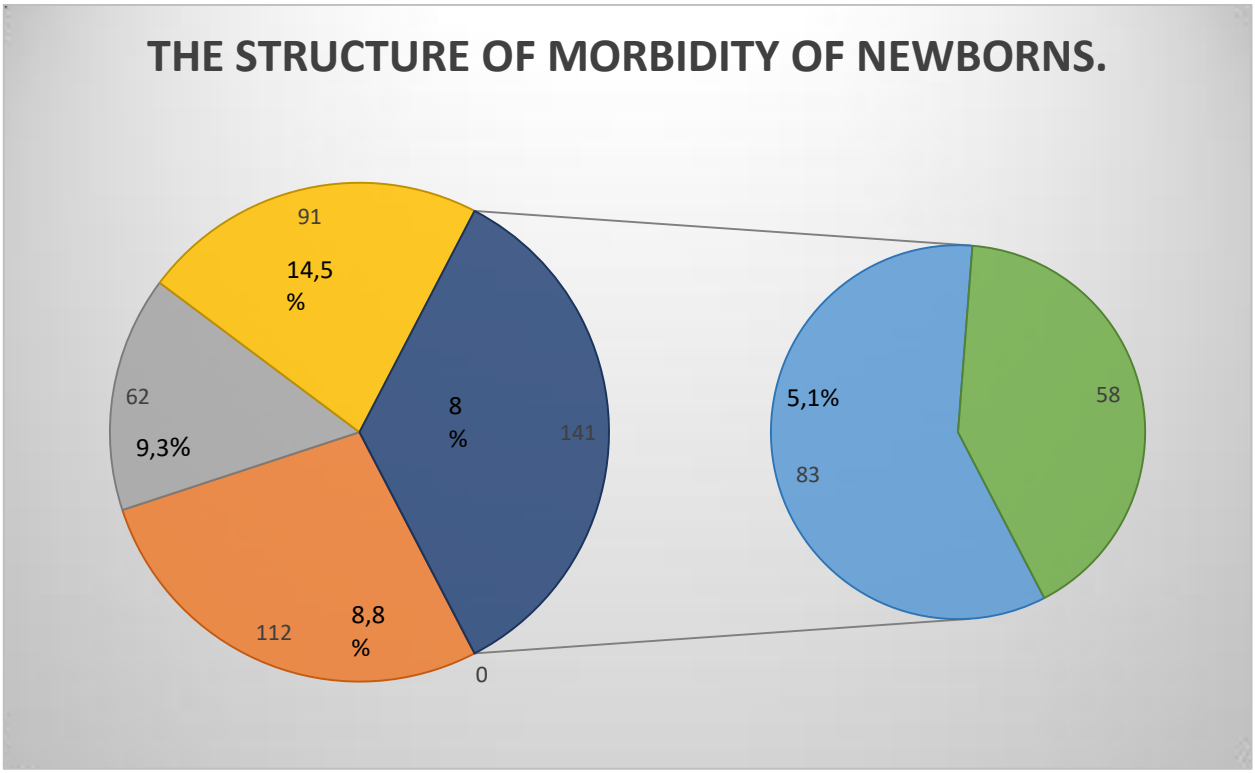
neurosonography, ultrasound Doppler at the patient's bed, in the case when the newborn is not transportable;
- mobile X-ray machine.
- Mobile device Echo-KG

The consulting and curative care of a neonatologist and a pediatric surgeon includes:

- Assessment of the health status of the newborn;
- Diagnosis and treatment of acute diseases;
- Monitoring the growth and normal development of the newborn;
- Advice on breastfeeding and recommendations on mixed and artificial feeding of a newborn baby;
- Prevention of diseases (vaccination according to the neonatal period);
- Constant monitoring of a newborn in need of intensive care.

During the period from 2017 to 2020, 3666 newborns were admitted to the department, of which 589 (16%) and 3074 (84%) were admitted to the surgical department for somatic diseases. 3123 (85%) newborns were admitted from the districts of the Samarkand region, 537 (15%) from the city of Samarkand and 635 (17.3%) from other areas. Most of the newborns were hospitalized from maternity complexes in the city of Samarkand. The most frequent transfers are from maternity hospital No. 2,454 (71%). The smallest number of transfers from the perinatal center is 42 (7%) draws1.

Draws1.



The age of newborns at admission was 19% (696) on the first day, 2 days 19% (696), 3 days 8% (293), 4 days 7% (256), 4-10 days 19% (696),11-30 days 19% (696), 1 month 8% (293). According to nosology, intrauterine infections, damage to the central nervous system, respiratory disorders syndromes, congenital malformations, surgical diseases occupy a leading place. Risk factors that led to the development of the pathological

condition of the newborn mother's disease are severe forms of anemia, SARS infections, chronic and acute respiratory diseases, inflammatory diseases of the urinary system, frequent diseases of acute respiratory viral infections, gestosis, hereditary diseases, close related marriages. Perinatal mortality for the periods from 2017 to 2021 averaged 10%.

According to the gestation period among the deceased newborns, full-term infants accounted for 51% and premature infants 49%. Among premature infants with low body weight there were 49%, with very low body weight 35% and with extremely low body weight 16%.

The cause of death was brain edema - 7%, DIC syndrome -30%, acute renal failure - 26%, shock - 7%, acute heart failure - 30%. The mortality rate from surgical pathology was 34%. In this structure, intestinal obstruction is in the first place and amounts to 38%, esophageal atresia - 26%, diaphragmatic hernia -12%, pylorostenosis - 12%, necrotic enterocolitis - 6%, congenital malformations - 6%.

Mortality, depending on the place of admission, was 64% among newborns admitted from maternity hospitals and 36% from home. Pathoanatomic autopsy was performed in 82% of cases. High qualification of doctors, good diagnostics ensured timely resuscitation, respiratory support for newborns, correction of hemodynamic disorders, infusion therapy of newborns. Knowledge of the peculiarities of care and intensive care in children with extremely low body weight contributed to the nursing of children from this group. Special attention was paid to the psychological state of the parents of newborn children. Mothers received reliable information, participated as much as possible in the care of babies, providing breast milk, maintained compliance with the thermal regime, the "kangaroo" method was widely used. The close contact between the sick newborn and his parents, as well as the friendly attitude of the medical staff, had a very positive effect on the health of the babies.But despite the intensive therapy, neonatal mortality averages 10%, which poses new challenges for improving neonatal care.

First of all, it is: - professional development of doctors, nurses - adoption of experience in this field in leading medical institutions of our country and abroad, - acquisition of modern diagnostic equipment, - improvement of the conditions of stay of newborns corresponding to European standards.

During their stay in the hospital, newborns undergo a large number of manipulations and procedures, most of which are quite painful. Adequate analgesia and pain prevention during manipulations and procedures can reduce the discomfort of the child, improve the tolerance of medical manipulations and care procedures.

CONCLUSIONS

Thus, intensive care in neonatal intensive care is one of the main links in the provision of medical care to newborns, which requires a high level of knowledge from our doctors, the use of modern diagnostic methods, and treatment that comply with state protocols.

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