



The Main Types and Causes of Female Infertility

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ABSTRACT

This article discusses the factors influencing the occurrence of infertility in women, the main types and diagnosis, as well as methods of treatment. Female infertility is a special condition of the reproductive system in which conception does not occur with regular unprotected sex for 12 months, and for women over 35 years - for 6 months.

Keywords:

infertility, hormonal failure, conception, menopause

Introduction

Talking about infertility as such cannot be limited to physiological problems of female or male body. Nowadays this problem has reached a social level: unwanted pregnancies, early abortions, non-traditional sexual orientation, and other factors adversely affect the psychological state of society. However, infertility due to problems or diseases of the reproductive organs is still one of the major problems.

Causes of Infertility

There are several reasons why a woman cannot get pregnant. If it is not due to poor fertility (ability of spermatozoa to fertilise) of the partner, the specialist should first look at the following variants:

- Genetic and congenital abnormalities of the reproductive organs;
- Inflammations of the pelvic organs;
- Natural decline in the function of the sexual system;
- Metabolic imbalances and increased stress;
- Hormonal imbalance and other causes.

Types of infertility

Infertility can be divided into primary infertility, in which a woman is unable to have a child due to her inability either to become pregnant or to

bear and give birth to a live child, and secondary infertility, in which a woman is unable to conceive again after having either had a previous pregnancy or has previously been able to bear and give birth to a live child.

Infertility is considered absolute when a woman has no fallopian tubes or even the uterus itself for any reason. Women with this pathology are not able to bear a child on their own, but with the development of assisted reproductive technology such as IVF (in vitro fertilisation) or surrogacy these women now have a chance to have a biological child.

Relative or temporary infertility is often caused by reasons that prevent conception at the moment. For example, anovulation, which is a monophasic menstrual cycle characterised by the absence of ovulation while maintaining regular uterine bleeding. This occurs for various reasons: a change of climate, puberty or menopause. Relative infertility is manageable with the right approach and timely treatment.

The greatest importance is given to the classification according to the cause that prevents conception. Endocrine infertility may be due to pathologies of the ovaries (ovarian malnutrition, polycystic ovary syndrome, etc.) and other endocrine (hypothalamus, pituitary gland, adrenal glands, thyroid gland) and non-

endocrine organs (liver, kidneys, etc.). Endocrine infertility may be caused by a metabolic disorder, mental stress, etc. Whatever may be the cause of endocrine infertility, its key moment is always a failure of the ovulation mechanism (anovulation).

Tubal-peritoneal infertility is characterised by an obstruction of the fallopian tubes due to an inflammatory process or atrophy of the cilia that ensure the oocyte's passage inside the tubes.

Uterine infertility is a pathology or absence of the uterus, the organ in which the embryo attaches and carries the fetus. Uterine abnormalities may be congenital (intrauterine septum, double uterus, uterine doubling, etc.) and acquired (uterine excision or scarring after surgery, uterine myoma, endometritis, polyposis, endometrial hyperplasia, etc.). Infertility in endometriosis - an abnormal growth of the endometrium (the internal layer of the uterus walls) outside the uterus.

Immunological infertility is characterised by the production of antibodies to male sex cells.

Chromosomal abnormalities may lead to sterility in a woman. Psychological infertility is seen as the result of a woman's conscious or unconscious reluctance to have a child. Sometimes it is fear of pregnancy and childbirth, sometimes unwillingness to have a child with a man, sometimes resistance to the changes in appearance that pregnancy can cause, and so on. "Infertility of unclear genesis" (idiopathic infertility) is established when a comprehensive examination of both partners reveals no cause for infertility. Both partners are diagnosed as healthy, but no pregnancy occurs. This situation is rather common (about 5-7% of all infertile couples).

Diagnosis and treatment of infertility For early diagnosis of infertility, women should undergo regular gynecological check-ups. In particular, if symptoms such as prolonged bleeding accompanied by anaemia, prolonged intervals between periods, pain in the lower abdomen, increasing after physical activity and others appear.

The treatment of infertility means using all possible methods that will lead to overcoming it, i.e. getting pregnant and having a baby.

Conclusion

Treatment of infertility will only begin after the results of examinations and tests to determine which cause it. After this doctors will draw up a treatment plan that includes medication, physiotherapy or surgery to restore the function of the female reproductive system. If natural conception is still not possible, additional reproductive techniques are appropriate.