



Improvement of Providing Therapeutic Dental Care to Pregnant Women. Therapeutic and Preventive Measures»

**Burxonova Zarafruz
Qobilovna**

Samarkhand State Medical University

Usmonova Maxzuna

Samarkhand State Medical University

ABSTRACT

Pregnancy is a critical period for dental health women [Zhulyov E. N., 2002; Fleisher G. M., 2007; Chen J. P., 2000]. Pregnant women are at risk for the development and progression of major dental diseases - caries and periodontal diseases [Torchinov A. M., 2009; Zharkova O. V., 2008; Bitarova M. V., 2010; Yamschikova E. E., 2010; Maslak E.E., 2010; Gazizova R. N., 2014; Sharygin V. A., 2014; Alieva, 2016]. Long-term scientific studies prove that during pregnancy significantly increases the intensity and prevalence of dental caries [Bakhmudov M. B., 2010; Kiselnikova L.P., 2012]. During the physiological pregnancy, the prevalence of caries is up to 99%, and with pregnancy complicated by preeclampsia - up to 100% [Yamshchikova E. E., 2010]. The need for pregnant women in therapeutic care for caries and its complications is 94.7% [Bizyaev A.F., 2002; Yakubova I.I., 2007]. During pregnancy also significantly increases the rates of inflammatory periodontal diseases - gingivitis and periodontitis [Orekhova L. Yu., 2012; 2013]. Thus, numerous studies show a high the need of pregnant women in the sanitation of the oral cavity. This is all the more important that dental pathology of pregnant women affects the development of the fetus and in further affects the health of the child [Kuzmina E. M., Doroshina V. Yu., 1997; Voloshina I. M., 2013; Silk H., 2008].

In this regard, it is relevant to develop an algorithm for efficient and safe treatment of dental diseases in women on various pregnancy, which will help improve dental status of women and antenatal prevention of dental health children.

Keywords:

Pregnancy, epulis of pregnant women, general periodontal diseases

Introduction:

1.1. Relationship between dental disease and pregnancy Numerous works trace the obvious relationship of deterioration women's dental health in connection with pregnancy. Revealed the dynamics of the growth of caries precisely with the development of pregnancy, which consists of two parameters: the formation of new carious cavities if the emergence of new foci of demineralization. So, according to S. M. Tolmacheva and L. M. Lukinykh [2005], a significant increase in carious cavities from $0.21 \pm 0.072\%$ in the II trimester to $0.43 \pm 0.09\%$ in

the III trimester. At At the same time, the greatest activity of caries growth for primiparas was observed in the II trimester, and for multiparous - in the III trimester of pregnancy. Similar data were obtained by E. E. Yamshchikova [2010], who traced the growth KPU (h) in women with a physiological pregnancy from the beginning to III trimester by 4.6%. Similar data were obtained for the growth of initial forms caries of white spots at various stages of pregnancy [Danilina T.F., 2005; Levakhina O. B., 2006; Kravchenko O. V., 2007]. Histological examination shows that "epulis

pregnant" is not tumor, but inflammatory formation [Bakhmudov B.R., 2014; 2015; Silva C. 2017], which is based on inflammatory hyperplasia.

It has been proven that during pregnancy the frequency of occurrence or exacerbation of previously existing periodontal diseases increases sharply [Wong D., 2012; Uspenskaya O. A., 2008; Dubrovskaya M.V., 2013]. But if at physiological course of pregnancy, gingivitis is detected in 45-63% of women, then with preeclampsia - in 100% of women [Yakubova I.I., 2007]. Particularly noticeable deterioration in dental status is noted with various complications pregnancy. So, with the development of iron deficiency anemia, which observed in 20-80% of all pregnant women, such saliva indicators, such as calcium levels, pH, biochemical composition.

The purpose of the study is to improve safe dental:

Assistance to pregnant women in an outpatient dental.

Materials and methods of research:

2.1 General characteristics of the examined patients The study involved 50 pregnant women aged 18 up to 38 years old, having a first and second pregnancy. Distribution of patients according to age groups was carried out according to the standard gradation: patients under 30 years old (30 people) and patients over 30 years old (20 people). Inclusion criteria were pregnant women on outpatient dental appointment for the treatment of caries and its complications, as well as those who applied for a preventive examination for direction of the leading obstetrician-gynecologist. The exclusion criteria were pregnant patients with severe concomitant or obstetric pathology in the stage of decompensation, patients after myocardial infarction and stroke, patients with severe pathology of the central nervous system (CNS).

Non-pregnant women were excluded from the study. women, children under 18, men.

On the basis of the clinic of the Department of Orthopedic in Dentistry of the Samarkand State Medical University of Samarkand region,

pregnant women were provided with therapeutic and surgical dental care both on a planned and emergency basis, and measures were taken to prevent the development of dental diseases. Dental care for pregnant women was provided in trimesters, taking into account the characteristics of each period, both from the body of the future mother and the fetus. Period of the first trimester - up to the 13th week inclusive, from the 14th to the 27th week - II trimester, III trimester lasts from the 28th to the 40th week of pregnancy. Total dental care was provided to 50 pregnant women, of which 37 women applied for planned dental care, 13 women contacted for urgent reasons. In the first trimester for planned care 37 women applied, they underwent professional oral hygiene mouth and a comprehensive treatment plan for the entire period of pregnancy; on 13 women applied for urgent indications. In the II trimester 50 patients planned dental care was provided in accordance with the previously drawn up treatment plan and the need of patients in sanitation, 37 patients were previously sanitized and did not require treatment. These patients were given recommendations for individual oral hygiene and visiting a doctor dentist in the third trimester. In the second trimester, 13 pregnant women applied for urgent indications. In the third trimester, dental care was provided to 50 pregnant women in a planned manner, was carried out professional oral hygiene; 20 women received dental emergency assistance.

1. The collection of anamnesis was carried out when filling out an automated questionnaire based on a computer program.

2. Assessment of the functional state of a pregnant woman before dental intervention, as well as monitoring hemodynamic parameters throughout the treatment were carried out measuring blood pressure, heart rate and blood saturation (SPO 2) using manual or automated Omron M2 Classic blood pressure monitor, as well as Armed PC 9000B bedside monitor.

3. Correction of the psycho-emotional state and motivation adherence to dental treatment was carried out by methods behavioral psychotherapy

4. Determination of the dental status of a pregnant woman and drawing up a comprehensive plan of dental treatment for the entire period pregnancy.

Research results:

3.1. Dental care for patients in the first trimester of pregnancy

3.1.1. Analysis of the collection of anamnesis in patients of childbearing age at dental appointment To clarify the obstetric and gynecological history of all patients aged 18–38 years (50 people) were surveyed with using the developed program with special questions for women. When answering the question: "Do you have menstrual irregularities? of unknown origin? 3 (six) out of 50 women (2.4%) answered "Yes". These patients did not undergo dental intervention. an initial dental examination was carried out, and in order to clarify the data gynecological history of the woman were referred for consultation to obstetrician-gynecologist. In all 6 cases pregnancy 2–3 was diagnosed, 3-4 weeks. Further analysis of the survey responses to the question: "Are you pregnant?" showed that 48 out of 50 patients (97.6%) answered "Yes", while the term pregnancy up to 12 weeks, corresponding to the first trimester was in 41 patients (79.6%), 3 out of 250 women (11.5%) were on the period from the 13th to the 28th week pregnancy, which corresponds to the II trimester, 4 patients (8%) indicated the period pregnancy from the 28th to the 40th week, corresponding to the III trimester. However, in study of the developed algorithm involved only 42 patients with gestational age corresponding to the first trimester, who applied for a planned okay. Patients not included in the study (pregnant women, whose gestational age at the time of the initial consultation corresponded to II or III trimesters) of the developed algorithm, dental care is also turned out to be in full, taking into account the physiological characteristics of the course this period of pregnancy. Patients who applied in the II and III trimesters for urgent indications, were not included in the study, and received the results were included in the recommendations for emergency dental care for pregnant women.

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