AMALIY VA TIBBIYOT FANLARI
ILMIY JURNALI
ISSN: 2181-3469
Jild: 03 Nashr:04 2024 yil

SCIENCE BOX

MORPHOLOGICAL FEATURES OF POSTPARTUM CHANGES IN UTERINE MEMBRANES

Mukhiddinova Khurshida Samixovna
Department of Clinical Sciences, Asian International University,
Bukhara, Uzbekistan

Resume. *The introduction of modern echographic, immunological, bacteriological, instrumental, laboratory and other research methods into obstetric practice has allowed us to obtain new data on the course of the physiological and complicated postpartum period, which allows us to evaluate the tactics of conducting maternity hospitals after spontaneous and operative childbirth from a new perspective. Proper management of the postpartum period allows you to avoid many complications both after childbirth and in the later life of a woman.*

Keywords: *uterus, involution, myometrium, follicles.*

The postpartum period is the period during which the reverse development (involution) of organs and systems that have undergone changes due to pregnancy and childbirth ends. The duration of the postpartum period from the moment of birth of the afterbirth is approximately 6-8 weeks, taking into account the individual characteristics of the course of pregnancy and childbirth.

The uterus undergoes reverse development. The myometrium contracts, the inner surface of the uterus regenerates, the size of the uterus decreases, and the cervix is formed. Hypertrophy and hyperplasia of the muscular elements of the uterus disappear. Epithelialization of the inner surface of the uterus ends by day 9-10, the mucous membrane of the uterus is restored by week 6-7. During the healing process of the inner surface of the uterus, a wound secret (postpartum discharge) is released, which is called lochii. The nature of lochia changes from bloody in the first days to serous by day 10, their number gradually decreases. The ligaments supporting the uterus are shrinking. The reverse development of the uterus is called involution.

Uterine involution can be delayed and depends on many factors:

- ✓ age over 30 years,
- ✓ women who have become more expensive,
- ✓ pathological childbirth (abnormalities of labor, large fetus, etc.)
- ✓ burdened obstetric and gynecological history (medical abortions,
- ✓ miscarriages, previous inflammatory diseases, etc.),
- ✓ uterine fibroids.

The shape of the uterus undergoes a number of changes in the process of involution. Immediately after childbirth, there is a significant contraction of the uterus, as a result of which the uterus becomes spherical and somewhat flattened in the anteroposterior direction. When studying the longitudinal incision of the uterus, the shape of the uterine body approaches spherical by the third day after

childbirth, oval by the fifth day, and by the end of the week after childbirth, the uterus in most maternity hospitals assumes a characteristic pear-shaped shape. In addition to an external examination, ultrasound provides such detailed information about the postpartum uterus. The data of ultrasound observations in the postpartum period should be interpreted 3 days after spontaneous labor and 4-5 days after surgery. This is due to the certain complexity and non-specificity of ultrasound criteria, in particular, in the diagnosis of inflammatory changes in the postpartum uterus. Early ultrasound diagnostics (1-2 days after delivery) is of a low informative nature (determining the boundaries of the method) - this leads to hypo- or overdiagnosis of pathological conditions and, as a result, an ultrasound conclusion is issued on the basis of not an echographic, but only a clinical picture.

The main tasks of a diagnostician is to assess pathological changes in the uterine cavity, it is necessary to exclude factors that prevent physiological involution, which is undoubtedly of great importance for the early detection of postpartum infectious and inflammatory complications.

Normally, in the postpartum period, the myometrium has a heterogeneous structure, which is due to the anatomical features of the interstitial vascular bed and the nature of uterine blood flow, as well as tissue edema and the amount of intercellular fluid, which changes throughout the postpartum period.

To characterize the size of the postpartum uterus, the calculation of its volume is used according to linear parameters: length, width, anteroposterior size, which may also have individual fluctuations depending on the characteristics of the course of labor and extragenital pathology.

During the normal postpartum period, the uterine cavity retains a stable size (less than 1 cm) in the anteroposterior direction and corresponds to the size of the uterine cavity after cesarean section. Almost always (3-7 days of the postpartum period), a small amount of hypoechoic contents is visualized in its lumen. The contour of the cavity can be smooth and clearly defined or uneven and vague. The study was conducted on the 7th day. Clinical and laboratory parameters within the limits of standard values. There are no complaints. The uterus is enlarged as in the obstetric period of 8-9 weeks, which corresponds to 7 days of the postpartum period. 1 – the uterine cavity is slit-shaped, a small amount of avascular hypoechoic contents remains. The rate of uterine involution after cesarean section is slightly reduced, which is associated with a violation of the contractility of the uterus, as well as a narrowing of the lumen of its cavity at the suture level, which is essentially regarded as a variant of the norm. Accordingly, it should be taken into account that after cesarean section, the release of the uterus from blood clots occurs more slowly than after spontaneous delivery.

If the involution of the uterus is delayed, this condition is called subinvolution. During subinvolution, the release of lochiae is delayed, they accumulate in the uterine cavity, and a lochiometer occurs.

Follicle maturation begins in the ovaries, the first menstruation appears at 6-8 weeks. During lactation, menstruation appears later or comes after the cessation of lactation. The onset of ovulation and pregnancy during lactation is not excluded.

The tone of the pelvic floor muscles and the anterior abdominal wall is restored.

In the first two days of the postpartum period, colostrum is released from the mammary glands, milk appears on 2-3 days. Milk secretion occurs under the influence of the pituitary hormone prolactin.

With a physiologically occurring postpartum period, a woman is considered healthy, but during this period it is important to follow the rules of asepsis and antiseptics. The wound surface of the uterus, an open uterine pharynx, microtrauma of the vagina, owls on the perineum, cracks in the nipples of the mammary glands can serve as an entrance gate for infection. The risk of purulent septic diseases in the postpartum period increases significantly.

Conditions for purulent-septic diseases in the postpartum period:

- ✓ the presence of the pathogen on the wound surface,
- ✓ the inner surface of the uterus is a large wound surface,
- ✓ wound discharge, lochia, blood clots, remnants of membranes and
- ✓ placental tissues are a favorable breeding ground for
- ✓ microorganisms,
- ✓ suppression of the immune system during pregnancy,
- ✓ Anaerobic conditions for microbes in the birth canal.

Predisposing Factors for purulent septic diseases in the postpartum period:

- ✓ prolonged course of labor,
- ✓ long anhydrous period,
- ✓ multiple vaginal examinations,
- ✓ intrauterine manipulations (manual separation of the placenta and isolation afterbirth),
- ✓ hemorrhagic anemia,
- ✓ birth canal injuries,
- ✓ foci of chronic infection (pyelonephritis, colpitis, etc.),
- ✓ violation of the rules of asepsis and antiseptics.

It is more difficult to do this with complications detected much later after delivery.

The effect of the interval between pregnancies on the health of mother and child is of interest. At the same time, it is appropriate to take into account the interval between childbirth through the natural birth canal and during abdominal delivery. In the Russian literature, there are indications of the adverse effect of a rapid repeat pregnancy on the condition of the mother and fetus.

Literature

1. Samixovna, M. K. (2024). Morphologic Changes in Red Blood Cells. *Research Journal of Trauma and Disability Studies*, *3*(3), 178-186.
2. Samixovna, M. K. (2024). MORPHOLOGICAL DATA OF THE ORGANS OF HEMATOPOIESIS AND HEMATOPOIESIS. *Лучшие интеллектуальные исследования*, *14*(5), 66-74.
3. Halimova, Y. S. (2023). Morphofunctional Aspects of Internal Organs in Chronic Alcoholism. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, *2*(5), 83-87.
4. Shokirov, B. S. (2021). Halimova Yu. S. Antibiotic-induced rat gut microbiota dysbiosis and salmonella resistance Society and innovations.
5. Халимова, Ю. С., & Шокиров, Б. С. (2021). Репродуктивность и жизнеспособность потомства самок крыс при различной длительности воздействия этанола. In *Актуальные вопросы современной медицинской науки и здравоохранения: Материалы VI Международной научно-практической конференции молодых учёных и студентов, посвященной году науки и технологий,(Екатеринбург, 8-9 апреля 2021): в 3-х т.*. Федеральное государственное бюджетное образовательное учреждение высшего

образования «Уральский государственный медицинский университет» Министерства здравоохранения Российской Федерации.

6. Khafiza, J., & Dildora, T. (2023). Frequency of Comorbid Pathology among Non-Organized Population. *Research Journal of Trauma and Disability Studies*, *2*(4), 260-266.
7. Dilmurodovna, T. D. (2023). Clinical and Diagnostic Features of the Formation of Arterial Hypertension in Young People. *EUROPEAN JOURNAL OF INNOVATION IN NONFORMAL EDUCATION*, *3*(12), 41-46.
8. Dilmurodovna, T. D. (2024). DIABETES MELLITUS IN CENTRAL ASIA: PROBLEMS AND SOLUTIONS. *Лучшие интеллектуальные исследования*, *12*(4), 204-213.
9. Тогайдуллаева, Д. Д. (2024). ОБЩИЕ ОСОБЕННОСТИ ТЕЧЕНИЕ САХАРНОГО ДИАБЕТА В СРЕДНЕЙ АЗИИ. *Лучшие интеллектуальные исследования*, *12*(4), 193-204.
10. Ergasheva, G. T. (2022). QANDLI DIABET BILAN KASALLANGANLARDA REABILITATSIYA MEZONLARINI TAKOMILASHTIRISH. *TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMIY JURNALI*, *2*(12), 335-337.
11. ГТ, Э., & Саидова, Л. Б. (2022). СОВЕРШЕНСТВОВАНИЕ РЕАБИЛИТАЦИОННО-ВОССТАНОВИТЕЛЬНЫХ КРИТЕРИЕВ БОЛЬНЫХ С СД-2 ТИПА. *TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMIY JURNALI*, *2*(12), 206-209.
12. Toxirovna, E. G. (2023). O'RTA VA KEKSA YOSHLI BEMORLARDA 2-TUR QANDLI DIABET KECHISHINING KLINIKO-MORFOLOGIK XUSUSIYATLARI. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *33*(1), 164-166.
13. Эргашева, Г. Т. (2023). Изучение Клинических Особенностей Больных Сахарным Диабетом 2 Типа Среднего И Пожилого Возраста. *Central Asian Journal of Medical and Natural Science*, *4*(6), 274-276.
14. Toxirovna, E. G. (2024). GIPERPROLAKTINEMIYA KLINIK BELGILARI VA BEPUSHTLIKKA SABAB BO'LUVCHI OMILLAR. Лучшие интеллектуальные исследования, 14(4), 168-175.
15. Toxirovna, E. G. (2024). QANDLI DIABET 2-TUR VA O'LIMNI KELTIRIB CHIQARUVCHI SABABLAR. Лучшие интеллектуальные исследования, 14(4), 86-93.
16. Tog'aydullaeva, D. D. (2024). GIPERTENZIYA BOR BEMORLARDA MODDALAR ALMASINUVINING BUZULISHI BILAN KELISHI. *Лучшие интеллектуальные исследования*, *14*(4), 130-137.
17. Dilmurodovna, T. D. (2024). FACTORS CAUSING ESSENTIAL HYPERTENSION AND COURSE OF THE DISEASE. *Лучшие интеллектуальные исследования*, *14*(4), 138-145.
18. Khalimova, Y. S. BS Shokirov Morphological changes of internal organs in chronic alcoholism. *Middle European scientific bulletin*, 12-2021.
19. Шокиров, Б. С., & Халимова, Ю. С. (2022). ДИСБИОЗ ВЫЗВАННЫЙ АНИБИОТИКАМИ КИШЕЧНОЙ МИКРОБИОТЫ КРЫС И УСТОЙЧИВОСТЬ К САЛМОНЕЛЛАМ. *Scientific progress*, *3*(2), 766-772.
20. Salokhiddinovna, X. Y. (2023). Clinical Features of the Course of Vitamin D Deficiency in Women of Reproductive Age. *EUROPEAN JOURNAL OF INNOVATION IN NONFORMAL EDUCATION*, *3*(11), 28-31.

21. Шокиров, Б., & Халимова, Ю. (2021). Антибиотик-индуцированный дисбиоз микробиоты кишечника крыс и резистентность к сальмонеллам. *Общество и инновации*, *2*(4/S), 93-100.
22. Salokhiddinovna, X. Y. (2023). MORPHOLOGICAL CHANGES IN PATHOLOGICAL FORMS OF ERYTHROCYTES. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, *3*(11), 20-24.
23. Saloxiddinovna, X. Y. (2023). ERITROTSITLAR PATOLOGIK SHAKLLARINING MORFOLOGIK O'ZGARISHLARI. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *33*(1), 167-172.
24. Шокиров, Б., & Халимова, Ю. (2021). Antibiotic-induced rat gut microbiota dysbiosis and salmonella resistance. *Общество и инновации*, *2*(4/S), 93-100.
25. Шокиров, Б. С., & Халимова, Ю. С. (2021). Пищеварительная функция кишечника после коррекции экспериментального дисбактериоза у крыс бифидобактериями. In *Актуальные вопросы современной медицинской науки и здравоохранения: Материалы VI Международной научно-практической конференции молодых учёных и студентов, посвященной году науки и технологий,(Екатеринбург, 8-9 апреля 2021): в 3-х т.*. Федеральное государственное бюджетное образовательное учреждение высшего образования «Уральский государственный медицинский университет» Министерства здравоохранения Российской Федерации.
26. Salokhiddinovna, X. Y. (2023). Anemia of Chronic Diseases. *Research Journal of Trauma and Disability Studies*, *2*(12), 364-372.
27. Salokhiddinovna, X. Y. (2023). MALLORY WEISS SYNDROME IN DIFFUSE LIVER LESIONS. *Journal of Science in Medicine and Life*, *1*(4), 11-15.
28. Salohiddinovna, X. Y. (2023). SURUNKALI KASALLIKLARDA UCHRAYDIGAN ANEMIYALAR MORFO-FUNKSIONAL XUSUSIYATLARI. *Ta'lim innovatsiyasi va integratsiyasi*, *10*(3), 180-188.
29. Халимова, Ю. С. (2024). КЛИНИКО-МОРФОЛОГИЧЕСКИЕ ОСОБЕННОСТИ ВИТАМИНА D В ФОРМИРОВАНИЕ ПРОТИВОИНФЕКЦИОННОГО ИММУНИТА. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *36*(3), 86-94.
30. Saloxiddinovna, X. Y. (2024). CLINICAL FEATURES OF VITAMIN D EFFECTS ON BONE METABOLISM. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *36*(5), 90-99.
31. Saloxiddinovna, X. Y. (2024). CLINICAL AND MORPHOLOGICAL ASPECTS OF AUTOIMMUNE THYROIDITIS. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *36*(5), 100-108.
32. Saloxiddinovna, X. Y. (2024). MORPHOFUNCTIONAL FEATURES BLOOD MORPHOLOGY IN AGE-RELATED CHANGES. *Лучшие интеллектуальные исследования*, *14*(4), 146-158.
33. Saloxiddinovna, X. Y. (2024). CLINICAL MORPHOLOGICAL CRITERIA OF LEUKOCYTES. *Лучшие интеллектуальные исследования*, *14*(4), 159-167.
34. Saloxiddinovna, X. Y. (2024). Current Views of Vitamin D Metabolism in the Body. *Best Journal of Innovation in Science, Research and Development*, *3*(3), 235-243.

35. Halimova, Y. S. (2023). Morphological Aspects of Rat Ovaries When Exposed to Caffeine Containing Drink. *BEST JOURNAL OF INNOVATION IN SCIENCE, RESEARCH AND DEVELOPMENT*, *2*(6), 294-300.
36. Халимова, Ю. С., & Шокиров, Б. С. (2022). МОРФОФУНКЦИОНАЛЬНЫЕ ООБЕННОСТИ ВНУТРЕННИХ ОРГАНОВ ПРИ ХРОНИЧЕСКОМ АЛКОГОЛИЗМЕ. *Scientific progress*, *3*(2), 782-789.
37. Халимова, Ю. С. (2021). MORPHOFUNCTIONAL ASPECTS OF THE HUMAN BODY IN THE ABUSE OF ENERGY DRINKS. *Новый день в медицине*, *5*(37), 208-210.
38. Халимова, Ю. С. (2022). МОРФОФУНКЦИОНАЛЬНЫЕ ОСОБЕННОСТИ ЯИЧНИКОВ КРЫС ПРИ ВОЗДЕЙСТВИИ КОФЕИН СОДЕРЖАЩИХ НАПИТОК. *Gospodarka i Innowacje.*, *23*, 368-374.
39. Salokhiddinovna, X. Y. (2023). INFLUENCE OF EXTERNAL FACTORS ON THE MALE REPRODUCTIVE SYSTEM. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, *3*(10), 6-13.
40. Halimova, Y. S., Shokirov, B. S., & Khasanova, D. A. (2023). Reproduction and Viability of Female Rat Offspring When Exposed To Ethanol. *Procedia of Engineering and Medical Sciences*, 32-35.
41. Salokhiddinovna, H. Y. (2023). Morphological Features of the Human Body in Energy Drink Abuse. *EUROPEAN JOURNAL OF INNOVATION IN NONFORMAL EDUCATION*, *3*(5), 51-53.
42. Халимова, Ю. С., & Шокиров, Б. С. (2022). СОВРЕМЕННЫЕ ДАННЫЕ О МОРФО-ФУНКЦИОНАЛЬНЫХ АСПЕКТОВ ЧЕЛОВЕЧЕСКОГО ОРГАНИЗМА ПРИ ЗЛОУПОТРЕБЛЕНИЕ ЭНЕРГЕТИЧЕСКИМИ НАПИТКАМИ. *PEDAGOGS jurnali*, *4*(1), 154-161.
43. Narzulaeva, U. R. (2023). ETIOPATHOGENESIS OF HEMOLYTIC ANEMIA. *Web of Medicine: Journal of Medicine, Practice and Nursing*, *1*(1), 1-4.
44. Narzullaeva, U. R., Samieva, G. U., & Samiev, U. B. (2020). The importance of a healthy lifestyle in eliminating risk factors in the early stages of hypertension. *Journal Of Biomedicine And Practice*, 729-733.
45. Numonova, A., & Narzulayeva, U. (2023). EPIDEMIOLOGY AND ETIOPATHOGENESIS OF CHF. *Наука и инновация*, *1*(15), 115-119.
46. Орипова, О. О., Самиева, Г. У., Хамидова, Ф. М., & Нарзулаева, У. Р. (2020). Состояние плотности распределения лимфоидных клеток слизистой оболочки гортани и проявления местного иммунитета при хроническом ларингите (анализ секционного материала). *Academy*, (4 (55)), 83-86.
47. Ахмедова, М. К. (2024). Профилактика Стоматологических Заболеваний У Беременных. *Research Journal of Trauma and Disability Studies*, *3*(3), 66-72.
48. Ахмедова, М. К. (2024). ОСНОВНЫЕ ПРОФИЛАКТИЧЕСКИЕ МЕТОДЫ ТКАНЕЙ ПАРОДОНТА У ДЕТЕЙ И ПОДРОСТКОВ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *41*(5), 254-260.
49. Qilichovna, A. M. (2024). PREVENTION OF PERIODONTAL DISEASES IN CHILDREN AND TEENAGERS. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *41*(5), 234-239.

50. Qilichovna, A. M. (2024). PREVENTION OF PERIODONTAL AND GUM DISEASES IN PREGNANT WOMEN. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *41*(5), 240-245.
51. Qilichovna, A. M. (2024). HOMILADOR AYOLLARDA TISH VA PARADONT KASALLIKLARINING OLDINI OLISH. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *41*(5), 246-253.
52. Ахмедова, М. К. (2024). ИЗУЧЕНИЕ ПРИЧИННЫХ ФАКТОРОВ ПАРОДОНТИТА. *Journal of new century innovations*, *49*(3), 47-53.
53. Qilichovna, A. M. (2024). TO STUDY THE FACTORS THAT CAUSE PERIODONTITIS. *Journal of new century innovations*, *49*(3), 40-46.
54. Qilichovna, A. M. (2024). THE ROLE OF PATHOGENESIS IN THE GROWTH FACTORS OF PERIODONTITIS DISEASE. *Journal of new century innovations*, *49*(3), 25-32.
55. Хафизова, М. Н. (2024). УПОТРЕБЛЕНИЕ ЛАТИНСКИХ СУЩЕСТВИТЕЛЬНЫХ В РАЗДЕЛЕ АНАТОМИЧЕСКОЙ ТЕРМИНОЛОГИИ. *Лучшие интеллектуальные исследования*, *16*(2), 256-265.
56. Nematilloyevna, X. M. (2024). LOTIN TILI MODULIDA SANOQ VA TARTIB SONLARNING QO'LLANILISH JIHATLARI. *Лучшие интеллектуальные исследования*, *16*(2), 249-255.
57. Khafizova, M. (2024). STUDING MEDICINAL PLANTS (PHYTONYMS) IN THE SECTION OF PHARMACEUTICAL TERMINOLOGY. *Центральноазиатский журнал междисциплинарных исследований и исследований в области управления*, *1*(2), 4-7.
58. Nematillaevna, K. M. (2024). Aspects of the Usage of Cardinal and Ordinal Numerals in the Latin Language Module. *Research Journal of Trauma and Disability Studies*, *3*(3), 278-283.
59. Хафизова, М. Н. (2024). ПРИМЕНЕНИЯ ЧИСЛИТЕЛЬНЫХ В МЕДИЦИНСКОЙ ТЕРМИНОЛОГИИ. *TADQIQOTLAR. UZ*, *34*(3), 116-122.
60. Баракатов, И. Б., & Нарзуллаев, Н. У. Алимова, Ш. А., (2018). ХАРАКТЕРИСТИКА СРЕДНЕГО ОТИТА У ВИЧ-ИНФИЦИРОВАННЫХ ДЕТЕЙ. In *Молодежь-практическому здравоохранению* (pp. 52-53).
61. Икрамова, Ф. С., & Баракатов, И. Б. (2018). АЛЛЕРГИЧЕСКИЙ РИНИТ И ФУНКЦИОНАЛЬНОЕ СОСТОЯНИЕ ПЕЧЕНИ. In *Молодежь-практическому здравоохранению* (pp. 440-441).
62. Баракатов, И. Б., & Кудратова, М. О. Абдуллаева, М. А., (2020). ОЦЕНКА КАЧЕСТВА ЖИЗНИ ПАЦИЕНТОВ С ЦИРРОЗОМ ПЕЧЕНИ ПОСЛЕ ХИРУРГИЧЕСКОЙ ПРОФИЛАКТИКИ КРОВОТЕЧЕНИЙ ИЗ ВАРИКОЗНО РАСШИРЕННЫХ ВЕН ПИЩЕВОДА. *Новый день в медицине*, (2), 282-284.
63. Мансурова, М. Х., Сулейманова, Г. С., Баракатов, И. Б., & Хусанов, С. А. (2018). ЭФФЕКТИВНОСТЬ ПРИРОДНОГО ПРЕПАРАТА В ЛЕЧЕНИИ ЖЕЛЧНОКАМЕННОЙ БОЛЕЗНИ. In *Молодежь-практическому здравоохранению* (pp. 605-606).