

INFLUENCE OF AGE ON PREGNANCY

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Annotation. This article examines the complexities of early pregnancy and marriage, particularly in Asian countries such as India, Bangladesh, Nepal, and Afghanistan. The health consequences for young people, and economic and social challenges, including interruption of education and stigmatization of young mothers, are discussed. The importance of education, access to health services, and support for women's rights as key factors in addressing these challenges is highlighted. It is emphasized that an integrated approach can contribute to improving the situation and creating a more equitable society for all.

Keywords: pregnancy, adolescence, course, complications, socio-economic issues.

Relevance. Pregnancy is a unique and exciting process that significantly impacts a woman's life. However, age plays an important role in this process, and understanding age-related influences on pregnancy can help expectant parents make more informed choices.

1. Physical readiness: A woman's body undergoes various changes as she ages. Fertility, or the ability to conceive, peaks between the ages of 20 and 30, after which it gradually declines. At age 35 and above, women face higher risks associated with infertility and pregnancy complications.

20-30 years of age: the best period for conception. Minimal risks of complications and high probability of successful delivery.

30-35 years: fertility begins to decline, although most women can still get pregnant without difficulty.

35-40 years: fertility declines significantly. Risks of miscarriage increase, as well as genetic abnormalities in the fetus.

Over 40 years of age: the risks seriously increase. There may be difficulty in conceiving, as well as higher risks of complications for mother and child [1-5].

2. Psycho-emotional state: Age also affects a woman's psycho-emotional state. As women age, they may have more self-confidence and stability, which can positively affect pregnancy. However, stressors such as career commitments or financial problems can negatively impact their well-being and consequently the health of the fetus [6-9, 11, 15].

3. Medical risks: With age, there is an increased likelihood of having chronic medical conditions (such as diabetes, hypertension, and others) that can complicate pregnancy. Women over 35 years of age are advised to have a pre-pregnancy medical check-up to assess their health and minimize risks [10, 12-14].

4. Genetic risks: As women age, the risk of chromosomal abnormalities in the fetus, such as Down syndrome, increases. This is because the quality of eggs decreases each year. Doctors may recommend genetic counseling and additional screening tests for women over the age of 35 [15-20].

5. Support and education: Women in their 30s and 40s often have more resources and experience, which may allow them to better prepare for pregnancy. However, it is important

to get support from partners, family and health professionals. Education about pregnancy, childbirth, and newborn care also plays a key role in preparing for motherhood.

The article by M.S. Kovalenko et al. (2014) presents data on the study of the course of pregnancy and childbirth in 75 primiparous women of critical age groups. Their study showed that the features of teenage pregnancy were high rates of pregnancy complications, such as early toxicosis, the threat of miscarriage, severe forms of gestosis against the background of a lot of extragenital pathology, and the absence of prenatal preparation. The high frequency of premature births, anomalies of labor and trauma of the birth canal, the birth of children with the phenomena of IUGR and low body weight, as a consequence of circulatory disorders in the mother-placenta-fetus system and placental insufficiency, in asphyxia with the subsequent development of cerebral circulation disorders deserve attention. Primiparous women after the age of 35, during the period of the beginning of the extinction of the reproductive system, are included in high-risk groups for the development of gestosis against the background of extragenital diseases. The course of the gestational process is often complicated by the threat of termination of pregnancy, anemia, and oligohydramnios and polyhydramnios are often observed. Age-related features of the body leave their mark on the course of labor: weakness of labor activity is observed, and situations arise (preeclampsia, acute fetal hypoxia, premature placental abruption) requiring emergency surgical delivery [3].

Conclusion. Age is an important factor in pregnancy. Understanding the impact of age on fertility and health can help women make more informed decisions about family planning. If you are planning to become pregnant or are already pregnant, it is important to consult your doctor and monitor your health to ensure that you and your unborn baby have the best possible conditions for healthy development.

Both teenage pregnancies and primiparous women over the age of 35 are at high risk of complications during pregnancy and childbirth.

Teenage pregnancy: Teenagers experience serious problems, including early toxicosis, threatened miscarriage, and severe forms of pregnancy loss associated with the presence of concomitant pathology. There is also a high incidence of premature birth and trauma to the birth canal, as well as cases of IUGR and low birth weight associated with problems in the "mother-placenta-fetus" system.

Pregnancy after the age of 35: In primiparous women over the age of 35, serious complications such as gestosis, anemia, and amniotes (both oligohydramnios and polyhydramnios) are most commonly observed. These factors increase the risk of threatened abortion and may require urgent medical intervention during delivery. Close monitoring is required: Both age groups are at risk and require close and regular medical monitoring, as well as comprehensive childbirth preparation, to minimize the risks to both mother and baby. Ultimately, this study highlights the importance of a targeted approach to pregnancy management in women in both critical age groups in the context of increased risk of complications.

References:

1. Американский колледж акушеров и гинекологов (ACOG)
2. Всемирная организация здравоохранения (ВОЗ)

3. Коваленко М. С., Ефремова М. Г., Окорочкива Ю. В. Особенности течения беременности и родоразрешения первородящих критических возрастных групп //Наука молодых-Eruditio Juvenium. – 2014. – №. 1. – С. 94-99.
4. Кох Л. И., Егоркина Ю. В. Влияние тревожности на Течение беременности и родов у женщин крайних возрастных групп //Сибирский журнал клинической и экспериментальной медицины. – 2008. – Т. 23. – №. 1-2. – С. 15-18.
5. Киямова Л. и др. ОСОБЕННОСТИ ТЕЧЕНИЯ ОСЛОЖНЕННОГО ГЕСТАЦИОННОГО ПИЕЛОНЕФРИТА У БЕРЕМЕННЫХ //Solution of social problems in management and economy. – 2024. – Т. 3. – №. 1. – С. 194-201.
6. Киямова Л. и др. СОВРЕМЕННЫЕ АСПЕКТЫ ГЕСТАЦИОННОГО ПИЕЛОНЕФРИТА //Бюллетень студентов нового Узбекистана. – 2024. – Т. 2. – №. 1. – С. 27-31.
7. Киямова Л. и др. СИМПТОМА «НИШИ» ПОСЛЕ КЕСАРЕВА СЕЧЕНИЯ //Центральноазиатский журнал образования и инноваций. – 2024. – Т. 3. – №. 1 Part 3. – С. 65-68.
8. Киямова Л. и др. СОСТОЯНИЕ НЕОВАГИНЫ ПОКАЗАТЕЛИ РН МЕТРИКИ //Академические исследования в современной науке. – 2024. – Т. 3. – №. 4. – С. 74-84.
9. Киямова Л. и др. ВОЗМОЖНЫЕ ОСЛОЖНЕНИЯ ПОСЛЕ КОЛЬПОПОЭЗА //Бюллетень студентов нового Узбекистана. – 2024. – Т. 2. – №. 1. – С. 39-45.
10. Киямова Л. и др. СОВРЕМЕННЫЕ АСПЕКТЫ ЛЕЧЕНИЯ СИНДРОМА ГИПЕРАКТИВНОГО МОЧЕВОГО ПУЗЫРЯ //Models and methods in modern science. – 2024. – Т. 3. – №. 1. – С. 237-243.
11. Сичинава Л. Г. и др. Течение беременности и родов у женщин различных возрастных групп //Вопросы гинекологии, акушерства и перинатологии. – 2009. – Т. 8. – №. 5. – С. 40-44.
12. Худоярова Д. Р., Хайитбоев Д., Зубайдуллоева З. Х. СОВРЕМЕННЫЕ АСПЕКТЫ ПОВЫШЕНИЕ АКТИВНОСТИ И РОЛИ ЖЕНЩИН В ОБЩЕСТВЕ //Молодые ученые. – 2024. – Т. 2. – №. 5. – С. 147-151.
13. Худоярова Д. Р., Турсунов Н. Б. «ОСТРЫЙ ЖИВОТ» В ГИНЕКОЛОГИИ: СОВРЕМЕННЫЕ ВОЗМОЖНОСТИ.
14. Худоярова Д. и др. ПРАВОВЫЕ АСПЕКТЫ ЯТРОГЕНИИ В АКУШЕРСТВЕ //Молодые ученые. – 2024. – Т. 2. – №. 4. – С. 110-113.
15. Худоярова Д. Р., Шопулотова З. А., Солиева З. М. ПРОФИЛАКТИКА ОСЛОЖНЕНИЙ У БЕРЕМЕННЫХ С ХРОНИЧЕСКИМ ПИЕЛОНЕФРИТОМ //Бюллетень студентов нового Узбекистана. – 2023. – Т. 1. – №. 5. – С. 25-29.
16. Худоярова Д., Зубайдуллоева З., Хайитбоев Д. ОБЩАЯ КЛИНИЧЕСКАЯ ХАРАКТЕРИСТИКА ОБСЛЕДОВАННЫХ БЕРЕМЕННЫХ //Евразийский журнал медицинских и естественных наук. – 2024. – Т. 4. – №. 2. – С. 57-61.
17. Худоярова Д. и др. СОВРЕМЕННЫЕ АСПЕКТЫ ЛЕЧЕНИЯ АДЕНОМИОЗА У БЕРЕМЕННЫХ //Журнал академических исследований нового Узбекистана. – 2024. – Т. 1. – №. 1. – С. 78-82.
18. Чеботарева Ю. Ю., Овсянников В. Г., Хутиева М. Я. Патофизиологические особенности течения беременности и родов в позднем репродуктивном периоде (обзор

литературы) //Медицинский вестник Юга России. – 2013. – №. 3. – С. 20-23.

19. Юнусова З. М., Худоярова Д. Р., Шодикулова Г. З. PREGNANCY COURSE AND OUTCOMES IN WOMEN WITH UNDIFFERENTIATED CONNECTIVE TISSUE DYSPLASIA //УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ. – 2024. – Т. 5. – №. 2.

20. Шопулотова З. А., Зубайдиллоева З. К., Худоярова Д. Р. КОМОРБИДНЫЕ СОБЫТИЯ У БЕРЕМЕННЫХ С ПИЕЛОНЕФРИТОМ И ПРОФИЛАКТИКА ЭТИХ СОСТОЯНИЙ //Бюллетень педагогов нового Узбекистана. – 2023. – Т. 1. – №. 9. – С. 35-38.