

**PERIOPERATIVE AND LONG-TERM CESAREAN SECTION COMPLICATIONS  
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The aim of the review is to analyze the complications of cesarean section (CS), the associated maternal and perinatal mortality, taking into account the economic development of the country, indications for CS, urgency, methods of surgery and anesthesia, and preventive measures. For a systematic review, a search was conducted on electronic research databases reporting maternal or perinatal morbidity and mortality associated with CS. The analysis included 167 studies, including 5,100,161 operations of CS and 8216 cases of maternal mortality meeting the inclusion criteria. The prevalence of complications associated with CS was calculated, the odds ratio (OR) and the relative risk (RR) with confidence interval (CI) 95% were calculated. The risk of death for women in low- and middle-income countries who had CS was 7,6 per 1000 [95% CI: 6,6–8,6]; in highly developed countries 0,6 per 1000 [95% CI: 0.08–0.9]. In low-income countries, perinatal mortality was 84,7 per 1000 CS [95% CI: 70.5–100.2]. Perinatal mortality in high-income countries is 12.7 per 1000 ceps [95% CI: 6,85–18,3]. The most common perioperative complications in CS were: bleeding (OR=0,52 [95% CI: 0,48–0,57]), infection (OR=13,4 [95% CI: 9,7–22,3]) and venous thromboembolism (OR=1,4 [95% CI: 1,2–3,5]). Low-income countries have high maternal mortality and require optimized conditions for CS. A significant increase in the incidence of CS in high-income countries did not lead to a corresponding decrease in neonatal morbidity and mortality, but it increased the risk to the health and life of women.

WHO guidelines developed in 1985 warn that the incidence of CS is higher 10–15% is unjustified. Our analysis showed similar results. At CS frequency more than 10% neonatal and infant curves mortality rates, after adjusting for the level of economic development of the country, become flat. Maternal mortality, in turn, increases with CS rates above 15%. So, at the frequency of CS, equal to 15%, maternal mortality is 7,8 cases per 100 thousand births, at 20% - 7,9 per 100 thousand, at 25% - 8,4 per 100 thousand and when reaching 30% -8,8 per 100 thousand births. In some studies, which mainly belong to countries with low level of income, an inverse relationship was found between frequency of CS, morbidity, maternal and infant mortality. In countries with low levels income timely and safe execution A CS may reduce the likelihood of complications. The main problem associated with CS surgery is lies in its justified implementation, which, on the one hand, is an important resource to reduce maternal and neonatal mortality, and on the other hand, with excessive frequency, increases the risks of severe complications and mortality. The main cause of maternal mortality after CS is hypotonic bleeding, less often sepsis and pulmonary embolism. High incidence of these complications in low-income countries demonstrates lack of high-tech assistance in these regions. Greatest risk to mother's life and the child has emergency surgery CS. High frequency deserves special attention maternal mortality due to the development of complications after anesthesia. When considering complications developing as a result of anesthesia, their nature indicates a low level training of specialists.

Thus, if countries with high income level today is set the task of reducing the frequency of CS operations, then in countries with low incomes, on the contrary, it is necessary optimization of conditions for carrying out this medical procedure. Reducing maternal and perinatal mortality in low- and middle-income countries can only be achieved while ensuring timely execution and safety of CS.

