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Optimization of the Approach to Preventive Measures in Pregnant Women With Caries and Periodont Diseases

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The research relevance. To date, comprehensive prevention programs are being developed and implemented at the state level to provide effective medical care for pregnant women, in particular, some groups of the population: schoolchildren, industrial workers, pregnant women are included (Sh.Z.Ataeva, 2012; L.Yu.Orekhova, A.A.Uzdenova, 2013; V.K.Meyer et al., 2014). The problem of improving dental health in pregnant women is considered the most relevant, since it is aimed at reducing anomalies and deformities of the gums, strengthening dental health in pregnant women and carrying out antinatal prevention of dental diseases in pregnancy (V.A.Jurbenko and other, 2015; V.A.Kuzmina and other., 2015; M.J.Lakhani et al., 2014). It was found that the formation of dental health in children begins long before its birth, and the condition of the oral cavity in future pregnancy plays a decisive role in this process (T.I.Wigen, N.J.Wang, 2011; E.Riggs et al., 2016). At the same time, it is worth noting the indicators that characterize the Prevention of dental diseases and the intensity of dental diseases in pregnant women, as well as the rate of its growth during pregnancy, which turn out to be at a very high level (A.K.Kuryazov, H.E.Rustamova, 2012; B.R.Bakhmudov and others., 2014; I.D.Ushnisky and others., 2016; D.F.Gurbanov, 2023). In this regard, it is necessary to further study the factors that determine the effectiveness of the Prevention of dental diseases in pregnant women. Over the past twenty years, an urgent scientific direction has been actively developed, the concept of pathologies in parodont tissue And resistance of tooth hard tissues to demineralization processes, according to which a change in tooth enamel resistance leads to an increase in the activity of the carious process (I.L.Gorbunova, N.I.Mikheykina, 2014). Tooth resistance to caries is determined by the physicochemical properties of the enamel structure, which in turn is studied genetically (I.L.Gorbunova, 2006; J.Liu et al., 2011; S.J.Tu and other., 2013; Y.Qu and other., 2015). In this regard, from a molecular genetic point of view, it is necessary to interpret the resistance of tooth enamel, which ensures the effectiveness of the Prevention of caries and periodont diseases, and at the same time it is important to effectively establish preventive measures in pregnancy. Prevention of women during pregnancy with dental diseases is aimed at improving the algorithm for their observation and Prevention and assessing its effectiveness. Methods for studying the existing dental condition are characterized by the complexity and duration of the study, wide application of radiography methods, limited reliability levels, subjectivity, which cannot be allowed in pregnant women for various reasons. The first reason is that among pregnant women, it is necessary that the methods of studying the dental condition Be Light and without excessive practices that do not cause difficulties and inconveniences, do not require great effort and, of course, are safe. The second reason is that the assessment of the dental condition in pregnant women is dynamic and should be analyzed a lot at different periods of pregnancy, while these methods should allow the mass study of pregnant women. This method is performed with the implementation of the following measures: according to the conclusion of the doctor-gynecologist, the dentist studies the condition of the oral cavity of a pregnant patient. According to the study indicators, the intensity of carious damage to teeth is the KPO - index, hygiene index (gi) and activity level of caries (KFD) according to Nikiforuk. In accordance with the dental status, the treating dentist determines the necessary type and size of treatment-preventive measures for a woman. If a pregnant woman is healthy, or is in a risk group by the degree of her dental condition, or is in a state of compensation, then a secondary active dental examination with professional hygiene in the oral cavity is advisable to be carried out after 3 months according to the instructions. Dental condition in a subcompensated state-active dental examinations with

professional hygiene in the oral cavity are carried out 1 time in 2 months, anti - caries and anti-inflammatory treatment-preventive measures should be completed in the final 4th week of the II-trimester. When decompensation is a condition - active dental examinations with professional hygiene in the oral cavity are carried out 1 time in 1 month, but anti-caries and anti-inflammatory treatment-preventive measures should be carried out in the first 4 weeks of pregnancy, both II and III-trimester, as well as resumption after 1 month after childbirth. The clinical and economic effectiveness of the method we have developed is that the monand dental monitoring of pregnant women, timely treatment and professional hygiene in the oral cavity allow pregnant women to prevent tooth hard tissue and periodont tissue disorders.

An improved system of dental monitoring of pregnant women was tested in a dispensary group of 75 patients. Among patients examined, dental carious lesions were found in 64 (85.3%) women, while inflammatory diseases of the parodont were found in 42 (56.6%) patients. A study of dental status in the dispensary group found that" healthy "dental status was observed in 4 patients (5.3%), 5 patients were included in the"risk group" (6.6%), compensatory dental status was recorded in 14 patients (18.6%), subcompensated - in 35 patients (46.6%) and decompensated-in 18 patients (23.9%) (Figure 11). Pregnant women (23 patients) who are part of the healthy, risk and compensatory dental status group were prescribed repeated dental examination after 1.5 months as well as professional hygiene in the oral cavity. A dynamic analysis of the final dental examination during gestational age found a compensated dental condition in a healthy and risk group in a total of 31 patients (41.3%), a subcompensated condition in 30 (40.1%) and a decompensated condition in 10 (13.3%) women. The reliability of the differences established in the structure of distribution of pregnant patients depending on the dental state, the proportion of pregnant patients with decompensated dental status in dynamics during gestationism showed a reliable increase from 24.6% to 13.3% ($\beta 2 = 10.4$, $r=0.001$), the total number of women with "healthy" status recorded, risk group, while the Compensated status increased from 27.4% to 41.3% ($\beta 2 = 12.1$, $r=0.005$). The proportion of pregnant patients who have been diagnosed with subcompensated dental status has not reliably changed in dynamics. In conclusion, it can be said that as a result of improving the dental monitoring of pregnant women and the implementation of active dental treatment practices, the dental status of pregnant patients increased in the dynamics of the gestational age. The dispensary group of pregnant women with carious tooth damage was made up of 55 patients. At the initial stage, groups with a high risk of recurrence of carious tooth damage were isolated according to the clinical model. The composition of this group was 24 patients (43.6%). A group of 31 (56.4%) patients with a low risk of recurrence of dental carious lesions were found to be pregnant In the II trimester, a secondary examination was carried out to monitor the disease. Of 55 patients, only 3 (5.4%) patients were found to have recurrence of dental caries injury, while 51 (93.1%) women had no change in their oral cariogenic condition. Lactoferrin and cathelicidine levels were found in the mixed saliva of 25 pregnant women. When forming the 2nd clinical group and dispensary group, the structure of parodont diseases was as follows. Light - to-medium weight STP dominated clinical and dispensary groups in terms of number of patients - 56.5% and 49.7%, respectively (Table 4). In second place in the frequency of occurrence was hypertrophic gingivitis - 22.5% and 28.4%, and in third - chronic catarrhal gingivitis-14.5% and 19%, respectively. In conclusion, it can be said that preventive and therapeutic measures against pregnant women who have inflammation in parodont lead to improvements in the 3rd trimester of pregnancy in parodontal status. It is worth noting that in different dental status we have developed an algorithm of preventive measures in the dynamics of pregnancy and differential tactics of carrying out pregnant women. Pregnant patients with dental carious lesions as well as inflammatory diseases of the parodont formed a dispensary group for dynamic observation. The formation of a system of examination and observation of pregnant women in a doctor-dentist led to statistically significant results only in the 3rd trimester in the course of carious tooth damage and periodont diseases. As a result of this, it is possible to recommend that pregnant women undergo repeated studies according to the scheme we have developed in order to direct them to a dental visit in the 1st trimester and prevent the course of dental diseases. Not a static single-cycle of pregnant patients, but only a dynamic multi-cycle dental

examination, which begins as early as possible, allows timely and monand application of measures to prevent the aggravation of dental diseases in pregnant women.

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