



**PRINCIPLES OF MANAGING PREGNANCY IN WOMEN OF LATE
REPRODUCTIVE AGE WITH AUTOIMMUNE DISEASES**

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Abstract. The presence of autoimmune diseases in women of late reproductive age (35–45 years) significantly affects the course and outcomes of pregnancy. This article highlights the main principles of managing pregnancy in women of late reproductive age with autoimmune diseases. The mechanisms of the impact of autoimmune diseases on pregnancy, pregnancy planning, a multidisciplinary approach, individual risk assessment, cautious use of medications, and monitoring of maternal and fetal conditions are analyzed. In addition, principles for preventing possible complications during pregnancy and managing the postpartum period are presented. The results of the study are of great importance in ensuring safe pregnancy management and improving perinatal outcomes in this group of women.

Key words: late reproductive age, autoimmune diseases, pregnancy, multidisciplinary approach, perinatal complications.

Introduction

Managing pregnancy in women suffering from autoimmune diseases is one of the important and complex issues of modern medicine. Especially in late reproductive age, pregnancy itself is considered physiologically high-risk, and the presence of autoimmune diseases further increases this risk.

During this period, hormonal changes and the progression of chronic diseases can negatively affect both the mother and the fetus. Therefore, in women of late reproductive age with autoimmune diseases, pregnancy management is recommended to be carried out step by step and with an individual approach.

Accordingly, first of all, if women in this category are planning pregnancy, they should be provided with comprehensive counseling, and achieving remission of the autoimmune disease is recommended.

Impact of autoimmune diseases on pregnancy

Autoimmune diseases affect the pregnancy process through the following mechanisms:

1. Impaired placental blood circulation
2. Increased risk of preeclampsia and eclampsia
3. Intrauterine growth restriction (IUGR)
4. Increased risk of preterm birth and miscarriage
5. Increased perinatal mortality rates



The most common autoimmune diseases:

6. Systemic lupus erythematosus
7. Rheumatoid arthritis
8. Antiphospholipid syndrome
9. Autoimmune thyroid diseases

Principles of pregnancy planning

1. In women of late reproductive age, pregnancy should be managed only if it is planned.
2. Main principles:
3. The autoimmune disease should be in the remission phase (at least 6 months).
4. Before pregnancy, consultation with:
 - a) rheumatologist
 - b) endocrinologist
 - c) obstetrician-gynecologist
 - d) family physician
5. Laboratory investigations:
6. ANA, anti-dsDNA
7. Antiphospholipid antibodies
8. TSH, FT4
9. Complete blood and urine tests

Individual risk assessment

1. In each patient, the following are assessed individually:
 - ✓ type of disease
 - ✓ level of activity
 - ✓ presence of complications
 - ✓ outcomes of previous pregnancies
2. Cautious use of medications
3. Drugs that are safe during pregnancy are selected
4. Medications with teratogenic effects (e.g., methotrexate) are strictly contraindicated
5. Minimum effective doses are used

4. Monitoring of fetal and placental condition

6. Ultrasound and Doppler examinations
7. CTG (in the third trimester)



8. Dynamic assessment of fetal growth

5. Prevention of complications

9. Prevention of preeclampsia
10. Prevention of thrombosis (if necessary)
11. Early detection of anemia and infections

Recommended measures for implementation

1. Monitoring of fetal and placental condition
2. Ultrasound and Doppler examinations
3. CTG (in the third trimester)
4. Dynamic assessment of fetal growth
5. Prevention of complications
6. Prevention of preeclampsia
7. Prevention of thrombosis (if necessary)
8. Early detection of anemia and infections

Childbirth and postpartum period

9. The mode of delivery is determined individually
10. The activity of autoimmune diseases may increase in the postpartum period
11. After delivery:
12. Disease monitoring
13. Treatment compatible with lactation
14. Psychological support is important

Conclusion

Pregnancy in women of late reproductive age with autoimmune diseases is considered a high-risk condition. However, with proper planning, achieving disease remission, a multidisciplinary approach, and continuous monitoring, positive outcomes for both mother and child can be achieved.

In conclusion, pregnancy management in this group of women should be carried out strictly on the basis of individual principles.

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