

KEY ASPECTS OF PRE-EXILIC PREPARATION FOR CHILDREN BORN WITH CONGENITAL CLEFT PALATE IN THE ANDIJAN REGION

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Introduction: Congenital cleft palate is one of the most prevalent congenital abnormalities globally, with an estimated incidence of approximately 1 in 700 live births. This condition involves a gap or opening in the roof of the mouth (palate), which can affect a child's ability to eat, speak, and hear properly. If left untreated, cleft palate can lead to long-term physical, psychological, and social difficulties for the affected children. In the context of pre-exilic preparation, which refers to the preparatory measures taken before surgery, addressing the unique needs of children born with cleft palate is crucial for ensuring successful surgical outcomes and long-term developmental progress. In regions such as Andijan, Uzbekistan, which have unique healthcare challenges and a rural demographic, the pre-exilic care for children born with cleft palates can be particularly difficult. Rural and regional healthcare systems in Uzbekistan, while improving, often lack the resources, specialized medical professionals, and training required to provide optimal care for children with congenital anomalies. This results in delayed diagnosis, inadequate nutritional support, limited access to necessary feeding equipment, and insufficient parental counseling, which all play a critical role in the child's overall well-being and readiness for surgery.

Pre-exilic preparation for children born with cleft palate involves several key components, including early diagnosis, nutritional support, appropriate feeding methods, speech therapy, and parental counseling. Each of these elements plays an essential role in ensuring that children are physically and emotionally prepared for surgery and subsequent rehabilitation. In Andijan, however, several challenges remain in these areas, making it difficult for healthcare providers to implement a comprehensive approach to pre-surgical care. The focus of this thesis is to examine the key aspects of pre-exilic preparation for children born with congenital cleft palates in the Andijan region of Uzbekistan. By analyzing the current state of healthcare practices, the availability of resources, and the specific challenges faced by both healthcare providers and families, this research aims to identify areas for improvement and propose solutions that could enhance the outcomes for these children. The importance of early and effective intervention cannot be overstated, as it significantly impacts the child's overall health, speech development, and quality of life. This study will explore the effectiveness of existing healthcare systems in Andijan, assess the availability of specialized resources like feeding equipment and speech therapy, and examine the role of parental counseling and psychological support. It will also address the cultural aspects and community attitudes towards cleft palates, which may influence how families approach treatment and care. The findings of this research are expected to provide valuable insights into how pre-exilic care can be enhanced to better serve children born with congenital cleft palates, with the ultimate goal of improving their health outcomes, surgical success, and long-term development.

Research Objectives.

The main objectives of this research are as follows:

1. **Examine the current practices** of pre-exilic preparation for children born with congenital cleft palates in Andijan, with a focus on early diagnosis, feeding support, and speech therapy.
2. **Identify the challenges** faced by healthcare providers and families in rural regions like Andijan in providing adequate pre-surgical care for children with cleft palates.

Research Methodology.

This research employs a mixed-methods approach, combining both quantitative and qualitative data collection techniques to provide a comprehensive analysis of the pre-exilic preparation for children born with congenital cleft palates in the Andijan region. The research aims to understand the existing practices, challenges, and gaps in care, as well as to identify potential areas for improvement.

To collect data, a survey was administered to 100 families in Andijan who have children diagnosed with cleft palates. The survey focused on several aspects, including the timing of the child's diagnosis, the methods used for feeding, access to specialized feeding equipment, and whether the family received any form of parental counseling or speech therapy. The survey also gathered information on the availability and effectiveness of support systems, the role of healthcare professionals, and family perceptions of the condition. This quantitative data was analyzed using descriptive statistics to identify patterns and trends in the care and support provided to children with cleft palates.

Analysis and Results.

The analysis of the pre-exilic preparation for children born with congenital cleft palates in the Andijan region reveals several important findings that reflect the current state of healthcare services, the challenges faced by families, and the gaps in care. This section presents the key results from the data collected through surveys, interviews, case studies, and site visits, highlighting critical areas in the pre-surgical process and suggesting potential avenues for improvement. One of the key findings of this research is the delay in early diagnosis of congenital cleft palates in Andijan. The survey results indicated that 60% of children with cleft palates were diagnosed at birth or within the first month, while the remaining 40% were diagnosed later, often only when feeding difficulties and other developmental issues became apparent. This delay in diagnosis is concerning because early intervention is critical for addressing feeding difficulties, ensuring adequate nutrition, and preparing the child for surgery. Site visits to healthcare facilities in Andijan revealed that while the primary healthcare centers have general diagnostic capabilities, they lack the specialized equipment and trained personnel to detect cleft palates early in infants. In comparison, urban centers, such as Tashkent, have better screening programs and trained staff, resulting in earlier identification of cleft conditions. The lack of early diagnosis is compounded by the absence of a structured screening program for congenital anomalies, which further exacerbates delays in intervention. Feeding difficulties are a major challenge for children with cleft palates, as the gap in the palate prevents the proper suction needed for feeding. This issue was highlighted in both the surveys and case studies. The data showed that 35% of children in Andijan experienced severe feeding difficulties, leading to malnutrition and dehydration in many cases. Families reported struggling with feeding, particularly in the absence of specialized bottles and nipples designed for cleft palate infants.

Approximately 40% of families in the region had access to specialized feeding equipment, such as cleft bottles and cleft-feeding nipples. However, the remaining 60% of families either did not have access to such equipment or were unaware of its availability. This discrepancy is a significant issue because improper feeding methods increase the risk of aspiration, malnutrition, and failure to thrive, which can complicate the child's overall health and readiness for surgery.

Furthermore, 15% of parents reported that they had to rely on traditional feeding methods, such as using regular bottles or feeding by spoon, which were not effective for their children with cleft palates. These findings highlight the need for greater accessibility to specialized feeding equipment and training for both healthcare professionals and parents on appropriate feeding techniques. Parental counseling emerged as another critical issue. The survey data revealed that only 30% of families received formal counseling or educational materials regarding their child's cleft palate. The remaining 70% of families either did not receive counseling or relied on informal advice from relatives or local health workers. This lack of structured counseling is concerning, as it means that many parents are not adequately prepared for the challenges of caring for a child with cleft palate, which can lead to emotional distress and delays in seeking medical intervention. Interviews with healthcare professionals confirmed that parental education is not consistently offered in Andijan. The majority of healthcare providers agreed that counseling and psychological support are essential in helping families understand the condition, manage expectations, and make informed decisions about surgery. However, there are limited resources dedicated to parental support services, and many healthcare professionals lack training in how to effectively communicate with parents about complex issues related to cleft palates.

Conclusion

In conclusion, the pre-exilic preparation for children born with congenital cleft palates in the Andijan region reveals several significant challenges that impact both healthcare providers and families. The research highlights that early diagnosis is frequently delayed, leading to complications such as feeding difficulties, malnutrition, and developmental setbacks. The availability of specialized resources, such as feeding equipment and speech therapy, is limited, and many families face challenges in accessing these vital supports. Additionally, the lack of structured parental counseling and psychological support contributes to stress and confusion for families, which can delay important decisions regarding surgery and post-surgical care. The findings of this study also suggest that healthcare professionals in Andijan are facing gaps in training and resources, which makes it difficult for them to offer the specialized care required for children with cleft palates. This, in turn, leads to suboptimal preparation for surgery and can affect the long-term health and developmental outcomes for affected children. Furthermore, cultural attitudes and social stigma surrounding cleft conditions in rural areas contribute to delays in seeking medical treatment, which exacerbates the challenges faced by families.

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