

## Nursing Women Living Permanently In Rural Areas Dental Disease Treatment Analysis

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**Relevance.** In women who gave birth and breastfed, like pregnant women, the development of tooth-jawlessness in moderation (100.0%, n=145), pathological condition, anomalies were not differentiated. It was also found that all of them also developed bite correctly (100%, n=145), no deviation from the norm was observed. Dental health is not impaired in these cases. In order to study and assess dental health, the dental examination of women was carried out during the period when they were breastfeeding.

In order to make it easy to evaluate the results, the results of both examinations were conducted in comparison with one.

The indicators of lactating women were brought in comparison with the parameters of pregnant and gave birth. An analysis of the incidence of oral inflammation and traumatic disorders showed that the rates of women who gave birth in all indicators were not practically disparate from the parameters of pregnant people ( $R < 0.05$ ), but the parameters of lactating women were found to be convincingly higher than those of pregnant people and those who gave birth.

If the rate of occurrence of dental diseases was analyzed, this condition was manifested in different levels of caries and gingivitis, although these parameters did not differ convincingly ( $R > 0.05$ ), the trend of changes was clearly visible. In other studied dental diseases, no intergroup practically distinct results were obtained ( $R > 0.05$ ).

These diseases include periodontitis, chronic periodontitis, pulpitis, periodontosis. The lack of changes was explained by the low duration of observation, the maintenance of dental health during pregnancy, the high effectiveness of conducting preventive activities and the quality of the treatment activities carried out. With this in mind, it is recommended to plan dental preventive measures in full on this system.

An analysis of the incidence of cases of noncharious tooth damage among the studied female contingent showed that the results on these diseases did not differ from the trend and intensity of the above nosological unit changes, the results obtained were brought in the form of.

The main difference between the groups being compared was observed only in the case of tooth enamel hypoplasia - from  $6.90 \pm 2.10\%$  in pregnancies and births, respectively, to  $11.72 \pm 2.67\%$  in lactating women. The results obtained in lactating women were found to differ statistically significant, 1.70 times more than in other comparable groups ( $R < 0.001$ ), however, no convincing level discrepancy in tooth enamel erosion, wedge defect, pathological tooth extraction was found ( $r > 0.05$ ). This condition was explained by the fact that the diagnosis of tooth enamel hypoplasia in pregnant and lactating women was allowed, the High effect of dental preventive measures against caries.

Results similar to the above were also observed in terms of oral hygiene status indicators for pregnant women, births, and lactating women.

The oral hygiene status was found to be "good", with the number assessed as being convincingly lower than other comparable groups of women in lactating women by 1.68 times ( $R < 0.001$ ). It has been shown to decrease to  $13.10 \pm 2.80\%$  in lactating women with this rate of  $22.07 \pm 3.44\%$  in pregnancies and births. It was explained that this is due to an increase in the percentage of women with "unsatisfactory" indicators of oral hygiene in lactating women. In pregnancies and births this parameter was  $3.45 \pm 1.52\%$  up to  $6.90 \pm 2.10\%$  believable in breastfeeding women up to 2.0 times ( $R < 0.001$ ). There was no discrepancy in intergroup reliable clarity on the parameters of women with a "satisfactory" state of oral hygiene.

The number of fillings determined by a dental examination among the studied pregnancies was cited in comparison. We did not find it necessary to cite these figures for the fact that the indicators of women who gave birth are practically identical with the parameters of pregnant women.

**Conclusion.** Thus, a study of the KPU index of lactating women showed that the number of teeth with fillings was 243 in them, convincingly higher than the indicators of pregnancies ( $n=183$ ) by 1.33 times ( $R_{0,05}$ ). The number of sun-coated Teeth reached 374 in lactating women (1.70-fold discrepancy,  $R_{0,05}$ ), while the total number of teeth in pregnant women was 220. The gap between them became convincing, with the indicator of broken teeth being 205 and 305 in pregnant and lactating women, respectively (the gap is 1.49 times,  $R_{0,001}$ ). Dental diseases formed during pregnancy have been found to have a tendency to kpayish in many cases, being maintained until breastfeeding for various objective and subjective reasons. It is necessary to take into account the continuation of preventive measures for the protection of dental health and its strengthening not only during pregnancy, but also during the breastfeeding period of women.

#### LITERATURE USED

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