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ASPHYXIA WITH NEW BORN BABIES FOR INTENSIVE THERAPY

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Abstract: This article aims to provide intensive care for newborns with asphyxia, the results of the Apgar score assessment of the infant's condition, the results of the examination, the manifestation of intranatal hypoxia, a comparative assessment of resuscitation in cases of neonatal asphyxia , and the identification of the main causes of newborn asphyxia .

Relevance of the topic . There is no generally accepted definition of asphyxia in a newborn. The definition of asphyxia proposed by N. P. Shabalov et al. (2003) is considered the most informative and objective. They define asphyxia in a newborn as a failure of the efficiency of gas exchange in the lungs immediately after birth, a decrease in heart rate and (or) a syndrome characterized by the inability to breathe independently in the presence of other signs of live birth (spontaneous muscle movements, pulsation in the umbilical cord). The main criterion for the diagnosis of asphyxia is the Apgar score, which is reflected in the International Classification of Diseases, Chapter 9 (1975). However, in 1986 In 2011, the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, based on numerous studies, concluded that Apgar scores at 1 and 5 minutes after birth should not be associated with the cause and prognosis of this condition. At the same time, in cases of low Apgar scores (3-15 points) lasting 0 minutes, cerebral palsy is observed in 10% of patients.

Apgar score

	0 points	**1 point**	**2 points**
General skin color	General colorfulness or general cyanosis pink	bluish color of limbs (acrocyanosis)	pink color of the whole body and limbs
Respiratory system	no	hypoventilation	Normal, screaming baby
Heart rate	<60 or not	<100	>100
Reaction to stimuli	The reaction to warnings is not sensitive.	is a weak expression (smile, yes cat) movement,	high-pitched reaction in the form of riq
Muscles up copy and sponge physical activity	No muscle tone or spontaneous activity, limbs hanging down	Slight bending of the limbs is determined by active movements.	Increased active movement

The Apgar score is designed to help healthcare providers determine which babies need close monitoring. A baby with a score of 5 needs closer monitoring than a baby with a score of 7 to 10. 10 raA baby with a score of 5-6 within one minute of birth but who increases their

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score to 7 within five minutes is considered a baby who should not be concerned. A baby who starts life with an Apgar score of 5 and remains at a 5 five minutes after birth needs close monitoring. A perfect 10 is rare.

A mnemonic rule for English-speaking professionals (introduced in 1963 by pediatrician Joseph Butterfield):

* Appearance- (skin color);

* Pulse — the child's pulse (heartbeat);

* Grimace - a grimace that appears in response to a scratchy characteristic;

* Activity (muscle tone) - movement activity, muscle tone;

* Breathing-breathing movements.

The following abbreviations are common in German-speaking countries: Atmung, Puls, Grundtonus, Aussehen, Reflexe . Alternative: Aussehen, Puls, Gesichtsbewegungen, Aktivität, Respiration (Atmung).

The following neologism is also used: American Pediatric Gross Assessment Record .

Spanish abbreviation: Apariencia, Pulso, Gesticulación, Actividad, Respiración

The following mnemonic rule is also used in English: **How Ready Is This Child** -how ready is this child, where:

* **Heart** *rate* - heartbeat-heartbeat;

* **Respiratory** *effort* - breathing movement;

* **Irritability** - reflexes and nervousness *;*

* **T** *one* - muscle tone;

* **Color** -skin color. All indicators are observed in the first, fifth and tenth minutes of life after birth.

Despite the critical attitude to the Apgar scale and the fact that it should not be considered as a criterion for the diagnosis and severity of asphyxia during childbirth. (N. P. Shabalov et al., 2003). It is recommended to refer directly to the International Classification of Diseases, Section 10 (1993). In the first minute after birth, normal breathing is not established, but the heart rate is 100 beats per minute or more, light muscle tone, and a light response to touch. Apgar points from birth one minute 4-7 points after passing .

The purpose of the study :

* monitoring of blood pressure, body temperature, heart rate, respiratory rate, acid-base status, carbon dioxide and oxygen tension in the blood, hemoglobin oxygen saturation, hematocrit, and blood glucose;

* Neurosonography;

* biochemical blood test: sodium, potassium, calcium, magnesium, total protein, glucose, creatinine, urea, bilirubin. Doppler determination of central and cerebral hemodynamics.

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Microbiological and virological examination is indicated, taking into account the need for differential diagnosis with serious infectious diseases.

There are also acute asphyxia, which is a manifestation of intranatal hypoxia, and asphyxia, which develops against the background of chronic intrauterine antenatal hypoxia. The frequency of neonatal asphyxia, according to different authors, varies widely, which is due to the lack of a clearly accepted definition. Thus Thus , Sartre and co-authors (1993) estimated the incidence of asphyxia at 1-1.5%. they count Another 10-15% of cases have low Apgar score cardiorespiratory depression with It depends . together , completely born babies between from asphyxiation mortality 0.2% , premature birth babies between It is 1.16 % According to SG Yezutagan (1999) according to , he was born early in babies perinatal of asphyxia frequency 30% and complete born in babies -20%. N. N. Volodin and S. O. Rogatkin (2004) in the world every 4 million children are born asphyxiated every year report : 840,000 of them death What is it? and this number Central nerve functional activity of the system permanent from violations suffering in smoking continue is being born . baby of asphyxia five main There is a reason .

* Impaired blood flow in the umbilical cord (true umbilical cord knots, compression, tight wrapping of the umbilical cord around the neck or other parts of the baby's body, loss of umbilical cord loops). * Impaired placental gas exchange (heart attacks, calcifications, placental swelling and inflammatory changes, premature separation of the placenta and its presentation).

* Insufficient hemoperfusion of the maternal part of the placenta (maternal hypotension or hypertension, impaired uterine contractile activity). * Impaired maternal blood oxygenation (anemia, shock, cardiovascular and/or respiratory failure).

* Congenital defects of the brain, cardiovascular and respiratory systems, premature birth and prematurity, congenital pneumonia or airway compression (for example, with diaphragmatic hernia) with failure to successfully transition from fetal to postnatal circulation, impaired early neonatal adaptation, birth injuries to the brain and spine, congenital hypothyroidism, general congenital infections. Hypoxemia, hypercapnia and relevant acidosis in the pathogenesis of asphyxia leader syllable is considered They are blood hemodynamic re- volume distribution , stress of the type hormones secretion , ts itokines , viscosity molecules and growth factors work to take out and the cascade system of plasma proteases activates . The same factors from reoxygenation then , arachnid acid metabolites (prostaglandins and leukotrienes) produced to be and cell metabolites (adenosine, nitric oxide , endothelin and others) of the composition increase with cell of membranes lipid peroxidation activates). Blood rotation centralization in addition to adrenaline during the process angiotensin 11 and vasopressin as well participation is enough By hypoxemia and hypercapnia supported small of the circle high blood vein resistance lung hypertension and blood around passage operation , breath to take failure , as well as the right of the heart pressure and left of the heart volume with excessive loading reason is considered Hypoxemia, hypercapnia and blood of the rotation of centralization negative effect unoxidized of food accumulation and heavy mixed is acidosis . The second systemic hemodynamics , microcirculation , hemorheology , water and electrolytes balance and metabolic to the processes very negative impact shows . Hypoxia and mixed acidosis increase precapillaries of sphincters to the opening , blood pressure decrease with blood

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rotation to decentralization take comes , i.e. hemodynamic collapse, vital in the organs fabric perfusion reduces Thrombocytes , e ndotheliocytes and monocytes ischemic of fabrics in his veins plasma proteases are activated cascade activation , as well as the cell enzymes , pro- and anticoagulants , arachidon acid metabolites , reactive oxygen species to be released take comes and nitric oxide , organ function in damage participation It's delicious . Thrombin, fibrinolytic , and complement systems activation proteolysis products with endotoxicosis take comes and with acidosis together cell membranes , mitochondria , lysosomes and blood — brain of the barrier injury , blood veins permeability increase , blood vein tone of voice decrease , cells no do , interstitial swelling, vein inside coagulation bringing , thrombosis and microcirculation blocking of dystrophic processes , eventually in the body leading to the missing k comes .

With moderate asphyxia, the baby is born with apnea or a single breath, a heart rate of 90-160 beats per minute, reduced muscle tone, and a reflex response to a nasopharyngeal catheter, with marked cyanosis (blue asphyxia). General situation heavy or average because is evaluated . of life first In minutes, the child is slow , fast cools down . Inspection and scratch feature for bad impact does Physiological reflexes is suppressed . Heart auscultation often tachycardia, hoarseness melodies and lung artery on top second melody accent determines breath to take often assistant muscles with the participation of will be , auscultation becomes weak , dry and wet grunts of all sizes a lot Often , life first in the hours of your hands wide large-scale trembling , hyperesthesia , spontaneous Moreau reflex and short term deposit appearance will be . With that together , some in patients central nerve system clinical symptoms of depression increasing is going . Muscle tone of voice dynamics , physiological reflexes and depressive symptoms or nerve of the system excitability very is individual and many in terms of of cultivation enough depends .

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