

# МЕДИЦИНА, ПЕДАГОГИКА И ТЕХНОЛОГИЯ: ТЕОРИЯ И ПРАКТИКА

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## OPTIMIZATION OF PREGNANCY MANAGEMENT IN THE CONTEXT OF UNDIFFERENTIATED CONNECTIVE TISSUE DYSPLASIA: A LITERATURE REVIEW

**Yunusova Zarnigor Maksadovna**

Assistant of the 1st Department of Obstetrics and Gynecology

Samarkand State Medical University,

Samarkand, Uzbekistan

Phone: +998 97 922 69 20; E-mail: [Zarnigoroy.1996@gmail.com](mailto:Zarnigoroy.1996@gmail.com)

**Research objective:** The aim of this study is to identify risk factors affecting maternal and fetal health in women with undifferentiated connective tissue dysplasia (UCTD) during pregnancy, to examine associated complications and preventive strategies, and to develop evidence-based, individualized, and multidisciplinary approaches for pregnancy management. The study seeks to provide guidance on preconception planning, disease activity control, safe therapeutic interventions, and optimization of clinical protocols to improve maternal and neonatal outcomes in UCTD patients.

**Materials and methods:** This study is a systematic literature review focusing on pregnancy management in women with undifferentiated connective tissue dysplasia (UCTD). Peer-reviewed articles, clinical guidelines, cohort studies, case reports, and meta-analyses published over the past 15 years were included. The selected literature reported on reproductive-age women diagnosed with UCTD, detailing disease activity, presence of autoantibodies, maternal and fetal outcomes, and therapeutic interventions. Articles were analyzed for methodological quality, clinical relevance, and applicability to pregnancy care. Data extraction emphasized obstetric complications, perinatal outcomes, and strategies for disease management. Descriptive and comparative synthesis methods were used to summarize findings and identify evidence-based approaches to optimize pregnancy outcomes in this patient population.

**Results:** Undifferentiated connective tissue dysplasia (UCTD) during pregnancy represents a significant clinical challenge due to its potential impact on both maternal and fetal health. Women with UCTD are at increased risk of spontaneous miscarriages, preeclampsia, intrauterine growth restriction, and preterm birth. The severity and frequency of these complications are closely associated with the activity level of the

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disease at the time of conception and the presence of autoantibodies. A systematic review of peer-reviewed articles, clinical guidelines, cohort studies, case reports, and meta-analyses published over the past 15 years reveals that careful preconception planning, regular monitoring, and individualized management significantly reduce maternal and neonatal risks. Evidence indicates that initiating pregnancy during periods of remission or minimal disease activity is associated with more favorable outcomes, whereas high disease activity or multiple antibody positivity correlates with an increased likelihood of adverse events. Multidisciplinary care involving obstetricians, gynecologists, rheumatologists, and other specialists is essential for optimizing pregnancy outcomes, as it ensures coordinated assessment of maternal and fetal risk factors, timely interventions, and safe pharmacological management. Appropriate drug selection and dosing, tailored to the individual patient's condition, further contribute to successful maternal and neonatal health. Despite these insights, the literature demonstrates a lack of standardized clinical protocols for managing UCTD during pregnancy, highlighting the need for large-scale prospective studies and the development of unified management guidelines. Overall, evidence-based, individualized, and multidisciplinary approaches remain central to minimizing complications and improving outcomes for both mother and child in the context of UCTD.

**Conclusion:** Undifferentiated connective tissue dysplasia (UCTD) during pregnancy poses a significant risk to both maternal and fetal health. Spontaneous miscarriages, preeclampsia, intrauterine growth restriction, and preterm birth frequently occur in the context of this disease. Nevertheless, through careful pregnancy planning, controlling the disease prior to conception, regular monitoring, and individualized management, many complications can be prevented. Successful pregnancy outcomes in women with UCTD require a multidisciplinary approach, involving close cooperation between obstetricians, gynecologists, rheumatologists, and other specialists. Moreover, appropriate drug selection and the use of safe dosages ensure favorable results for both mother and child. A review of the literature shows that clear clinical guidelines for managing UCTD during pregnancy have not yet been sufficiently developed. Therefore, conducting large-scale clinical studies and creating unified protocols for physicians remain urgent needs.