

## EVALUATION OF THE EFFECTIVENESS AND SAFETY OF METHODS FOR PREVENTING PAIN SYNDROME IN NEWBORNS

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**Introduction:** The counteraction of torment disorder in babies is a basic part of neonatal consideration that requires cautious thought and assessment. Babies are especially defenseless against torment, as their sensory systems are as yet creating and their capacity to direct agony reactions is restricted. Lately, there has been expanding consideration regarding the significance of forestalling and overseeing torment in babies, given the possible long-haul outcomes of untreated agony on their neurodevelopment and in general prosperity.

**Keywords:** Disorders, pain, characteristics, elements, neurophysiological systems.

Agony can be characterized as "a disagreeable tactile and close to home experience related with genuine or potential tissue harm or portrayed regarding such harm". Torment comprises of two elements: nociception and profound response.

Impression of torment is individual and varies among youngsters and grown-ups. The vibe of torment isn't just impacted by neurophysiological systems yet additionally by both mental angles and the climate. These viewpoints influence and regulate the nociceptive sensation so a similar neurotic circumstance might cause totally different excruciating discernments relying upon the person. By and large, kids give greatest consideration to torment, which could lead expanded uneasiness and apprehension about the agonizing sensation, amplifying the tangible experience.

Thusly, unique torment the board methodologies are expected in kids than in grown-ups, featuring the significance of earlier planning and non-pharmacological mediations prior to carrying out any excruciating strategy in a kid.

Torment is a cognizant and emotional experience and in addition to a reaction to poisonous boosts. For individuals to have the option to encounter torment, a progression of physiologically mature neurological designs is required. Then again, for the experience of agony to happen, other mental cycles connected with the condition of cognizance and memory should be created, which, thusly, permit an occasion to be segregated as agonizing.

The advancement of brain processes engaged with torment pathophysiology starts right off the bat in fetal life, around the seventh seven day stretch of growth, trailed by the improvement of the thalamus and brain associations in the cerebral cortex. In this way, a few creators propose that fetal aggravation doesn't happen before 24 weeks of growth on the grounds that the designs of the focal sensory system (CNS) expected for torment discernment. For example, the cortex, spinal string and thalamus are not completely evolved. In any case, different creators contend that aggravation discernment can happen, intervened by formative designs, for example, the subplate, somewhere in the range of 12 and 20 weeks of development. Also, conduct changes related with torment, like basic

engine reactions, including crying and looks, are depicted in embryos and extremely untimely children.

#### Fetal Torment Assessment

A few physiological responses in babies, like crying, evasion or changes in the degrees of stress chemicals, can be deciphered as signs of torment.

Attractive reverberation imaging (X-ray) and fetal magnetoencephalographic imaging showed evoked reactions to vibroacoustic and visual improvements in the third trimester.

Ultrasound examination has empowered the securing of conduct attributes in babies, like crying, as well as fetal looks of intense agony in medical procedure, as well as fetal development because of contact with an amniocentesis needle.

Embryos presented to a drawn out excruciating obtrusive methods have expanded centralizations of cortisol and beta endorphins in plasma.

#### Treatment of Fetal Torment in Fetal Medical procedure

Treatment of fetal agony is particularly critical in fetal medical procedure. There are three primary organization courses of fetal sedation and absence of pain: uteroplacental move; intravenous, normally by the umbilical line; or intramuscularly. Unpredictable sedatives and narcotics limit the fetal pressure reaction, in spite of the fact that they can deliver cardiovascular fetal melancholy, albeit reasonable without aftereffects for short methods.

Most creators utilize profound general maternal sedation in ex-utero intrapartum treatment medical procedure to sedative the mother and the baby and in fetoscopies the inclinations are administrate the sedation and absence of pain straightforwardly to the embryo, normally applying an intramuscular course or umbilical line.

#### Neonatal Agony

After difficult upgrade, babies have shown in X-ray examines that cerebrum locales encoding tactile and emotional parts of agony reactions are like those in grown-ups.

Over the top or kept up with torment openness can be impeding, causing unfavorable physiological impacts and, surprisingly, long haul results. Preterm newborn children, subsequent to encountering torment, were accounted for to endure hyperalgesia and allodynia, creating delayed pressure.

Babies conceived very preterm (<32 weeks), have gotten many torments related affronts in a weak cerebral period, require exceptional consideration. Rehashed torment related pressure in extremely untimely babies is related with modification of mental health during the neonatal period, as well as later practical cortical movement impedance with diminishing of the mind cortex, white matter microstructure changes and mental result at young.

#### Torment in Youngsters

Kids generally feel torment uniquely in contrast to grown-ups. The American Institute of Pediatrics (AAP) and the American Aggravation Society gave an overall meaning of pediatric torment: "the idea of torment and enduring goes a long way past a straightforward tangible encounter. There are close to home, mental and conduct parts, alongside formative,

ecological and sociocultural viewpoints". This definition underlines the significance of the subjectivity of torment. Dread and nervousness produce enduring and increment the view of agony in kids, particularly the apprehension about detachment from their folks. A significant objective of agony the executives is to take out the experiencing related with torment.

#### Techniques for Forestalling Agony Condition in Babies

There are different techniques and procedures for forestalling torment condition in babies, going from non-pharmacological mediations to pharmacological specialists. Non-pharmacological mediations incorporate methods, for example, wrapping up, skin-to-skin contact, breastfeeding, and sucrose or sweet arrangements. These techniques expect to give solace and backing to the infant, in this manner lessening their aggravation reaction. Pharmacological specialists, then again, include the utilization of drugs, for example, analgesics or tranquilizers to oversee and forestall torment in babies. While these strategies can be successful in alleviating torment, they may likewise convey possible dangers and aftereffects that should be painstakingly thought of.

#### Viability of Strategies for Forestalling Torment Disorder

The adequacy of strategies for forestalling torment disorder in babies shifts relying upon the particular methodology utilized and the singular infant's reaction. Non-pharmacological mediations, for example, skin-to-skin contact and breastfeeding have been demonstrated to be successful in lessening torment reactions in babies, as they give solace and backing to the newborn child. Sucrose or sweet arrangements have additionally been viewed as compelling in alleviating torment, as they animate the arrival of endorphins in the cerebrum, which are normal agony easing synthetic substances.

Pharmacological specialists, for example, analgesics have been generally utilized in clinical practice to oversee and forestall torment in babies, especially during agonizing methodology or medical procedures. Be that as it may, the utilization of analgesics in babies raises worries about likely aftereffects and dangers, including respiratory sadness, hypotension, and medication collaborations. In this way, the decision of pharmacological specialists and measurements should be painstakingly considered to limit these dangers while guaranteeing successful relief from discomfort.

#### Security of Strategies for Forestalling Agony Condition

The security of strategies for forestalling torment condition in babies is a basic thought, as infants are especially helpless against unfriendly impacts of meds and mediations. Non-pharmacological mediations, for example, skin-to-skin contact and breastfeeding are by and large thought to be protected and all around endured by babies, with insignificant dangers of antagonistic impacts. Sucrose or sweet arrangements are likewise viewed as protected when utilized with some restraint and under fitting management.

Pharmacological specialists, then again, convey expected dangers and secondary effects that should be painstakingly observed and made due. Analgesics, for example, narcotics can prompt respiratory misery and sedation in babies, which can be perilous in the event that not perceived and treated quickly. Likewise, the utilization of tranquilizers in babies might disable their neurodevelopment and have long haul outcomes on their mental and engine capability. Subsequently, the wellbeing of pharmacological specialists should be offset with their viability in overseeing torment in babies.

**Conclusion.**

All in all, the counteraction of torment disorder in babies is a complicated and testing part of neonatal consideration that requires cautious assessment and thought of the viability and security of strategies utilized. Non-pharmacological mediations, for example, skin-to-skin contact and breastfeeding are successful in giving solace and backing to babies, while pharmacological specialists, for example, analgesics can be utilized to oversee and forestall torment during techniques or medical procedures. Notwithstanding, the selection of techniques should be individualized and in view of the particular necessities and qualities of the infant, considering the likely dangers and advantages of each methodology. Via cautiously assessing the adequacy and security of strategies for forestalling torment disorder in babies, medical services suppliers can guarantee ideal consideration and results for these weak patients.

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