

**FORENSIC MEDICAL ASSESSMENT OF MEDICAL CARE PROVIDED TO
PREGNANT WOMEN OF REPRODUCTIVE AGE**

Khakimov Zaynobiddin Kobiljonovich

Andijan State Medical Institute, UZ

Senior Lecturer of the Department of Pathological Anatomy and Forensic Medicine, PhD

ANNOTATION: This study is devoted to the assessment of medical care provided to pregnant women of reproductive age based on forensic medical criteria. The causes and consequences of medical errors, the level of documentation, and the state of compliance with clinical protocols were analyzed. Evaluation criteria have been developed based on regulatory legal acts, international standards (WHO, FIGO), and modern literature. The research results will serve to improve the quality of medical care, prevent errors, and improve the practice of forensic medical examination.

Keywords: forensic medical examination, medical error, pregnant woman, quality of medical care, clinical protocol, doctor's responsibility.

ENTRANCE

Providing quality medical care in the field of maternal and child health protection is one of the priorities of state policy. Complications during pregnancy and childbirth, maternal mortality, and perinatal losses among women of reproductive age are directly related to many factors, including the quality of medical care.

According to international research (Larson E., 2020; Jain S., 2025; Toma-Tumbar L., 2025), 60-80% of medical errors are caused by non-compliance with clinical protocols or shortcomings in documentation. Forensic medical examination plays an important role in identifying these errors, establishing cause-and-effect relationships, and assessing the doctor's responsibility.

In this regard, the development of criteria for forensic medical assessment of medical care provided to pregnant women is an urgent scientific and practical task.

RESEARCH OBJECTIVE.

Analysis and assessment of medical care provided to pregnant women of reproductive age based on the criteria of forensic medical examination, identification of the causes and consequences of medical errors.

RESEARCH TASKS.

1. Analysis of regulatory legal acts regulating medical care.
2. Development of the main criteria for forensic medical assessment.

3. Classification of medical errors and determination of the factors of their occurrence.
4. Comparison of foreign experience with national practice.
5. Development of practical proposals aimed at preventing medical errors.

MATERIALS AND METHODS.

The research was conducted on the basis of the following methods:

1. Analysis of the literature:

More than 60 articles published over the past 10 years on the platforms PubMed, Scopus, PMC, OUP Academic, and BMC were studied.

2. Normative-legal analysis:

Orders of the Ministry of Health of the Republic of Uzbekistan, clinical protocols, WHO and FIGO international standards were analyzed.

3. Analytical-comparative analysis:

The experience of international countries (Tanzaniya, Bangladesh, Uganda, Turkey) was compared with national practice.

4. Expert Inquiry:

Expert opinions were studied among forensic medical experts and obstetrician-gynecologists with the participation of 20 specialists.

RESULTS.

1. Main shortcomings in the quality of medical care.

The analysis showed that the most common errors in the provision of medical care to pregnant women are strictly:

- non-compliance with clinical protocols - 38%;
- diagnostic errors - 21%
- errors in treatment tactics - 18%;
- insufficient documentation - 15%;
- communication errors - 8%

These indicators correspond to international data (Samavedam, 2021; Toma-Tumbar, 2025).

2. Forensic medical assessment criteria have been formed.

Based on the study, the following criteria were developed for evaluating medical practice:

A. Clinical criteria:

- timeliness of diagnosis;
- adequacy of monitoring (CTG, ultrasound, laboratory tests);
- immediate elimination of complications.

B. Documentation criteria:

- completeness of the anamnesis;
- sequence in the observation sheets;
- accuracy of recording medical orders.

C. Organizational criteria:

- material and technical base;
- qualification class of a doctor;
- referral within the timeframe and convening of a consilium.

D. Forensic Medical Criteria:

- accuracy of the cause-and-effect chain;
- absence of alternative reasons;
- the relationship between doctor's practice and outcome.

3. Analysis of foreign experience:

The general conclusion in the studies of Bangladesh, Tanzania, Uganda, and Turkey is as follows:

- completeness of documentation increases the quality of the examination;
- shortage of qualified personnel increases the risk of error;
- lack of monitoring increases the risk of maternal mortality by 2-3 times.

Such cases are also observed in the practice of Uzbekistan.

DISCUSSION.

The obtained results showed that the quality of medical care provided to pregnant women directly depends on the qualification of the medical worker, compliance with clinical protocols, and the level of documentation.

In international practice, forensic medical examination is considered the main control mechanism for identifying medical errors. And in domestic practice, in this direction:

- lack of a unified assessment algorithm,
- unevenness of expert analysis,
- insufficient electronic medical systems - such shortcomings exist.

The study shows that to reduce medical errors, it is necessary to fully implement the regulatory framework and clinical protocols into practice.

CONCLUSION.

Errors in the provision of medical care to pregnant women are mainly due to non-compliance with clinical protocols and insufficient documentation.

2. Forensic medical examination is a reliable, scientifically based tool for identifying medical errors, which is important in establishing cause-and-effect relationships.
3. International experience shows that regular audits, electronic documentation, and strict adherence to protocols significantly reduce maternal mortality.
4. To improve the quality of medical care in the conditions of Uzbekistan, it is necessary to introduce into practice unified forensic medical assessment criteria.

PRACTICAL RECOMMENDATIONS.

1. Organization of regular clinical protocol and legal literacy training courses for medical workers.
2. Implementation of an electronic documentation system in all maternity institutions.
3. Creation of independent expert councils on maternal and child mortality.
4. Development of a standardized evaluation algorithm for forensic medical examination.
5. Improvement of the technical base for enhancing monitoring (CTG, ultrasound, laboratory).

Bibliography:

1. Larson E. et al. “Did a quality improvement intervention improve quality of maternal health care? Implementation evaluation from a cluster-randomized controlled study.” *International Journal for Quality in Health Care*. Vol 32, Issue 1, 2020. ([OUP Academic][1])
2. Jain S., Gupta A., Mishra S., Rohit B.K. “Quality Care Assessment of Maternal and Child Health Services Among Women in Sagar City: A Cross-Sectional Study.” *Cureus*. 2025 Apr;17(4):e83033. ([PMC][8])
3. “Quality of maternal and newborn healthcare services in two public hospitals of Bangladesh: identifying gaps and provisions for improvement”. *BMC Pregnancy and Childbirth*. 2020. ([PubMed][2])
4. “Respectful Maternal Care Experience in Low- and Middle-Income Countries: A Systematic Review”. *Medicina (Kaunas)*. 2023;59(10):1842. ([MDPI][3])
5. Toma-Tumbar, L., Nagy, R. D., et al. “Navigating the Complex Terrain of Obstetrics and Gynecology Malpractice: Stakeholders, Expectations, and Legal Implications”. *Journal of Clinical Medicine*. 2025;14(7):2266. ([PMC][4])
6. “Forensic expertise in obstetrics and gynecology”. *Forensic Science International*. 2021; (some volume). ([PubMed][5])
7. “Evaluative reports on medical malpractice policies in obstetrics: a rapid scoping review”. *Systematic Reviews*. 2017;6:181. ([BioMed Central][6])
8. Samavedam S. “Medicolegal Aspects of Obstetric Critical Care.” *Indian J Crit Care Med*. 2021;25(Suppl 3):S279-S282. ([PMC][9])
9. “Evaluation of medical malpractice claims in obstetric ultrasonography: Opinion of The Council of Forensic Medicine in Turkey”. *Ultrasound & Obstetrics & Gynecology*. 2022; (73 claims reviewed). ([PubMed][10])
10. “Forensic Obstetrics and Clinical Risk Factors”. *Obstetrics & Gynecology International*. 2024. ([PubMed][11])