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Research Article

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Feasibility of Childbirth Focused on Family Participation in a Group of Women with Low Obstetric and Perinatal Risk Based on the Results of the Work of the Irkutsk GOC

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Abstract

One of the most significant problems of modern obstetrics is the search for optimal technologies that ensure the greatest efficiency of the obstetric service, which consists of the effectiveness, the least invasiveness of the technologies used and the minimum level of costs for drugs with the allowable minimum amount. These are internationally recognized criteria for the effectiveness of medicine.

Keywords: Childbirth; Perinatal Risk; Women

Introduction

At the same time, the effectiveness is determined by the frequency and nature of complications in women in labor and parturient women, as well as the condition of the fetuses and newborns. One of the most promising areas of obstetric tactics in Europe is recognized as the management of childbirth, family-oriented (FOC) in women from the group of low obstetric and perinatal risk.

This tactic is based on the natural formation of the generic dominant in the event of untimely discharge of amniotic fluid in conditions of psychological comfort. At the same time, the use of antibiotics is limited only to cases of exceeding the anhydrous period of 18 hours, when all natural biological barriers to infection or clinical manifestations of chorionamnionitis disappear.

We have set the goal of determining the appropriateness of such tactics. Complications of the course of labor and the condition of newborns were analyzed in 232 women of the main group in whom the tactics according to the ROS program was used, involving family members in childbirth and in 100 women in the control group whose anhydrous period did not exceed 13 hours and who were used the classical tactics of labor management,

without participation in the birth of family members.

Material and Methods

All women from the main group were provided with conditions of psychological comfort (restriction of invasive technologies, the presence of desired family members during childbirth, free position in childbirth, the possibility of taking appropriate food, listening to your favorite music)

Results

The anhydrous period in the main group of women ranged from 3 to 57 hours, averaging 21 hours 34 minutes. \pm 38 minutes and in the control group 7 hours 10 minutes \pm 46 minutes with fluctuations from 6 to 12 hours 10 minutes.

At the same time, the duration of the anhydrous period up to 18 hours was noted by us in 143 puerperas, which amounted to 61.6% of all women in the main group, in 198 (85.3%) women the anhydrous period did not exceed 24 hours, and in 216 (93.1 %) people 36 hours. Antibiotic therapy in this group of women was carried out in 89 (38.4%)

Thus, with expectant tactics with premature rupture of amniotic fluid in 93.1% of women, labor was completed within one and a half days of anhydrous period.

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In the control group, the duration of the anhydrous period up to 6 hours occurred only in 5 (5%) cases, up to 10 hours in 42 cases (42%) and in 52 to 12 hours. In one observation, the duration of the anhydrous period was 12 hours 10 minutes. Prophylactic antibiotics were used in 35 cases.

The duration of the anhydrous period indicated a higher probability of infectious complications in the main group of women. At the same time, the prophylactic use of antibiotics was approximately the same in the control and main groups, which is due to the peculiarity of the technology used (antibiotic therapy only after 18 hours of anhydrous period or clinical manifestations of chorionamnionitis).

From the characteristics of the course of labor in the main and control groups, it was noted that the percentage of caesarean sections in the main group of women was more than 4 times less than in the control group. At the same time, ineffective labor enhancement in the control group of pregnant women was an order of magnitude higher than in the main group. And effective treatment of violations of uterine contractile activity was noted 2 times more in the main group of women in labor.

When evaluating complications of the labor process, approximately the same frequency of weakness of labor forces in the main and control groups was revealed, an almost twofold excess of the frequency of discoordination of labor forces in the control group and the presence of chorionamnionitis only in the main group.

Analysis of the course of labor and methods of delivery among women whose labor was complicated by chorioamnionitis was noted: a complicated course of labor took place in 5 women in labor, in 4 of whom the labor was completed by cesarean section. At the same time, the weakness of the labor forces occurred in 1 woman in labor, and the discoordination of the labor forces and progressive fetal hypoxia, respectively, in [1,2].

Assessment of the condition of newborns showed a tenfold increase in the number of children in hypoxia at birth in the control group. It is interesting to note that the frequency of infectious complications in the control group of puerperas was more than 3

times higher than that of the main group of women. At the same time, postpartum endometritis with clinical manifestations were observed only in the control group. The analysis of indicators of the city Perinatal Center in the context of the application of a new tactical approach to the management of childbirth showed their correlation dependence.

Thus, there was a sharp dynamic decrease in the frequency of ineffective childbirth, a decrease in perinatal mortality and the number of postpartum endometritis in the group of women who used expectant tactics with premature rupture of amniotic fluid [3].

According to our data, with expectant tactics in conditions of premature rupture of amniotic fluid, there is a decrease in the percentage of complications in childbirth by 1.7 times, a decrease in operative activity by 7.6 times, an increase in the efficiency of labor induction by 12.3 times and a decrease in the frequency of neonatal hypoxia by 10 , 7 times.

At the same time, the studies carried out showed the inexpediency of expectant tactics with a duration of an anhydrous period of more than 30 hours, since the percentage of complications of the birth process and the postpartum period reaches 100%, and hypoxia of newborns is 80%.

Output

Delivery using the technology proposed by the RBS program, with the participation of family representatives in childbirth, showed significant advantages over the classical management of childbirth.

References

1. On the introduction of the principles of obstetrics focused on family participation (FOC) in new pilot institutions of the Russian-American project "Mother and Child". Order of the Department of Health of the Vologda Region.
2. Delarue AV (2007) Partner birth as a medico-social phenomenon. Thesis.
3. Maligna GB and Zhukova IF (2007) Evaluation of clinical and psychological characteristics of partner childbirth. M., Psychotherapy.