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Information about the authors

Gennady Aleksandrovich Usenko, doctor of medical Sciences, Professor of Department of hospital therapy of the medical faculty of Federal state educational institution of higher professional education "Novosibirsk state medical University" Ministry of healthcare of the Russian Federation, 630091, Novosibirsk, 91, Krasny Av., 52; +7(913)9393370 (phone); E-mail: usenko1949@mail.ru;

Dmitry Viktorovich Vasendin – (corresponding author) – candidate of medical Sciences, associate Professor, associate Professor of mobilization training of health and disaster medicine of the Federal state educational institution of higher professional education "Novosibirsk state medical University" Ministry of healthcare of the Russian Federation, 630091, Novosibirsk, 91, Krasny Av., 52; +7(913)9433792 (phone); E-mail: vasendindv@gmail.com;

Andrey Gennadievich Usenko – candidate of medical Sciences, the doctor of functional diagnostics office, the state budget institution of health of Novosibirsk region "Novosibirsk regional hospital №2 for war veterans", 630005, Novosibirsk, Family Shamshinykh Str., 95a; Phone/Fax +7(383)2240338. E-mail: h2vv@mail.ru.

V.E.Radzinskij, S.I.Arabadzhan,
I.M.Ordijanc, O.K.Molchanova

INTRAPARTUM RISK AND NEWBORNS' HEALTH AFTER ABDOMINAL DELIVERY IN FULL CERVICAL DILATATION

ABSTRACT

Insufficient attention traditionally existing even in medical institutions that realize the principles of modern risk strategy impairs the perinatal outcomes. The birth outcomes in the newborns make up the main criterion for the implementation of accounting intrapartum risk factors. Since 2010 it is proved from a strong correlation between the growth of risk intrapartum and neonatal condition [EAGO, Lisbon, 2010; IN Kostin, 2012]. This study is undertaken in order to increase attention to the intrapartum risk factors, determining their contribution and force effects on birth outcomes.

Objective: to determine the main injuries in fetus and newborn delivered by cesarean section in full cervical dilatation.

We determined the threshold level of intranatal augmentation requiring changing labor management. The critical level of intranatal augmentation after abdominal delivery in full cervical dilatation is 82%. 41.7% of newborns with intranatal augmentation 82% and more need intensive care and resuscitation.

Keywords: pregnancy, perinatal risk factors, abdominal delivery.

The relevance of research

By the end of XX century in obstetric practice was the final formation of the perinatal risk strategy, aimed at preserving the life and health of the fetus and newborn. It was created

based on the study of factors affecting the level of perinatal morbidity and mortality, and the planning of measures to improve the outcomes of pregnancy and childbirth [1, 3].

As shown by numerous studies, the basis of many sorts, who had adverse outcomes for both mother and fetus, is underestimating or even ignoring the intrapartum risk factors (pathological

preliminary period, meconium water anomalies of labor activity, etc.) [4, 5].

However, the new input in the scale factors and factors of intrapartum period led to an increase in the amount of risk points. The dynamic growth of the amount during pregnancy and during labor required to define any thresholds for clinical decision to change the tactics of pregnancy and childbirth. Convinced of the lack of effectiveness of modern electronic methods of fetal assessment, EAGO (2010) recommended the introduction of perinatal risk strategies to improve perinatal indicators. Underestimation

of risk, and most importantly - it intrapartum component [2] can be one of the causes of the violation of the fetus and newborn.

Purpose of the study – to set the main health problems of fetuses and neonates recovered by caesarean section in full cervical dilatation.

MATERIALS AND METHODS

The objects of statistical research at various stages were 72 women who gave birth to the baby by cesarean section in full cervical dilatation.

The principle of the formation of the study group was typed score prenatal risk factors. To assess the

risk factors delivery table scoring intrapartum risk factors was used. It was developed at the Department of Obstetrics and Gynaecology with course of Perinatology of the Peoples' Friendship University of Russia. To determine the strength of the effect of intrapartum risk factors on birth outcomes was conducted correlation analysis [Spearman rank correlation (R)].

In the structure of perinatal morbidity were taken into account: congenital malformations, hypoxic CNS perinatal CNS lesion, aspiration syndrome, cephalohematoma, vertically transmitted infections, etc. Evaluate the activities carried out in the early neonatal period, length of stay, and transfer to the second stage of nursing.

Index of neonatal complications (INC) has been introduced for the assessment of birth outcomes for newborns by us. INC - it is an integral component of complications occurred in newborns and of interventions, be required in the early neonatal period. INC counting was carried out for every newborn to yield a range of values from 0 to 25. In order to analyze the impact of intrapartum factors on during the early neonatal period, all infants were divided into groups of INC.

The first group included the INC newborns who did not have complications, it was the largest (18-60% from the group of low and 24-57,1% from the group average perinatal risk). The second group included infants whose score was lower than the mean value of the INC in the total group of infants ($8,8 \pm 2,4$), i.e. 1 - 9 points, there were 10 (33.3%) and 12 (28.6%), respectively. The third group included infants with INC, exceeding the mean value in the group - 10 points or more, there were 2 (6.7%), and 6 (14.3%), respectively.

RESULTS

The survey showed that the structure of the distribution of women according to risk during childbirth has changed radically. Due to revaluation of intrapartum risk factors in childbirth every third [28 (38.9%)] a woman came out of the low-risk group and included in the average, and 6 (8.3%) - a high perinatal risk.

The structure of the intrapartum

risk factors in the first place - untimely rupture of membranes (8-11,4% in the low and 32-45,7% - average risk of perinatal), the second - abnormal labor (4-5,7% and 20-28,6%, respectively), in third place - and a lot of water scarcity (6-8,6% and 22-15,7%, respectively).

The main criterion for the implementation of intrapartum risk factors are birth outcomes for newborns, the reason it was a strong correlation between intrapartum factors and neonatal morbidity ($R = 0,71$, with $p = 0,000 \dots$). Factors (complications in childbirth), is the most statistically significant impact on the incidence of complications in the newborn in the early neonatal period were: acute fetal hypoxia (the $R = 0,6$, $p = 0,000 \dots$); cord entanglement ($R = 0,5$, $p = 0,000 \dots$); meconium amniotic fluid ($R = 0,4$, $p = 0,000 \dots$); abnormal labor ($R = 0,3$, $p = 0,0004$), with a stronger correlation with discoordination labor than with the weakness of labor activity.

After recalculation of the amount of intrapartum perinatal risk score, it was found that the average amount of intrapartum risk factors in the first group of the INC (healthy newborns) was 1.0; in the second group INC - 8.8; in the third (the most severe children) - 18.3 (!).

CONCLUSION

Thus, the parameter that determines the outcome of labor, is the degree of intrapartum growth. Most adverse birth outcomes obtained from women with high growth intrapartum corresponding 82% or more, so the tactics should be reviewed for them.

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Information about authors Victor Evseevich Radzinsky, Head of Department of Obstetrics and Gynaecology with Course of Perinatology Peoples' Friendship University of Russia, M.D., professor, 14/3 Rublevskoe Rte., Apt.64, Moscow, Russia 8 (903) 723-22-12, radzinsky@mail.ru;

2. Irina Mikhailovna Ordiantc, Professor, Department of Obstetrics and Gynaecology with Course of Perinatology Peoples' Friendship University of Russia, M.D., professor, 9 Annenskaya St. Apt.1a, Moscow, Russia 127521 8 (926) 800-50 -36, ordiantc@mail.ru;

Sergey Igorevich Arabajyan, Head of obstetrical department of physiological clinical hospital №2 «Lapino» «HAVEN» LLC, 10 Sk. Mukhinoi St., Apt.10 Moscow, Russia 119634 8(916)600-00-23, arabadzhyan@mail.ru;

Olga Konstantinovna Molchanova, 5th year student of the Peoples' Friendship University of Russia, 5/1 Ostrovityanova St., Apt.200 Moscow, Russia 117198 8(906)096-81-31, olgamolchanova1994@yandex.ru.