
PERINATAL ASPECTS OF CESAREAN SECTION

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Objective: To evaluate influence of cesarean section on perinatal outcome.

Methods: 112 pregnant were included in the study. 85 among them were delivered by cesarean section and 27 - by vaginal labor. Ultrasound examination, Doppler and cardiotocographia of fetus, hemostasiologic analyses were fulfilled in both groups of patients. Newborns' condition were statistically analyzed soon after birth and in early neonatal period.

Results: During last decade strong correlation is seen between cesarean section rate and perinatal mortality. So, an increase of abdominal delivery rate in the Center from 10% in 1976 to 40,3% in 1996 allowed to decrease perinatal mortality from 23 to 8. Stillborn index decreased from 7,1 to 4, and percent of intranatal death decreased practically in two times. Especially, the decrease of stillborn at term should be stressed, index that decreased from 1,7 in 1986 to 0,5 in 1996, more then in 3 times, but among preterm babies - from 72,7 to 59,0. Early neonatal mortality decreased in 2,5 times (from 10,8 to 4,0), and among term newborns decreased from 1,3 to 1,0, but in preterm ones - from 100,4 to 48,6.

Conclusions: Cesarean section carries the intranatal risk factor for the fetus and newborn. Early neonatal period is more favorable in newborns delivered by cesarean section during labor. In the causative factors of intranatal death intracranial labor trauma is absent.

EFFECT OF INTRAOPERATIONAL REINFUSION OF BLOOD ON LACTATIONAL FUNCTION OF PARTURIENTS AFTER AN OPERATION OF CESAREAN SECTION

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Objective: to study the effect of intraoperational reinfusion on the onset and duration of lactation in parturients after an operation of cesarean section.

Methods: the main group included 15 patients which underwent intraoperational reinfusion of blood. Blood loss was 1109.0 ± 129.9 ml. The controls consisted of 10 patients after cesarean section, blood loss of 700.0 ± 106.0 ml which was filled up with physiological and plasma substitutional solutions of 880.0 ± 250.0 ml. The methods of determination the quantity of milk and prolactin per day were used for the assessment of lactational function of parturients of both groups in addition to the routine ones.

Results: Lactation of parturients after abdominal delivery is characterized by late and prolonged onset. In the use of plasma substitutional preparations we noted a decrease of general protein by 20%, meanwhile after blood reinfusion it decreased by 10%. Anemia was found in 72% and 15%, respectively. There were no reliable differences in prolactin basal levels. Hypogalactia was detected in 78% of the controls. Mean daily milk quantity (7days) in that group was 250 ± 40 ml, in the group of comparison it was 527 ± 44 ml. The duration of breast feeding was 1.3 ± 0.5 months, in the group after intraoperational reinfusion it was 4.7 ± 1.2 months.

Conclusions: Thus, we revealed a positive effect of intraoperational blood reinfusion on the quantity of breast milk and duration of lactation.