

Intervention Value of Unprotected Midwifery Nursing in Natural Delivery of Primipara

Liling Yao, Guangqing Zhao

Changle Maternal and Child Health Hospital, Changle 262400, Shandong Province, China

Abstract: Objective: This paper mainly explores the application value of unprotected midwifery care for primipara natural childbirth. **Methods:** 120 primiparas in our hospital from January 2017 to February 2019 were divided into routine group and Research Group, 60 cases in each group. The routine group was given routine perineal protection midwifery, and the Research Group was given routine midwifery nursing. The nursing intervention effects of the two groups were compared statistically. **Results:** After statistics, VAS score and bleeding volume of perineal pain in the Research Group were lower than those in the conventional group, and the length of hospital stay in the Research Group was less than that in the conventional group, $P < 0.05$; There was no significant difference in the time of the first stage of labor, the second stage of labor and the third stage of labor between the Research Group and the conventional group ($P > 0.05$); The incidence of complications in the Research Group was lower than that in the conventional group ($P < 0.05$). **Conclusion:** The application value of unprotected midwifery nursing intervention in primipara natural childbirth is significant

Keywords: Unprotected midwifery nursing; Natural childbirth; Primipara

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***Corresponding author:** Liling Yao, Guangqing Zhao, 2684331511@qq.com

Natural childbirth is one of the modes of childbirth. It is clearly shown in the current clinical practice that natural childbirth is the most ideal method of maternal childbirth, which can play a key role for the newborn and the maternal. In recent years, with the continuous enhancement of people's health care

awareness and cultural level, the rate of natural childbirth has also improved significantly, but vaginal natural childbirth will also increase. There is a certain risk that perineal tear may occur. Therefore, lateral episiotomy is mainly used in clinical prevention. However, this method is very easy to cause serious injury of rectal sphincter and perineum, resulting in strong perineal pain, which will cause serious pain to the puerpera and have a great impact on postpartum recovery. Therefore, timely nursing measures are needed, To improve the clinical delivery situation^[1-2]. Unprotected midwifery is a new way of midwifery, which only controls the speed of the fetal head up and down, but does not give human intervention. It extends through the perineum to achieve effective delivery effect, so as to prevent perineal tears. Based on this, this paper explores the effect of unprotected midwifery nursing.

1 Material and methods

1.1 Basic data

A total of 120 primiparas in our hospital from January 2017 to February 2019 were randomly selected as the research objects. All the selected objects had excluded serious mental illness and cognitive impairment, and they all knew and voluntarily signed the research consent. The primiparas were randomly divided into the routine group and the Research Group, 60 cases in each group. The age limit of the routine group was 22-36 years old, with an average of (28.14 ± 1.65) years old, and the gestational age was 38-42 weeks old, with an average of (40.12 ± 0.52) weeks; The age limit of the Research Group was 23-35 years old, with an average of (28.25 ± 1.58) years old, and the

gestational age was 38-43 weeks old, with an average of (40.23 ± 0.48) weeks; There was no significant difference between the two groups ($P > 0.05$).

1.2 Methods

The routine group was given routine midwifery care, the nursing staff guided the puerpera to take supine position, and raised the head of the bed properly; Midwives need to assist in maternal delivery, primipara in the process of delivery, need to stand on the right side of primipara, in the fetal head leakage, reasonable pull up the labia, and give the perineum reasonable disinfection, at this time, the auxiliary midwives need to support the perineum reasonably during the period of maternal uterine contraction, at the same time, the right and left position of the appropriate pressure on the fetal head, so as to effectively control the fetus, promote fetal development Children can maintain a certain speed and slowly decline^[3]. When the fetal shoulders gradually come out of labor, the doctor needs to put the fetus on the bed, and give the fetal respiratory tract reasonable cleaning. If the parturient has difficulty in delivery, the perineum incision should be performed when the fetal head is about 3 cm away. The Research Group was given unprotected midwifery care. Primiparas need to go through natural childbirth to promote the slow delivery of the fetus, which can effectively reduce perineal injury. When the fetus slowly delivers to the head, it is necessary to pull up the labia properly, and guide primiparas to open their mouth and breathe when they have uterine contractions, and abandon the gap between uterine contractions in the lower position. If this is repeated, it can promote the effective expansion of the vaginal orifice; At the beginning, after the successful delivery of the fetus, it is necessary to guide the parturient to

breathe correctly, and use both hands to control the fetus for external rotation^[4]. In addition, the midwife also needs to reasonably control the delivery speed of the head, each uterine contraction should be kept at 1cm, and told the primipara that the delivery process must ensure uniform force, when the fetal shoulders have been delivered, it is necessary to drag the head in time to reduce the damage to the perineum.

1.3 Observation indexes

The time of the first, second and third stage of labor was counted; The visual analogue scale (VAS) was used to evaluate the perineal pain of puerpera. The score was 10. The higher the score, the stronger the pain. Meanwhile, the amount of bleeding and length of hospital stay of puerpera were counted.

As to the two groups of parturients, the observation and statistics mainly covered the rate of perineal lateral excision and the rate neonatal asphyxia, etc. Complications were also given attention, such as dysuria, retention of urine, etc.

1.4 Statistical analysis

SPSS 23.0 was used to calculate the data, and T and χ^2 tests were performed, which were expressed as ($\bar{x} \pm s$) and (n /%). If $P < 0.05$, there was a difference in the data.

2 Results

2.1 Statistics of labor process time

As shown in the following table, the time of the first stage of labor, the second stage of labor and the third stage of labor in the Research Group were not significantly different from those in the conventional group, $P > 0.05$.

Table 1. Statistics of labor process time ($\bar{x} \pm s$) of the two groups

Group	N (example)	The first stage of labor	Second stage of labor	The third stage of labor
Routine group	60	420.12±10.31	62.38±15.85	6.28±1.34
Research Group	60	417.25±10.58	61.67±14.62	6.31±1.25
<i>t</i>		1.5049	0.2550	0.1268
<i>P</i>		0.1350	0.7991	0.8993

2.2 Statistical two groups of delivery indicators

As shown in Table 2, the bleeding volume and pain score of the Research Group were lower than those

of the conventional group, and the length of hospital stay was shorter than that of the conventional group, $P < 0.05$.

Table 2. Statistics of delivery indexes ($\bar{x} \pm s$) of the two groups

Group	N (example)	Blood loss (ML)	Pain score (points)	Length of stay (d)
Routine group	60	298.34±25.17	5.12±1.34	4.27±0.34
Research Group	60	181.47±13.85	3.14±0.43	5.04±0.15
<i>t</i>		31.5108	10.8982	16.0498
<i>P</i>		0.0000	0.0000	0.0000

2.3 Statistics of complications

After observation and statistics, the incidence of

complications in the Research Group was lower than that in the conventional group, $P < 0.05$.

Table 3. Statistics of the incidence of complications in the two groups ($n / \%$)

Group	N (example)	Urinary retention *	Dysuria	Postpartum hemorrhage	Total incidence
Routine group	60	2	3	4	15.00
Research Group	60	0	1	1	3.33
χ^2					4.9041
<i>P</i>					0.0267

2.4 Statistics of pregnancy outcomes

After the intervention, there were 4 cases of neonatal asphyxia in the routine group, the neonatal asphyxia rate was 6.66%, and the statistical rate of episiotomy was 11.66%; while there was no neonatal asphyxia in the Research Group, the neonatal asphyxia rate was 0.00%, and the statistical rate of episiotomy was 1.66%; Comparing the two groups, it was obvious that the neonatal asphyxia rate and episiotomy rate of the Research Group were lower than those of the conventional group, $P < 0.05$, and the comparison between the two groups was statistically significant ($\chi^2 = 4.1379, 4.8214, P = 0.0419, 0.0281$).

3 Discussion

Natural delivery is the most ideal mode of delivery in clinic. At present, it is advocated that parturient adopt natural delivery to produce, which can play a key role in the fetus and parturient. However, in the process of delivery, it may lead to perineal tear, which is also the most common complication. In this regard, perineal protection method is mainly used for intervention, aiming at the soft birth canal Physical expansion can effectively relieve the resistance during delivery and ensure that the fetus can be delivered quickly. However, this method may cause perineal and rectal sphincter injury in the process of operation, which will cause certain pain to the puerpera and even affect the postpartum recovery^[5].

Unprotected midwifery nursing is a common nursing method in recent years. This method can effectively control the rate of fetal rise and fall, and do not give relevant intervention. Reasonable use

of maternal perineal body extension can effectively make up for the large perineal body contact area, which is conducive to the smooth delivery of the fetus. In addition, unprotected midwifery can also effectively reduce the rate of episiotomy, and alleviate the situation of perineal tears, so as to effectively improve the delivery situation and prevent adverse pregnancy outcomes^[6-9]. From the results of statistics, there was no significant difference between the Research Group and the conventional group in the duration of labor, while the Research Group was better than the conventional group in the amount of delivery bleeding, perineal pain score and hospitalization time, and the incidence of complications was lower than the conventional group, $P < 0.05$, with statistical significance between the groups.

In conclusion, the clinical effect of unprotected midwifery nursing in primipara natural childbirth is very significant, which can effectively improve the pregnancy outcome.

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