Per Labor Pain

If uterine contractions occur before week 37, it is called preterm labor. A period of regular contractions may occur before week 37. But it is not considered premature labor until the cervix is fully open or enlarged. This is important because it causes a premature baby to be born, causing irreparable damage and huge costs to the baby and family.

Effective causes of premature pain:

- Age: Age under 19 and over 34 are both associated with an increased risk of preterm pain and preterm delivery.
- Malnutrition
- Decollate fetal pair
- Hypertension
- Polyhydramnios
- Smoking, alcohol and drugs
- Mother’s activity and job: long working hours and bad working conditions
- Psychological pressures
- Amniotic fluid infection
- Genital infection or UTI
- Fetal placenta
- Multiple twins

Symptoms:

- The pain starts in the lower back and spreads to the abdomen, and there is a direct relationship between duration and contraction and pain.
- Pain intervals were regular
- Contraction intervals are regular.
- Showing
- Shortening and opening of the cervix

The difference between real symptoms and false symptoms

These irregular uterine contractions are completely normal and may begin in the third trimester of pregnancy, indicating that the body is ready for labor. False contractions or Braxon hiss are described as abdominal stiffness that intermittently interrupts and connects. The strength and distance of these contractions do not come close to each other, they do not increase with walking, their duration does not increase, and they do not intensify over time.

Mild contractions usually begin once every 15 to 20 minutes and last 60 to 90 seconds. The contractions then become more regular; Until their distance reaches 5 minutes and gradually becomes stronger; It lasts 45 to 60 seconds and occurs every 3 to 4 minutes.

Pharmacotherapy
The goal of management of treatment is to prolong the pregnancy period until the final growth and development of the fetus.

- Corticosteroids: Betamethasone or dexamethasone is recommended by the American College of Obstetricians and Gynecologists to promote fetal pulmonary maturation. IM injection of betamethasone 12mg every 24 hours for two doses or 6 mg dexamethasone every 12 hours for 4 days for pregnancy age 26 to 34 weeks
- Antibiotics: Antibiotics have no effect on premature pain in patients with healthy membranes. In patients whose umbilical cords rupture prematurely, antibiotics can reduce the risk of preterm birth 48 hours after description.

Tocolytics: Tocolytic drugs inhibit uterine contractions. The four main groups of tocolytics with varying degrees of safety and efficacy are: beta-adrenergic agonists, magnesium sulfate, calcium channel blockers, and nonsteroidal anti-inflammatory drugs. Magnesium sulfate is the most widely used tocolytic drug. Indomethacin is also used among nonsteroidal anti-inflammatory drugs, as well as drugs such as diclofenac suppositories, hyoscine ampoules, narcotics (pethidine), and calcium blocker (adalat).

Nursing education

- Resting the patient and prescribing intravenous and oral fluids
- Urinary Tract Hygiene: Exercising empty the bladder every two hours and inform your doctor if you notice signs of urinary tract infection such as phalanx pain, frequency, dysuria and fever. Repeat urine test every three months during pregnancy. Pregnant mothers should consume 8-10 glasses of fluids daily. It is recommended to drink 4 glasses of milk or the same amount of sweet yogurt.
- Pregnant mother should refrain from strenuous physical activity (Vulnerable mothers should refrain from the following activities: running, jumping, moving and carrying heavy objects, going up and down stairs.)
- Avoid anxiety and anger and stress
- Educating high-risk mothers to control preterm labor pains and other symptoms of preterm labor: If these symptoms worsen, you should see a doctor, such as back pain that does not relieve with sleep, menstruation, increased vaginal secretions, sudden rupture of the amniotic sac in uterine pain.

If you have any questions or ambiguities, call the following number:

023-33460066, Obstetrics and Gynecology ward of Amir-al-Momenin Hospital