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BENEFITS AND DIFFICULTIES OF OBSTETRIC PSYCHOPROPHYLAXIS IN PREGNANT WOMEN, GUAYAS -ECUADOR

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Abstract

The objective of this research work was to determine the benefits and difficulties of obstetric psychoprophylaxis in pregnant women of the Cerecita Health Center, Guayas - Ecuador from January - December 2017. The study design is non-experimental, cases and controls, retrospective, in the The research methodology used the data collection form and an ad hoc form was prepared. To carry out the investigation, an application was submitted to the director of the health center. The sample consisted of 80 nulliparous and multiparous pregnant women, who met the inclusion and exclusion criteria. The following results were obtained: that if there are significant benefits with pregnant women who attended the psychoprophylaxis sessions; With an adequate assistance of pregnant women, 70% completed all the sessions of Psychoprophylaxis, with a time of less than 6 hours of the dilation period of 46.43%; With an expulsion period of less than 25 minutes in 76.79% More eutocic deliveries in 82.14% of the pregnant women who completed the PPO sessions, 78.57% of the cases did not require medication in the dilation phase; Apgar at the minute, greater than 8 in 96.43%, and at 5 minutes in 98.21%. Only 1.78% of the newborns of the mothers in the case group had apnea and in fetuses of 3500 gms or more, the 40% had an expulsive no greater than 25 minutes. The benefits observed in the present study, on labor, on the newborn, was a better Apgar at the first minute of life ($p = 0.091 \times 10^{-4}$, OR = 9).

Keywords: Psychoprophylaxis-Obstetrics; Pregnant; Benefits; Difficulties.

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1. Introduction

Obstetric Psychoprophylaxis is a technique to prepare the pregnant woman and her partner, in an integral, physical, cognitive and psychological way, through educational activities, neuromuscular relaxation techniques, exercises, analgic positions and prenatal stimulation, according to their

obstetric conditions, to achieve in the pregnant women knowledge, attitudes and healthy practices, that allow their effective participation with tranquility and security during pregnancy, childbirth, postpartum and lactation, in this way, improve their quality of life and general and obstetric conditions. In 2014, the technical standard of obstetric psychoprophylaxis and prenatal stimulation of the Ministry of Public Health was implemented in Ecuador. Its general objective is to strengthen the Health System with a document that guides the actions that must be carried out in the health units to provide obstetric psychoprophylaxis and Prenatal Stimulation to pregnant women, as part of their comprehensive care, with a family, community and intercultural approach, contributing to the reduction of maternal and perinatal morbidity and mortality in Ecuador.

2. Materials and Methods

It is a descriptive, analytical study, it is not experimental, comparative, control case, retrospective. The population is made up of 9,600 people among men, women and children in the Cerecita enclosure of the province of Guayas - Ecuador, from which a sample consisting of 80 nulliparous and multiparous pregnant women who attended obstetric Psychoprophylaxis sessions that complied with the Inclusion and exclusion criteria.

In the inclusion criteria, pregnant women whose delivery is eutocic, single fetus, all presentations, pregnant women who attended obstetric psychoprophylaxis sessions are included. In the exclusion criteria, pregnant women whose delivery will be caesarean section, multiple pregnancy, pregnant women with high-risk pregnancy are excluded.

3. Results

Table 1: Benefits obtained by pregnant women who perform obstetric psychoprophylaxis sessions during pregnancy.

Mother variables	Six Sessions Ppo Si (56)		Sessions Ppo No (24)	
	N	%	N	%
Complete dilation up to 6 Hours	20	35.714	5	20.83
No use of medications	44	78.57	12	50
Expulsion less than 25'	43	76.79	10	41.67
Eutocic birth	46	82.14	11	45.83
Clear amniotic liquid	55	98.21	23	95.83

Table 2: Benefits obtained by newborns from mothers who receive six or more sessions of obstetric psychoprophylaxis.

RN Variables	SIX SESSIONS PPO SI		SESSIONS PPO NO	
	N	%	N	%
APGAR 1' > 8	54	96,43	18	75
APGAR 5' > 8	55	98,21	18	75
APNEA AT BIRTH	1	1,78	4	16.67
EXPULSIVE < 25' EN FETO > 3500 gramos.	12	40	1	11.11

Table 3: Difficulties presented by pregnant women to perform obstetric psychoprophylaxis sessions.

DIFFICULTIES PPO	SIX < SESSIONS DE PPO		NO	
	N	%	N	%
No Difficulties	32	57.14	2	8.33
Hour Inadequate	11	19.64	20	83.33
Inadequate ambiences	4	7.14	0	0.00
Lack of comfort	7	12.50	0	0.00
Lack of commitment on the part of the couple.	2	3.57	2	8.33

4. Discussion

In the benefits obtained from the pregnant woman, we did obtain statistically significant differences, when comparing the two groups of pregnant women, they were:

Complete dilation in less than six hours. With an Odds Ratio of 2.11 (95% CI 1.12 - 3.97) and a p-value of less than 0.05. This OR means that in those women who completed the six sessions of psychoprophylaxis they are 2.11 times more likely to have their dilation completed in up to six hours.

Eutocic delivery with an Odds Ratio of 6.27 (95% CI 3.224 - 12.2) and a highly significant p value. It indicates that, if a pregnant woman has eutocic delivery, there is a 6.27 times probability that she has completed all the sessions of Obstetric Psychoprophylaxis.

Expulsive with a duration less than 25'. With an Odds Ratio of 4.63 (95% CI 2.513 - 8.534) and a highly significant p value. It indicates that the pregnant woman who achieves an expulsion period of less than 25 'is 4.63 times the probability that she has completed her six sessions of Obstetric Psychoprophylaxis.

In the Benefits obtained by newborns from mothers who receive six or more sessions of obstetric psychoprophylaxis.

96.43% (54/56) of all pregnant women who completed their PPO sessions, had their children with an Apgar per minute, optimal, between eight and ten points. The same occurs in only 75% of the control group (mothers with less than six PPO sessions). The difference of both percentages is statistically significant ($p > 0.05$) and an Odds Ratio of nine was obtained. That is, before a newborn with Apgar at the minute equal to or greater than 8, it is 9 times likely that his mother has had complete sessions of Obstetric Psychoprophylaxis.

98.21% (55/56) of all pregnant women who completed their obstetric psychoprophylaxis sessions, had their children with an Apgar at five minutes, optimal, between eight and ten points. The same occurs in only 75% of the control group (mothers with less than six sessions of Obstetric Psychoprophylaxis). The difference of both percentages is statistically significant ($p > 0.05$) and an Odds Ratio of 18.29 was obtained. That is, before a newborn with Apgar at five minutes equal

to or greater than 8, it is 18.29 times likely that his mother had had full sessions of Obstetric Psychoprophylaxis.

Regarding apnea at birth, we found that Obstetric Psychoprophylaxis sessions have a protective effect: in newborns who do not have apnea, there is a 99.1% probability that their mother has completed the full PPO program. The difference between the two groups evaluated is highly significant.

5. Conclusions

- 1) The benefits observed in the present study, on labor, were: shorter dilation period ($p = 0.016$; OR 2.11); less use of medications in the period of dilation and expulsion ($p = 0.025 \times 10^{-5}$, OR = 3.64); shorter expulsion period ($p = 0.014 \times 10^{-6}$, OR = 4.63), higher percentage of eutocic births ($p = 0.01 \times 10^{-5}$; OR = 6.27)
- 2) The benefit observed in the present study, on the newborn, was a better Apgar at the first minute of life ($p = 0.091 \times 10^{-4}$, OR = 9).
- 3) 42.50% of the participants (34/80), said they had no difficulties in complying with the PPO sessions, of the total number of participants who reported having some difficulty, 56.76% reported inappropriate schedules; 18.92% reported lack of comfort or convenience, 10.81% reported the lack of commitment of their partners and also 10.81%.

Confidentiality: The patient's personal data will be protected by medical ethics.

Conflicts of Interest: The authors declare no conflict of interest.

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