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VACUUM - EXTRACTION OF THE FETUS BY DIFFERENT METHODS

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Summary
The article provides a comparative analysis of the vacuum-extraction of 30 patients for the period 2019-2021. The study was conducted on the basis of the 1st clinic of the Samarkand State Medical University. Vacuum - extraction of the fetus using a Kiwi vacuum extractor has more favorable outcomes, unlike the classic one.

Keywords: vacuum - extraction, inconclusive state of the fetus, weakness of labor activity, vacuum extractor, pregnancy, childbirth

Relevance

Vacuum - extraction of the fetus is a safe vaginal operation for the mother and fetus, with strict observance of the conditions for its implementation, the correct assessment of contraindications and proper technique. At the moment, there are studies using microwave extraction under the influence of vacuum, which helps to speed up the extraction process and increase the yield of water-soluble substances from hawthorn fruits by 15.79% compared to the classical method and by 13.8% relative to microwave radiation alone.

Objective

analyze obstetric and perinatal outcomes during vacuum extraction of the fetus with various models of vacuum extractor.

Materials and Methods of Research

a retrospective analysis of 30 birth histories and developmental histories of newborns delivered using a vacuum extractor at the 1st clinic of the Samara State Medical Institute for the period 2020-2021 was carried out. Depending on the type of vacuum extractor used, the patients were divided into 2 groups: group 1 - 13 patients in whom vacuum extraction was performed using a Kiwi vacuum extractor (in the Innova clinic), group 2 - 17 patients who delivered stationary vacuum extractor. The results of the study were processed using the Statistica10.0 program (StatSoft Inc., USA).

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Research Results

Patients of groups I and II were comparable in age (group I - 27.2±1.04 years, group II - 27.4±1.13 years, and according to BMI group I - 26.8±2.1 kg/m2 , II group - 27.2±1.7 kg/m2, as well as by gestational age at delivery (both groups were at 37-38 weeks of gestation).

The main indications for the operation of vacuum extraction of the fetus in the second stage of labor were the unconvincing state of the fetus (group I - 53.8% of cases, group II - 64.7% of cases, p = 0.271), weakness of attempts (group I - 30.7 % of cases, group II - 17.6% of cases, p = 0.299) and chronic placental insufficiency aggravated during childbirth (group I - 15.4% of cases, group II - 5.88% of cases, p = 0.157). The duration of the operation in group I was 3-5 minutes, in group II - 5-10 minutes (p=0.039).

An unsuccessful attempt at vacuum extraction of the fetus (calyx slippage) occurred only in group II in 1 case (5.9% of cases). In this connection, obstetrical forceps were imposed. In group I, this complication did not occur (p = 0.074). The volume of blood loss during childbirth and the early postpartum period in group I was 320±41.5 ml, in group II – 435±38.6 ml (p=0.025).

Newborns of groups I and II were comparable in anthropometric parameters (weight and height of newborns in group I - 3350 ± 220.4 g and 52 ± 1.4 cm, in group II - 3345 ± 21864 g, 51.4 ± 2.7 cm 11.8% of newborns were assessed on the Apgar scale at 1 minute in group I at 6-7 points, 88.2% of newborns at 8-9 points, in group II - at 8 -9 points - 73.5% of newborns (p = 0.059), 6-7 points - 16.3% of newborns (p = 0.511), 4-5 points - 8.2% of newborns (p = 0.037), 0 -3 points - 2.04% of newborns (p = 0.305) The number of cases of birth trauma was higher when using a stationary vacuum extractor: cephalohematomas occurred in 23.5% of newborns in group I, in 40.8% of newborns in group II (p=0.064), clavicle fracture - in 1.9% of newborns in group I and in 6.1% of newborns in group II (p=0.288).

Conclusions

The use of the Kiwi vacuum extractor during vaginal operative delivery contributes to: faster fetal extraction (the average duration of the operation is 5 minutes);

reduction in the number of obstetric complications (lower blood loss in childbirth and the postpartum period, statistically significantly fewer cases of anemia of moderate and mild severity in the postpartum period);

reduction in the number of children born in asphyxia of moderate severity.

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