

BIRTH TRAUMA, SOFT TISSUE LACERATIONS.

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Abstract

This scientific article discusses birth trauma and soft tissue injuries that occur during childbirth, as well as their subsequent complications.

Keywords

Birth process, birth trauma, children, injury, tissue, injury, soft tissue.

Every young family, when they start a family, hopes to have a baby in a year. A healthy child is the successor to our future. A pregnant woman spends nine months in her body, sacrificing her desires and pleasures to bring a tiny soul into the world. Everything is an effort to safely carry a great blessing called a child. Sometimes babies can receive various injuries during the birth process.

The process of childbirth is accompanied by a significant stretching of the female genital tract, as a result of which various degrees of damage can occur to the tissues of the vagina, perineum and cervix. This is a physiological condition, which is characterized by cracks and microtraumas. Due to excessive stretching of the tissues or surgical intervention, ruptures of the cervix, vaginal walls, perineum can occur, which can threaten the life of a woman and lead to her disability, in particular, uterine rupture. Despite well-developed methods of treating injuries, even minor perineal injuries can lead to significant consequences in the form of functional insufficiency of the pelvic floor muscles, as a result of which there may be a violation of the internal integrity of the pelvic organs, prolapse and downward displacement of the pelvic internal organs. As a result, cervical leukoplakia, urinary incontinence, decreased libido, anorgasmia may occur within 2-3 years.

Birth trauma remains the most pressing problem of perinatal medicine. Damage to organs and tissues that occurs during childbirth can lead to a further deterioration in the function of an organ or system. In particular, general injuries of the CNS are a particularly urgent problem. Early diagnosis and treatment, as well as the use of adequate rehabilitation measures, help improve the prognosis of birth trauma.

The term "birth trauma" describes a type of pathology that combines violations of the integrity of organs and tissues (and, as a result, dysfunction) that occur during childbirth. Perinatal hypoxia and asphyxia often accompany birth trauma or may be one of the pathogenetic links in their occurrence. The true frequency of birth trauma is difficult to determine, but according to statistics, it currently ranges from 2 to 7%. As a cause of fetal death, it does not exceed 3.2%, and as a cause of death in the early neonatal period - 2.5%. Birth trauma is a much broader concept than obstetric trauma.

Etiology of birth trauma:

- Predisposing factors: the difference between the size of the fetus and the size of the small pelvis of the pregnant woman (the difference between a large fetus or a narrow pelvis);
- incorrect position of the fetus (for example, transverse, breech) (the baby's buttocks are lower and the head is higher); chronic fetal hypoxia (oxygen starvation);
- "premature or postterm birth";
- duration of labor (rapid or prolonged labor).

Direct causes:

- improper performance of obstetric practice (manual manipulation during childbirth without the help of instruments) to accelerate the delivery of the fetus when turning the fetus and removing it from the birth canal;
- use of obstetric forceps, vacuum extractor, etc.

Damage to the skin and subcutaneous tissue during childbirth (abrasions, scratches, hemorrhages, etc.) is usually not dangerous and requires only local treatment to prevent infection (treatment with a 0.5% alcohol solution of iodine, application of an aseptic bandage); usually disappears after 5-7 days. Adiponecrosis - focal necrosis of subcutaneous fat tissue, with infiltrates 1-5 cm in size located in the subcutaneous fat tissue in the buttocks, waist, shoulders, arms and legs. Appears in the 1-2nd week of the child's life.

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Adiponekrosis - Focal necrosis of subcutaneous fat, 1-5 cm in size, located in the subcutaneous fat of the buttocks, waist, shoulders, arms and legs. Appears in the 1st-2nd week of a child's life. Sometimes painful on palpation. The general condition of the child does not change, body temperature is normal. It is distinguished from sclerema and scleroderma. The outcome is good. Infiltrates are

absorbed spontaneously or after heat treatments (sollux, dry cotton bandages) and vitamin E.

Birth tumors - hemorrhages, swelling of the soft tissues of the head occur during childbirth with the head presenting first. Birth tumors occur when the fetal head is too far in the birth canal, due to impaired blood flow, exudation and perivascular hemorrhages. Such tumors contain 8 jelly-like products of red, dark red, yellow color, depending on the amount of blood transfusion. They are more often located in the crown-occipital region. They do not have clear boundaries, they pass along the seams and ligaments. The longer the fetus remains in an anhydrous environment, the more pronounced the tumors become. Most often, postpartum edema occurs in children born to mothers giving birth for the first time, during prolonged labor.

In view of the above, one of the main complications of natural childbirth is trauma to the birth canal, in particular, rupture of soft tissues. Early and late complications that occur after childbirth are clearly described in modern medical literature. These are prolapse of the pelvic muscles, and then the downward displacement of the vaginal walls, bladder, rectum and uterus. Serious complications include postpartum septic complications, malposition of internal organs, the formation of a genital slit when the wound is secondary (in 20% of cases), infertility, rupture of the hindgut (in 60% of cases), fistulas between the rectum-urinary bladder-vagina, bleeding and suppuration of the sutures. Thus, at the current stage, scientific and practical interest in this issue is explained by the existence of conflicting data on the pathogenetic mechanism and effectiveness of treatment of soft tissue tears during natural childbirth in women with diabetes and gestational diabetes, as well as the need to improve the quality of life of women after childbirth.

It is time to develop a clear "roadmap" for the prevention of birth injuries. Special gymnastics courses aimed at preventing birth injuries should be organized in medical colleges, technical schools, and higher educational institutions in our country. There, medical workers should regularly improve their skills. According to him, it is advisable to provide pregnant women, along with all the advice and skills from the early stages of pregnancy, with an understanding of the consequences of birth injuries (especially during the birth process of the fetus, as a result of the mother's incorrect actions) (usually in most cases, the mother is reminded of birth injuries precisely during the active phase of labor, including when the baby is born, with the words "breathe or stop, the baby may suffocate"). I believe that it is necessary to distribute small manuals and show video clips about special childbirth processes for pregnant women, how the expectant mother should

behave during it, breathing movements during childbirth, the obligation to follow the doctor's instructions, and methods that ensure an easy and painless delivery.

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