

CONCLUSIONS

- Postmaturity is a risky condition to the mother and fetus.
- Labor induction after 41 weeks of gestation better than waiting more one week for labor to occur spontaneously, since it is associated with fewer prenatal morbidity and mortality.
- Vaginal administration of Nitric oxide donors isosorbide mononitrate (IMN) is effective as a cervical ripening agent. It has minor side effect compared to other current agents used.
- IMN can be used as an outpatient procedure without need to admission of the patient.

RECOMMINDATIONS

- Induction of labor as early as possible in post term 41weeks pregnant is better than waiting spontaneous labor.
- Close monitoring is needed for fetal condition in post term and good assessment of mother condition and progress. .
- Isosorbide mononitrate (IMN) is an effective cervical repining drug as outpatient procedure with minimal complication.
- Other agent must be studied to choose the best in inducing cervical repining.

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المخلص العربي

الموعد الطبيعي للولادة هو ما بين (٣٨-٤٢) أسبوع منذ تاريخ أول يوم لآخر دوره شهريه قبل انقطاعها بسبب الحمل. الولادة بعد الميعاد هي تاخر الولادة الي ما بعد ٤٢ اسبوع . معدل حدوث الولادة بعد الميعاد يتراوح بين ٣%-٤٤% في الكثير من الدراسات السابقه.

يحدث تاخير الولادة في المعظم لاسباب غير معروفه ولكن قد يكون للاسباب التاليه:

١. قد يكون بسبب خطأ في حساب التاريخ الحقيقي لاول يوم من آخر دوره شهريه.
٢. أسباب جينييه .
٣. زياده وزن الام.
٤. ارتفاع سن الام.

المخاطر التي قد تحدث نتيجة الولاده بعد الميعاد:

١. ازدياد حجم الجنين ونمو كامل اعضائه مقارنة بالهبوط الذي يصيب كفاءه عمل المشيمه.
٢. القله النسبيه لكميه السائل الأمنيوسي الذي يحيط بالجنين داخل الرحم مما يسبب ضغطا علي الحبل السري.
٣. يدخل الجنين في ما يعرف ب(محنه قبل الولاده) اي يصبح عنده صعوبه في الحصول علي الاكسيجين والغذاء مما قد يسبب الوفاه.
٤. مع طول مده الحمل تتسرب ماده الميكونيوم وهي ماده داخل أمعاء الجنين وعاده ما يتخلص منها بعد الولاده الي السائل الأمنيوسي المحيط بالجنين مما قد يؤدي الي شفت الميكونيوم داخل رئه الجنين مما قد يؤدي الي اختناقه.
٥. كبر حجم الجنين مما قد يؤدي الي ولاده متعسره او الاضطرار للولاده القيصريه.
٦. قد تحدث ما يعرف ب(متلازمه فساد النمو)وفيها يتصف الجنين (طويل-هزيل-غزير الشعر-طويل الاظافر وجلده ورقي الشكل).

ولذلك يفضل التحريض علي الولاده في حالات تاخر موعد الولاده عن ٤١ اسبوع افضل من الانتظار لحدوث الألم الولاده بشكل طبيعي.

يتأثر النجاح في تحريض الولاده علي درجه نضوج عنق الرحم والتي يتم قياسها عن طريق (قياس بيشوب) اثناء الفحص المهبلي.والذي يعطي عنق الرحم علامه من سلم ١٠ علامات بناء علي حالته، كلما زادت العلامه زاد احتمالات النجاح في التحريض علي الولاده.

التحريض علي الولاده

هناك العديد من الطرق للتحريض علي الولاده منها :

- استخدام الاعشاب الطبيعیه وزيت الخروع وتدليك حلمه الثدي.
- فصل الاغشيه النسيجييه عن عنق الرحم اثناء الفحص المهبلي.
- استخدام القسطره فولي داخل عنق الرحم.
- تمزيق الغشاء الأمنيوسي بشكل اصطناعي(تفجير كيس الماء).
- استخدام المنتجات الكميائيه (البروستاغلاندين E1 ، السنتوسينون)

يستخدم البروستاغلاندين E1(الميزوبرستول) بشكل واسع في التحريض علي الولاده وعلي الرغم من نجاحه الا انه يسبب آثار جانبيه متعدده ومن أخطارها آثاره الانقباض السريع للرحم مما قد يؤثر علي صحه الجنين والام.

ولذلك في هذه الدراسه أجهنا الي استخدام ماده النيتريك أكسيد مونونيترات والتي اثبت دورها في الدراسات السابقه في انصاج عنق الرحم من غير آثاره لانقباض عضله الرحم.

الدراسه ضمت ١٠٠ حاله متاخره في الولاده للاسبوع ٤١ مقسمه الي مجموعتين :

المجموعه الأولى

٥٠ حاله تم اعطائهم ٤٠ مجم من الني تريك أوكسيد مونونيترات عن طريق المهبل في العياده الخارجيه .

المجموعه الثانيه

٥٠ حاله تم اعطائهم بلسيو عن طريق المهبل في العياده الخارجيه.

يشترط ان تكون الحاله حامل ٤١ أسبوع ،جنين واحد ،وضعيته بالراس والغشاء الأمنيوسي سليم.

كل الحالات تم اعدادهم الاعداد المتبع من:

- تاريخ مرضي كامل للحاله.
 - فحص شامل للحاله العامه والفحص المهبلي للحوض وعنق الرحم (قياس بيشوب).وتحديد وضعيه الجنين .
 - عمل التحاليل الروتينييه والمتضمنه صوره دم كامله وتحليل بول كامل وسكر صائم .
 - عمل موجات فوق صوتيه لتحديد عمر الجنين ووزنه وكميه السائل الأمنيوسي.
- تفحص الحاله بعد مرور ٢٤ ساعه من الاعطاء لتحديد مدي انضاج عنق الرحم .
- قد تبين من هذه الدراره ان النيتريك أوكسيد مونونيترات له تأثير علي انضاج عنق الرحم وتقدم قياس بيشوب بعد ٢٤ ساعه من أستخدامه .
- حيث انه ٣٠ حاله من اصل ٥٠ حاله قد تم التحسن في درجه انضاج عنق الرحم لديهم .ولكن لا يوجد تغير في معدل الولاده الطبيعيه او القيصرية مقارنة الحالات التي تم اعطائها البلسيو.
- الصداع من أكثر الاعراض الجانيه التي تعاني منها الحاله ولكن ينتهي بأستخدام مسكن خفيف وهناك تغير طفيف في قياسه ضغط الدم وزيادة نبض الحاله ولكن لا يؤثر علي الحاله العامه الأم.



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قسم التوليد وأمراض النساء

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المهبل لإنضاج عنق الرحم عند الأسبوع ٤١ من الحمل

رسالة مقدمة

لقسم التوليد وأمراض النساء - كلية الطب - جامعة الإسكندرية
إيفاء جزئيا للحصول على

درجة الماجستير

فى

التوليد وأمراض النساء

من

نهلة أحمد أمين

بكالوريوس الطب والجراحة، ٢٠٠٥
كلية الطب، جامعة الإسكندرية

[٢٠١٥]



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رسالة مقدمة من

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للحصول على درجة

الماجستير

فى

التوليد وأمراض النساء

التوقيع

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لجنة المناقشة والحكم على الرسالة

أ.د/ هشام مصطفى جلال

أستاذ التوليد وأمراض النساء

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