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I've been wondering about the evidence around offering every woman a stretch and sweep for 38 weeks. It's something more and more midwives are doing in Perth. One area that's become common practice in the birth environment is that I have a 40-week cut off from pregnancy, that's because of the caregiver's preference, gestational diabetes policies, that over 35-year-old policies, etc., etc., I could get into whether or not these women should be inducating, but I just want to focus on offering them a stretch and sweep (membrane sweeping, MS) for 38 weeks evidence-based. I can only conclude that this practice was created in this review titled Membrane sweeping term to promote spontaneous labor and reduce the likelihood of an official induction workforce after immaturity: regular review and meta-analysis. Abstract, the authors make a bold conclusion to the review : ... demonstrates clearly that membrane sweeping is effective in facilitating spontaneous work, thereby reducing the need for formal induction of labour. However, the results of the review suggest that this effect is significant from 38 weeks of pregnancy and does not depend on the number or timing of membrane sweeps performed. What are the implications of these findings for clinical practice and/or further research? There is no evidence to support an increase in maternal or fetal morbidity, suggesting that membrane sweeping is a safe procedure offered to all low-risk pregnant women. Therefore, it is recommended that the decrease in pregnancy, where their membrane is offered from 40 weeks to 40 weeks for primary women and from 41 weeks to 38 weeks for all low-risk women, without an increased risk of maternal or fetal morbidity. This can result in a reduction in the risk that after maturity a formal workforce will have to be inducated. That sounds good. and anyone who is just reading the abstract will probably start offering MS to all women in 38 weeks. However, I do have a problem with terms: spontaneous work and formal induction. Does the statement that membrane brooms are effective in promoting spontaneous work and thus reducing the need for formal induction of work? On the one hand, it is said that this is an induction technique that reduces other formal induction techniques, and on the other hand, it is said that MS puts women into spontaneous childbirth. Surely, if MS is working to get women into the workforce, then it's an induction technique, and if these women actually went into spontaneous labor, they wouldn't need Ms? I also really have trouble with them suggesting MS is an informal or occasional procedure. This includes vaginal examination and can not be minimized in this language. Another big concern is that the authors say 38 weeks and at the right time to induce the baby. Haven't you read Professor John Newnham's work that says pregnancy should end before 39 weeks, unless there's a very strong reason? That said, it's something I'm very aware of as Prof Newnham's works in Perth and he was awarded Senior Australia of the Year in 2020 for his work. Anyway, I decided to read the actual paper and not just the abstract. Here are my thoughts on the review. First of all, I am pleased that the authors began by pointing out that pregnancies over 42 weeks increase the risk of adverse events, and since this risk is very low, only a very small part of babies are at risk if they are not born before 42 weeks. They also point out that this very small risk should be balanced with well-documented potential negative consequences involved in formal induction methods (Group 55). But again, the word is formal. What do you mean by that? As it turns out, means pharmacological and invasive methods of inducing birth (pg. 55). Great, he also acknowledged that membrane sweepers are an induction method, and it's somewhat invasive. So is this non-pharmaceutical, invasive (I personally think that someone putting their fingers in my vagina is very invasive) an induction technique that really works to induce labor? The authors concluded yes based on five studies reviewed (De Miranda and al. 2006; Yildirim and his mts. Andersen and his mts. Ugwu and his mtsai. Zamzami and al Senani 2014) and stated... (these) indicated a statistically significant effect of the intervention on the result rate, which shows that membrane sweeping was associated with an increase in the incidence of spontaneous work. This effect was significant in studies of results lasting from 72 hours to three weeks after the intervention. (pg.57) Wait! Three weeks after the procedure!! Are you really saying that MS worked if it happened three weeks before she was born? It is also interesting to note that 2 of the studies studied, Parlakgumus et al. 2014 and hill et al. 2008, did not find a statistically significant increase in the spontaneous workforce. In fact, the second study showed no difference between the study and control groups. However, it was concluded: Although the overall prelabor tear in the membranes rates was similar, patients with membrane sweeping occurring more than 1 cm cervical dilation may have a higher risk of prelabor rupture of the membranes. (Hill and al. 2008) This brings us to the 6th (p. 58) studies on the results of the pre-work rupture of membranes (PROM) and the results of the review Which, again, I'm worried about offering 38-week-old ms. What happens if the intervention does not lead to a woman 38 weeks? Then maybe you'll have to induce a baby who's not ready? The studies did not report bleeding and irregular contractions, which are known to risk MS My colleague and experienced midwife Heather Collins made the following comment about the risk: In research, there is no mention of disturbing the mucous plug and introduction of infection; how many women had sepsis after the procedure and what antibiotics they needed; how many women lost their sleep and were tired of the irritable uterus when they started giving birth. I find women don't get the complications of stretch and sweep and support as easy to do and a simple technique. Minimizing language is all part of the audit. The review did not report a caesarean section and concluded the intervention made no difference in C-section rates. This is an interesting point if you are offering VBAC women MS 38 weeks to improve their chances of successful VBAC. In order to obtain a valid contribution to any intervention during pregnancy and childbirth, it is important that healthcare providers provide couples with information on the risks and benefits of the intervention offered. So I really hope that those professionals who are offering a stretch and sweep for 38 weeks or any other time to be honest about the risks and benefits. As I continue to read the review I'm still wondering where the whole 38 weeks of recommendation came from. Of the studies studied, only 4 examined 38-week-old Hill et al. 2008 sm; Parlakgumus and its mts. Yildirim and his mts. and Zamzami and al Senani 2014, and as I said before, the first 2 found no statistically significant increase in spontaneous labor. So the evidence was 50/50, but the authors decided to recommend member states for 38 weeks. Someone else could have interpreted the results differently. The review itself states that: the results of the review suggest that this effect (promotion of spontaneous work and reduction of formal induction) from 38 weeks is significant and does not depend on the number or timing of membrane sweeps performed. (pg.54) It doesn't depend on the timing of membrane sweeps, then how can they so confidently recommend changing the guidelines for offering every woman a stretch and sweep in 38 weeks? Luckily for me, there is a newly released Cochrane Review 2020 on Membrane Sweep which includes all the studies in the above review. Here's what the Cochrane Review found: Membrane sweeping can be effective at achieving spontaneous formation of labor, but the evidence for this was low certainty. Compared to expected farming, this potentially reduces the incidence of formal induction labor. It remains questionable whether there is an optimal number of membrane sweeps and timing, as well as their gestation, in order to facilitate induction of labour. (2020) that these terms are used in terms of the elimination of spontaneous labour and formal induction, but the review does not feel that there is good evidence that it refers to optimal timing in the Member States. At the end of the Cochrane Review, they state that guidelines submitted by NICE (NICE 2008), the Canadian Society for Obstetrics and Gynecology (SOGC 2013), the Department of Health of South Australia (Queensland DOH 2017) and the World Health Organisation (2011) state that women should be given the opportunity to sweep membranes in or near süpüh. The NICE guidelines state that the membrane sweep should be offered to nulliparous women to run pregnancy and women who have had one or more infants at 41 weeks gestation. It also recommends that women be offered additional membrane cleaning during their prenatal visits if childbirth does not begin (NICE 2008). The Cochrane Review also notes that: Membrane sweeping seems to be effective at promoting labor, but current evidence suggests this is not, overall, a follow-up to unsupported vaginal births. So while MS can induce labor and reduce other methods of induction, this does not make a difference in proportion to other interventions. Dr Sara Wickham has written a deeper discussion in the latest Cochrane Review. He points out another problem we have in offering every woman stretches and sweeps at some point in pregnancy: Normalizing interventions like membrane sweepers can lead to glossing over the drawbacks. They also end up seeming like just a small thing, and yet they can have negative consequences. They can also undermine women's trust in their own bodies. But what about women who might face medical induction? If you've been going to accept the induction ms is a good idea for them to take a stretch and sweep in 38 weeks? Ultimately, every woman has the right to make this decision for themselves. Their bodies, their babies, their choice. If you face this decision I highly recommend buying Dr Sara Wickham's book Inducating Labour: Making Informed Decisions and Reading Stretch & Sweep Archives Archives

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