



Efficacy of Pudendal Nerve Block

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Received date: 29 August, 2022, Manuscript No. JWHIC-22-76055;

Editor assigned date: 31 August, 2022, PreQC No. JWHIC-22-76055 (PQ);

Reviewed date: 09 September, 2022, QC No. JWHIC-22-76055;

Revised date: 16 September, 2022, Manuscript No. JWHIC-22-76055 (R);

Published date: 26 September, 2022, DOI:10.4172/2325-9795.1000418

Introduction

Water breaking, a membrane rupture that can result in a gush of amniotic fluid or an irregular or small stream of fluid from the vagina, is one of the signs that labor, a physiological process preceding delivery, is approaching. Water breaking most frequently occurs during labor; the cervix softens, thins, moves forward to face the front, and begins to open as the body prepares for childbirth. However, it can also occur before labor (premature rupture of membranes), which occurs in 10% of cases. Braxton Hicks contractions are also a sign of nearing labor, but not all women notice them. Among women giving birth for the first time, Braxton Hicks contractions are mistaken for actual contractions. This makes it possible for the fetus to "drop" into the pelvis, or settle there. As the fetus settles there, sciatic nerve pain, more vaginal discharge, and more frequent urination can happen.

Vaginal Birth

When contractions begin, the fetus begins to lose the support of the cervix, so while these symptoms are more likely to occur after labor has begun for women who have given birth before, they may occur ten to fourteen days before labor in women who are experiencing labor for the first time. Vaginal births are more common, but a Caesarean section (C-section) may be performed if there is a risk of complications. The vaginal mucosa has an abnormal accumulation of fluid (edematous) and is thin, with few rugae, a little after birth. The elasticity of the vagina allows it to stretch to many times its normal diameter in order to deliver the child. Vaginal births are more common. When the ovaries regain normal function and estrogen flow is restored, the mucosa thickens and rugae return in approximately three weeks. The postpartum period, during which the vaginal opening gradually returns to its pre-pregnancy state six to eight weeks after delivery, is known as however, the vagina will continue to be larger than it was before. After giving birth, there is a phase of vaginal discharge known as lochia that can last up to six weeks but can vary significantly in the amount of loss and duration.

From conception to menopause the complex ecosystem of the vaginal flora changes the vaginal microbiota is found in and on the

outermost layer of the vaginal epithelium. These species and genera typically do not cause symptoms or infections in women with normal immunity. Lactobacillus species dominate the vaginal microbiome. These species metabolize glycogen and turn it into sugar. The vaginal ecosystem undergoes cyclic or periodic changes under the influence of hormones like estrogen, progesterone, and Follicle-Stimulating Hormone (FSH). Lactobacilli convert the sugar into glucose and lactic acid.

Pelvic Exam

The Pap test also known as a cervical smear and the majority of the female reproductive system's organs can all be examined during a pelvic examination. A normal finding during a pelvic exam of a pregnant woman is a bluish tinged to the vaginal wall. Pelvic exams are most commonly performed when there are unexplained symptoms of discharge, pain, unexpected bleeding, or urinary problems. During a pelvic exam, the vaginal opening is evaluated for position, symmetry, the presence of the hymen, and shape. Before inserting the speculum, the examiner checks the vagina internally with gloved fingers for any weakness, lumps, or nodules. If there is inflammation or discharge, it is noted. Palpation of the Skene's and Bartolin's glands is performed at this time to identify alterations in these structures. The speculum, an instrument for observing internal structures, is carefully inserted following the digital examination of the vagina to reveal the cervix. A cavity search may also include an examination of the vagina. Sexual assault and other forms of sexual abuse can result in lacerations or other injuries to the vagina. These injuries can include tears, bruises, inflammation, and abrasions. A pelvic exam is part of the evaluation of sexual assault if consent is given. Pelvic exams are also performed during pregnancy, and women with high risk pregnancies have exams more frequently.

Medications intra vaginal administration is a route of administration where the medication is inserted into the vagina as a creme or tablet. X-ray examination may reveal the presence of foreign objects. When compared to other routes of administration, this has the potential advantage of promoting therapeutic effects primarily in the vagina or nearby structures (such as the vaginal portion of the cervix) with limited systemic adverse effects. Estrogens, contraceptives, propranolol, and antifungals are all commonly administered through this route. Contraceptive vaginal rings can also be used to deliver medications, such as birth control. An injection for pain management during childbirth may be administered through the vaginal wall and near the pudendal nerve. These are inserted into the vagina and provide continuous, low-dose, and consistent drug levels throughout the body. A pudendal nerve block alleviates birth pain because the pudendal nerve supplies the pelvic muscles with sensory and motor fibers. The child is not harmed by the medication and there are no major side effects.

Citation: Dakar S (2022) Efficacy of Pudendal Nerve Block. J Womens Health 11:9.

