



Maternal Complications and Various Kinds of Childbirth

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Received date: 29 August, 2022, Manuscript No. JWHIC-22-76054;

Editor assigned date: 31 August, 2022, PreQC No. JWHIC-22-76054 (PQ);

Reviewed date: 09 September, 2022, QC No. JWHIC-22-76054;

Revised date: 16 September, 2022, Manuscript No. JWHIC-22-76054 (R);

Published date: 26 September, 2022, DOI:10.4172/2325-9795.1000417

Introduction

In mammals, a vaginal delivery is when a baby is born through the vagina, also known as the birth canal. Worldwide, it is the most common method of childbirth. Because it has a lower rate of morbidity and mortality than Caesarean sections (C-sections), it is regarded as the preferred method of delivery. The following criteria can be used to classify complications of vaginal birth: Intra partum and postpartum hemorrhage, abnormal fetal heart rate tracing, and failure to progress.

Various Kinds of Vaginal Deliveries

An induced vaginal delivery is a delivery involving labor induction, in which drugs or manual techniques are used to initiate labor. A vaginal delivery can be either spontaneous or induced. A Spontaneous Vaginal Delivery (SVD) occurs when a pregnant woman goes into labor without the use of drugs or techniques to induce labor and delivers their baby without forceps, vacuum extraction, or a cesarean section.

When a pregnant woman needs to use special instruments like forceps or a vacuum extractor to deliver her baby vaginally, known as an Assisted Vaginal Delivery (AVD) or instrumental vaginal delivery, it is usually done when the pregnancy does not progress during the second stage of labor. It is possible to assist with both spontaneous and induced vaginal deliveries if the objective is to avoid the negative effects of pushing on a cardiac patient. Obstetric forceps and vacuum extraction using a vacuum cup are two examples of tools that can be used to help with delivery. A Normal Vaginal Delivery (NVD) is any vaginal delivery, assisted or unassisted. The human vagina is a flexible, muscular canal that connects the vulva to the cervix. The urogenital triangle is where the vagina opens. The urethral opening and other external genitalia are included in the urogenital triangle, which is the front triangle of the perineum. The vaginal canal moves upwards and backwards between the rectum and the urethra. The cervix protrudes into the vagina on its front surface at about a 90-degree angle near the upper vagina. The labia protect the vaginal and urethral openings. When a woman is not sexually active, the vagina is a collapsed tube with the front and back walls joined together. The lateral walls are somewhat more rigid, particularly in their middle section. The collapsed vagina has an H-shaped cross section as a result. Behind it, the recto-uterine pouch separates the upper vagina from the rectum, loose connective tissue separates the middle vagina, and the perineal body separates the lower vagina. Where the vaginal

lumen surrounds the cervix of the uterus, it is divided into four continuous regions. These are the right lateral, left lateral, and posterior fornices. The posterior fornix is deeper than the anterior fornix. The muscles and ligaments of the upper, middle, and lower thirds support the vagina. The middle third of the vagina involves the urogenital diaphragm. It is supported by the levator any muscles and the lower portion of the cardinal ligaments. The lower third is supported by the perineal body, or the urogenital and pelvic diaphragms. The lower third may also be described as being supported by the perineal body and the pubovaginal part of the levator any muscle.

Abnormal Fetal Heart

Abnormal fetal heart tracing indicates that the fetus's heart rate has slowed during labor due to head compression, cord compression, hypoxemia, or anemia. Uterine tachysystole, the most common adverse effect of oxytocin (usually as a result of a problematic dosage), can result in no reassuring fetal heart tracing. Factors that place a woman's pregnancy the abnormal heart rate of the fetus and the uterine tachysystole continue, tocolytic medications like terbutaline can be used to reverse the condition. After that, oxytocin as a labor-inducing agent may be resumed if beneficial, uterine tone has returned to baseline, and fetal status is stable. The persistence of an abnormal fetal heart rate may also indicate that a cesarean section is required. Intrapartum hemorrhage is characterized by the presence of a lot of blood during labor. Placental abruption, uterine rupture, placenta accrete, undiagnosed placenta previa or vasa previa are all possible causes of the bleeding. A cesarean section is recommended.

The loss of at least 1,000 milliliters of blood along with symptoms of hypovolemia within 24 hours of delivery is considered post-partum hemorrhage. Typically, tachycardia and excessive bleeding are the initial symptoms. Hypotension, nausea, dyspnea, and chest pain may also be caused by significant blood loss. It is estimated that 3 to 5 percent of women who give birth vaginally will experience post-partum hemorrhage. Post-partum hemorrhage is typically attributed to uterus atony, which occurs when the uterus fails to contract after delivering the baby. There is wide variation in data on maternal and fetal death associated with poor progress due to discrepancies in diagnostic criteria and human variability. Risk factors include fetal macrosomia, pre-eclampsia, and prolonged labor. Prevention consists of administering oxytocin.

The International federation of gynecology and obstetrics says that spontaneous vaginal delivery at term is the preferred outcome of pregnancy and will be recommended if there are no evidence-based clinical indications for cesarean section. However, there are some contraindications for vaginal delivery that would lead to cesarean delivery. The health care provider and the mother make the decision to switch to cesarean delivery, which may be delayed until the mother is in labor. When the fetus's buttocks or lower extremities are poised to deliver before the fetus's upper extremities or head, this is known as a breech birth presentation. Footling breech, frank breech, and complete breech are the three types of breech positions. They occur in 3% to 4% of all term pregnancies. Because it is more difficult for the baby to pass through the birth canal in a breech position, there is a risk of cord prolapse, and there is a slightly higher risk of birth defects in breech babies, cesarean delivery can be used instead of vaginal delivery.

When the placenta completely covers the cervix, this condition is known as complete placenta previa. Because the placenta is preventing the fetus from entering the vaginal canal, vaginal delivery is not recommended if placenta previa is present at the time of delivery. If you have active genital lesions or prodromal symptoms of herpes

simplex virus, you should not have a vaginal birth to prevent the transmission of HSV lesions from the mother to the baby. In order to prevent the transmission of the Human Immunodeficiency Virus (HIV) from mother to child, HIV infection that has not been treated is a contraindication for vaginal delivery.