

TRAVAY SÜRECİNDE BESLENME ÖNEMLİ MİDİR?

BESİNLER DOĞUMU HIZLANDIRIR MI?

Prof. Dr. Aslı GÖKER

Kadın Hastalıkları ve Doğum Uzmanı

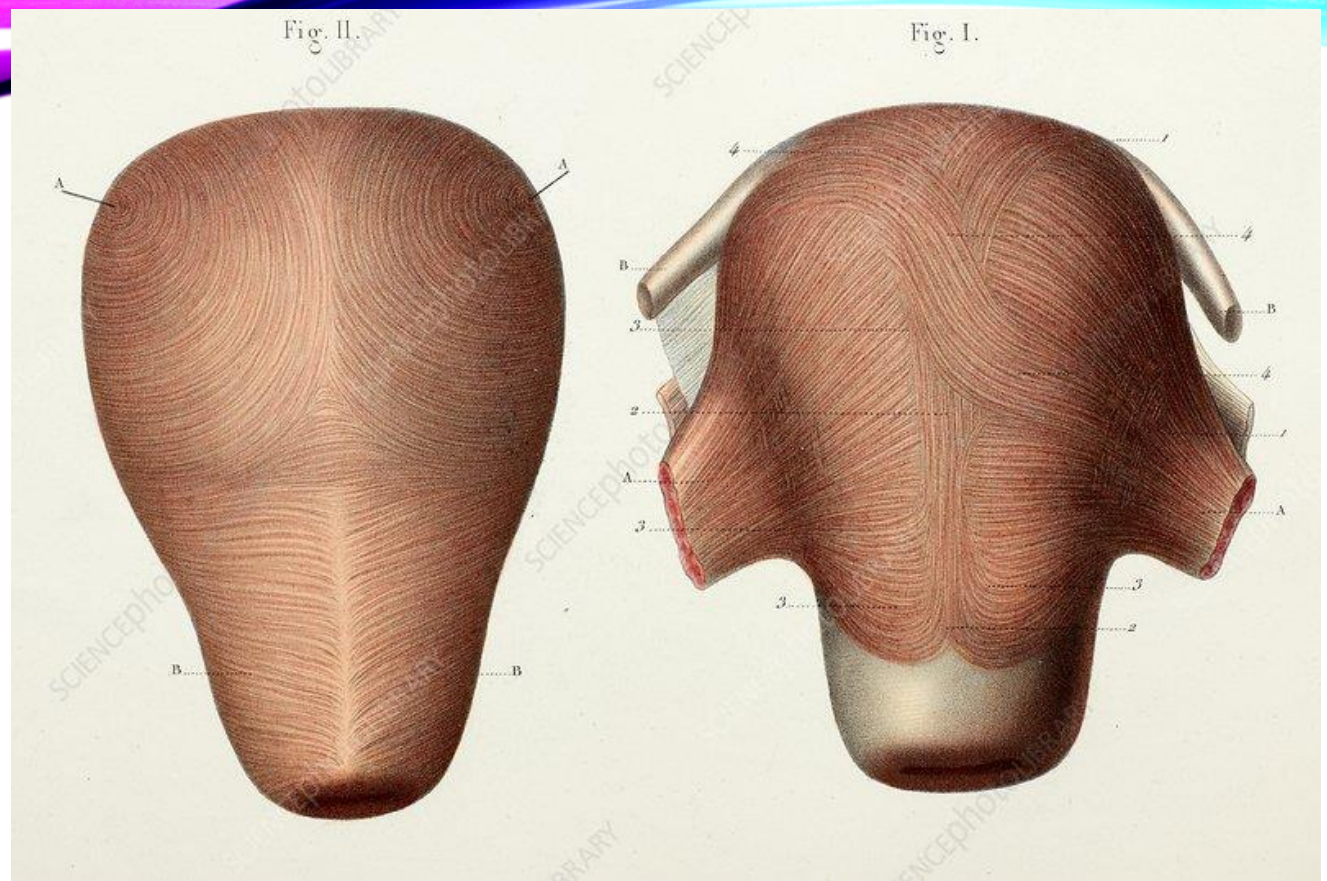
Manisa Celal Bayar Üniversitesi

LABOR / LABOUR



TRAVAILLER





- Uterusun kasları enerjiye ihtiyaç duyar
- Sporcu beslenmesi incelendiğinde özellikle karbonhidrat tüketiminin egzersiz performansını arttırdığı ve ketozisden koruduğu görülmüştür





Curtis Lester Mendelson

Between 1932 and 1945, 66 cases of aspiration occurred during obstetrical anesthesia at New York Hospital. He described this in print: *Mendelson CL The aspiration of stomach contents into the lungs during obstetric anesthesia. Am J Obstet Gynecol 52:191 1946*

THE CLEVELAND CLINIC 

Mendelson sendromu: kimyasal pnömoni, ateş, siyanoz, hipoksi, pulmoner ödem ve ölüm

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- Travayda oral alımın yasaklanması 1940'lerde başlar
 - **Alacakaranlık uykusu:** morfin ve skopolamin iv
 - Sedasyon ve olayların unutulması
 - **İnhale anestetikler:** kloroform, eter

- 
- Oral hidrasyon yerine iv sıvılar yaygındır
 - Eskiden yüksek dekstroz içeren sıvılar kullanılırdı
 - Neonatal hipoglisemi riski vardır
 - Günümüzde izotonik veya düşük dekstroz içerikli sıvılar tercih ediliyor




ANESTEZİSTLER ORTAK BİLDİRGESİ 2015

- Travay başında hafif öğün fayda sağlar
- 2005-2013 obez ve preeklampatik 1 kadın aspire etti
- Düşük risk grubunda aç kalmak gerekli değildir
- Ketozis mide sıvısını asidik yapıp olası aspirasyonda daha tehlikelidir

- Şeffaf sıvı tüketimi serbesttir
- Anesteziiden 2 saat öncesine kadar bile şeffaf sıvı serbest olabilir
- Su, pütürük içermeyen meyve suyu, maden suyu, çay, kahve, sporcu içeceği
- Sıvının miktarı değil pütürük içeriğı daha önemlidir



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- Eklampsi-preeklampsi
 - $V_{ki} > 30$
 - Morfin uygulaması
 - Zor hava yolu
-
- Riskli gruptur ve oral alımın kesilmesi uygundur



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 766

(Replaces Committee Opinion No. 687, February 2017)

Committee on Obstetric Practice

The American College of Nurse-Midwives endorses this document. This Committee Opinion was developed by the Committee on Obstetric Practice in collaboration with committee members Allison S. Bryant, MD, MPH and Ann E. Borders, MD, MSc, MPH.

Approaches to Limit Intervention During Labor and Birth

Partiküllü olmayan sıvı tüketilebilir




Cochrane
Library

Cochrane Database of Systematic Reviews

Restricting oral fluid and food intake during labour (Review)

Singata M, Tranmer J, Gyte GML

- 
- 3130 kadın içeren 5 çalışmada
 - Oral alım kısıtlanan ve serbest bırakılan gruplar kıyaslanmıştır
 - Kanıtlar belirgin fayda veya zarar göstermemektedir
 - Düşük riskli grupta oral alımın kısıtlanmasına dair kanıt yoktur

Belirgin gıdalar için kanıt yoktur

Çalışmalarda bahsi geçen bazı örnekler ([Ciardulli et al. 2017](#); [Karimi et al. 2020](#); [Huang et al. 2020](#))

- Karbonhidratlı sıvılar
- hurma
- Yağı azaltılmış yoğurt
- Ekmek, bisküvi
- sebze
- meyve
- çorba
- Meyve suyu
- Yulaf ezmesi süt
- Yağlı reçelli ekmek
- Yağı alınmış peynir
- Çikolata
- Haşlanmış yumurta



Kilogram başına 3 gr karbonhidrat







Bromelein?









RESEARCH ARTICLE

Open Access

Effects of date fruit (*Phoenix dactylifera* L.) on labor and delivery outcomes: a systematic review and meta-analysis



Alireza Bagherzadeh Karimi¹, Asghar Elmi^{2*}, Mojgan Mirghafourvand^{1,3} and Roghaiyeh Baghervand Navid¹

riboflavin, biotin, thiamin, folik asit, askorbik asit
karbonhidrat, protein, yağlı asit, potasyum, magnezyum
Servikal açılma, indüksiyon ihtiyacında azalma
Aktif fazda kısalma, Bishop skorunda iyileşme, C/S oranında azalma



Short Communication

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Caspian J Intern Med 2019; 10(1):98-101
DOI: 10.22088/cjim.10.1.98

The Effect of Oral Intake of Honey Syrup on the Pain Intensity of Active Phase of Parturition of nulliparous women: A Randomized clinical trial

Abstract

Background: Labor is a natural pain despite the fact that the severity of the pain and response to it differ in various people, but most women refer to labor as an unpleasant experience of their lives. The present study was carried out to determine the effect of honey on the severity of labor in primigravida women.

Methods: In this study, 80 healthy volunteer primigravida women were entered to the research as randomized clinical trial (40 subjects in each group) after studying and signing consent form and they were randomly divided into two intervention honey group and control group. The data gathering tool comprised four main parts of the personal profile questionnaire, controls performance in the labor, records fluid intake rate and pain intensity using a 0-10 cm ruler.

Results: The mean of pain intensity in the honey syrup intervention group was significant.

Conclusion: Honey syrup consumption without side effects significantly affected the severity of labor.

Keywords: Honey Syrup, Pain, Nulliparous women

- Doğum ağrısında anlamlı azalma




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The effects of intravenous dextrose 5%, Ringer's solution, and oral intake on the duration of labor stages in nulliparous women: a double-blind, randomized, controlled trial






Fatemeh Ahadi Yulghunlu, Fahimeh Sehhatie Shafaie, Mojgan Mirghafourvand & Hamideh Mohaddesi

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- Ringer solüsyonu + oral sıvı 125ml/saat
 - %5 dekstroz + oral sıvı 125 ml/saat
 - Oral sıvı (su, portakal suyu, elma suyu)
-
- Dekstroz grubunda taray süresinde kısalma, oksitosin ihtiyacında azalma,uzamış travay sıklığında azalma

DOI: 10.1111/ajo.13509

ORIGINAL ARTICLE

Single-centre survey of women reflecting on recent experiences and preferences of oral intake during labour

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Background: Consensus-based recommendations guiding oral intake during labour are lacking.

Aims: We surveyed women at a tertiary women's hospital about preferences for and experiences of oral intake during labour, gastrointestinal symptoms during labour and recalled advice about oral intake.

Materials and methods: Women who experienced labour completed a postpartum survey with responses as free text, yes-no questions and five-point Likert scales. We identified demographic data and risk factors for surgical or anaesthetic intervention at delivery from medical records. We summarised free text comments

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- Çoğu kadın yemek yerine sıvı almayı tercih ediyor
 - Çoğu kadın travayda bulantı ve kusma yaşadığını ifade ediyor
 - Çoğu kadın travayda beslenme konusunda bilgi almak istediğini ifade ediyor
 - Kanıta dayalı algoritmalar faydalı olacaktır
 - Karbonhidratlı içecekler güvenli gibi görünmektedir
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International Journal of Obstetric Anesthesia

journal homepage: www.elsevier.com/locate/ijoa



Short Report

A multicenter interdisciplinary survey of practices and opinions regarding oral intake during labor



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ARTICLE INFO

Keywords:

Fasting guidelines

Labor

Maternal safety

Oral intake


ABSTRACT

Introduction: Different society guidelines diverge regarding oral intake in labor. Our goal was to assess practices and opinions in Israeli labor and delivery units, comparing different disciplines.

Methods: An anonymous Google Forms survey was sent to anesthesiologists, obstetricians and midwives in all Israeli labor and delivery units.

Results: Responses were collected from all 27 labor and delivery units contacted, with a total of 501 respondents comprising 161 anesthesiologists, 102 obstetricians and 238 midwives. Forty-eight per cent stated there were no institutional guidelines for oral intake. The most common oral intake permitted was light food (60%). Midwives were significantly more likely than anesthesiologists and obstetricians to consider that women who are both low risk for cesarean delivery ($P < 0.00001$) and high risk for cesarean delivery ($P = 0.001$) should eat. Epidural analgesia did not impact recommendations regarding oral intake. The most common reasons for restricting oral intake were obstetric. Sixty-two per cent identified aspiration as the main risk associated with eating during labor, but 19% of midwives compared with 4% of anesthesiologists and obstetricians stated there were no risks ($P < 0.00001$). The annual delivery volume of the unit did not impact staff practices.

Conclusions: There was a discrepancy between opinions and practices across all disciplines. Permissive practices identified in this survey should be addressed to find the safe middle ground between restrictive and permissive policies for low- and high-risk women.

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- 27 doğum merkezinden 161 anestezi uzmanı, 102 kadın doğum uzmanı, 238 ebe
 - %48: kurumsal algoritma olmadığını ifade etti
 - %60 hafif öğünlere izin veriliyor
 - Ebeler oral alıma izin verilmesi konusunda olumlu düşüncede
 - %62: aspirasyon en önemli risk olarak görülmüş
 - Yıllık doğum sayısı görüşleri etkilemiyordu


Effect of Oral Carbohydrate Intake During Labor on the Rate of Instrumental Vaginal Delivery: A Multicenter, Randomized Controlled Trial


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Anne Sophie Ducloy-Bouthors, MD,‡ Michel Dreyfus, MD, PhD,§ and Jean-Luc Hanouz, MD, PhD#

BACKGROUND: Carbohydrate intake during physical exercise improves muscle performance and decreases fatigue. We hypothesized that carbohydrate intake during labor, which is a period of significant physical activity, can decrease the instrumental vaginal delivery rate.

METHODS: In a multicenter, prospective, randomized, controlled trial, healthy adult pregnant women presenting with spontaneous labor were assigned to a “Carbohydrate” group (advised to drink 200 mL of apple or grape juice without pulp every 3 hours) or a “Fasting” group (water only). The primary outcome was the instrumental vaginal delivery rate. Secondary outcomes included duration of labor, rate of cesarean delivery, evaluation of maternal hunger, thirst, stress, fatigue, and overall feeling during labor by numeric rating scale (0 worst rating to 10 best rating), rate of vomiting, and hospital length of stay. Statistical analysis was performed on an intention-to-treat basis. The primary outcome was tested with the “Fasting” group as the reference group. The *P* values for secondary outcomes were adjusted for multiple comparisons. The differences between groups are reported with 99% confidence interval (CI).


RESULTS: A total of 3984 women were analyzed (2014 in the Carbohydrate group and 1970 in the Fasting group). There was no difference in the rate of instrumental delivery between the Carbohydrate (21.0%) and the Fasting (22.4%) groups (difference, -1.4%; 99% CI, -4.9 to 2.2). No differences were found between the Carbohydrate and the Fasting groups for the

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- Çok merkezli,prospektif, randomize çalışma
 - Spontan travaydaki gebeler
 - Karbonhidrat grubu (200 l elma veya üzüm suyu 3 saatte bir)
 - Oral stop grubu (sadece su)

- 
- Enstrümental doğum fark yok
 - Travay süresi arasında fark yok
 - Sezaryen oranı arasında fark yok
 - Kusma oranı arasında fark yok
 - İfade edilen yorgunluk, açlık, susuzluk, stres, genel iyilik arasında fark yok
 - Hastanede kalış süresi arasında fark yok

PRE/GESTASYONEL DİYABETLİ GEBELERDE YÖNETİM

- Annede hiperglisemi
- Bebeğe insülin artışı
- Fetal hiperinsülinemi
- Kord klemplendikten sonra fetal hipoglisemi

- 
- İnsülin kullanan gebeler travay başında insülini kesmeli
 - Ketoزدan korumak için yeterli glukoz düzeyi sağlanmalı
 - ACOG: glukoz seviyeleri saatlik olarak ölçülmeli
 - Duruma göre insülin-glukoz infüzyonu başlanmalı