

doi: 10.3978/j.issn.2095-6959.2019.03.020

View this article at: <http://dx.doi.org/10.3978/j.issn.2095-6959.2019.03.020>

剖宫产术后母子早接触结合子宫阴道纱布填塞 在治疗产后出血中的作用

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[摘要] 目的: 探讨剖宫产术后母子早接触、婴儿早吸吮母乳结合子宫阴道纱布填塞在治疗产后出血的作用。方法: 选择2016年2月至2017年6月选择在海口市妇幼保健院门诊部建卡并进行剖宫产的产后出血产妇108例作为研究对象, 根据治疗方法的不同分为实验组(68例)与对照组(40例), 对照组给予子宫阴道纱布填塞治疗, 实验组在对照组治疗的基础上让母子早接触、婴儿早吸吮母乳, 记录两组治疗效果与预后情况。结果: 实验组与对照组的纱布填塞时间分别为(16.87±3.19) h和(19.92±3.45) h, 实验组显著少于对照组($P<0.05$); 实验组与对照组的治療有效率分别为97.1%和85.0%, 实验组显著高于对照组($P<0.05$)。实验组的子宫动脉结扎率、子宫切除率分别为2.9%和0.0%, 对照组分别为12.5%和2.5%, 两组对比差异无统计学意义($P>0.05$)。实验组产后14 d的贫血、切口愈合不良、感染、下肢静脉炎等并发症发生率为4.4%, 对照组为40.0%, 实验组显著低于对照组($P<0.05$)。结论: 剖宫产术后母子早接触、婴儿早吸吮母乳结合子宫阴道纱布填塞对治疗产后出血可提高治疗效果, 降低子宫动脉结扎率、子宫切除率, 减少产后并发症发生, 有很好的应用可行性。

[关键词] 剖宫产; 母子接触; 吸吮母乳; 子宫阴道纱布填塞; 产后出血

Effect of mother's early touch and newborn infant's early sucking combined with vaginal gauze tamponade on the treatment of postpartum hemorrhage after cesarean section

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Abstract **Objective:** To explore the feasibility of early contact between mother and child and early sucking and vaginal gauze tamponade in the treatment of postpartum hemorrhage after cesarean section. **Methods:** From February 2016 to June 2017, 108 patients with postpartum hemorrhage after cesarean section in the district in outpatient department of our hospital were enrolled and were divided into an experimental group of 68 patients and a control

收稿日期 (Date of reception): 2018-10-18

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基金项目 (Foundation item): 2015年度海南省卫生与计划生育行业科研项目(15A200037)。This work was supported by the Research Projects of Health Family Planning Industry in Hainan Province in 2015, China (15A200037).

group of 40 patients according to the different treatment methods. The patients in the control group were given vaginal gauze tamponade treatment, the experimental group were given early contact and early sucking treatment based on the treatment of control group, two groups of therapeutic effect and prognosis were observed. **Results:** The vaginal gauze tamponade time in the experimental group and the control group was (16.87±3.19) h and (19.92±3.45) h, respectively, which the former group was significantly shorter than latter ($P<0.05$). The effective rates of the experimental group and the control group were 97.1% and 85%, respectively, and the effective rate in the experimental group was also significantly higher than that in the control group ($P<0.05$). The ligation rate and hysterectomy rate of the experimental group were 2.9% and 0%, respectively, and those of the control group were 12.5% and 2.5%, respectively. There were no significant between the two groups ($P>0.05$). The incidence of complications such as anemia, wound healing, infection and phlebitis of the lower limbs in the experimental group were 4.4%, which in the control group were 40%, and There were significantly differences between the two groups ($P<0.05$). **Conclusion:** The early contact and early sucking and vaginal gauze tamponade in the treatment of postpartum hemorrhage after cesarean section can improve postpartum hemorrhage, reduce uterine artery ligation rate, hysterectomy rate and reduce postpartum complications. It has a good application feasibility.

Keywords cesarean section; contact between mother and child; breast sucking; vaginal gauze tamponade; postpartum hemorrhage

产后出血指在胎儿娩出后24 h内产妇失血量超过500 mL, 占分娩总数的2%~3%, 是分娩期的严重并发症, 是我国产妇死亡的第一原因^[1-2]。流行病学调查^[3-4]显示我国每年约有4万产妇死于产后出血。药物治疗产后出血有一定的效果, 但是很多药物的半衰期和作用时间均短暂, 药效持续效果不佳, 且有一定的不良反应^[5]。子宫切除会让产妇永久失去再生育机会, 不到必要时很难应用此方法。子宫阴道纱布填塞的作用机制是刺激子宫体的感受器, 可直接压迫胎盘剥离面, 也可通过大脑皮层刺激子宫收缩, 启动机体的凝血机制形成血栓止血, 压迫宫腔剥离面静脉, 使静脉渗血减少或停止, 使宫腔内压力大于动脉压而使动脉出血减少或停止^[6-7]。胎儿娩出后至胎盘娩出前让母子早接触、婴儿早吸吮母乳30 min以上, 可让产妇自然分散分娩过程的疼痛注意力, 缓解恐惧、紧张等不良心理情绪, 是促进母子健康的重要措施^[8-10], 但是治疗产后出血的效果鲜有相关报道。本文采用剖宫产术后母子早接触、婴儿早吸吮母乳结合子宫阴道纱布填塞治疗产后出血, 拟探讨其应用可行性与有效性, 旨在为临床上运用简便有效的方法治疗产后出血提供依据。

1 对象与方法

1.1 对象

选择2016年2月至2017年6月选择在海口市妇幼保健院门诊部建卡并且进行剖宫产的产后

出血产妇108例作为研究对象, 纳入标准: 年龄22~43岁; 妊娠分娩周数为37~42周; 单胎妊娠; 研究经海口市妇幼保健院医学伦理委员会的批准; 产后24 h的出血量>500 mL(采用称重测量法计算), 具有宫腔纱布填塞术的指征; 此次妊娠前无不良孕产史、心肺功能正常、心电图正常; 产妇均采用子宫下段剖宫产术终止妊娠。排除标准: 有心、肝、肾、造血、内分泌系统等疾病的产妇; 患有精神疾病的产妇; 新生儿试验期间发生重大疾病或死亡; 依从性差, 不予合作, 自行退出者。根据治疗方法的不同分为实验组(68例)与对照组(40例), 两组产妇的孕周、年龄、产次、产后出血量、出血原因等对比差异无统计学意义($P>0.05$, 表1)。

1.2 方法

对照组: 给予子宫阴道纱布填塞治疗, 采用纱布为自行制备的宽4 cm、长100 cm、厚4层的无菌纱布。以生理盐水浸湿纱布然后挤干, 夹住纱布一端, 从阴道置入子宫腔并折叠, 塞满子宫腔, 剪去多余纱布, 直视下缝合子宫切口。

实验组: 在对照组治疗的基础上给予母子早接触、婴儿早吸吮母乳治疗, 早吸吮指帮助母亲在产后30 min内开奶; 早接触指帮助产妇在产后30 min与其新生儿皮肤接触持续30 min以上。

所有患者在术后常规静脉滴注缩宫素20 U/d, 使用抗生素预防感染; 术后24 h后取出纱布, 持续观察阴道流血情况。

表1 两组产妇一般资料对比

Table 1 Comparison of general information between the two groups

组别	n	孕周	年龄/岁	产次	产后出血量/mL	出血原因(宫缩乏力/前置胎盘/凝血功能障碍)
实验组	68	40.11 ± 1.83	33.20 ± 2.48	1.98 ± 0.42	658.02 ± 156.20	40/20/8
对照组	40	40.29 ± 0.98	33.01 ± 3.19	1.89 ± 0.65	650.10 ± 200.94	28/8/4
t或 χ^2		0.219	0.198	0.178	0.253	1.431
P		>0.05	>0.05	>0.05	>0.05	>0.05

1.3 观察指标

1)疗效标准:无效:产后出血量>50 mL/h或出血量逐步增多甚至无法控制、生命体征恶化;有效:产后出血量<50 mL/h或出血量逐步减少甚至停止、生命体征均平稳。2)记录两组患者的纱布填塞时间。3)记录与观察两组的子宫动脉结扎率、子宫切除率。4)记录两组产后14 d出现的并发症情况,包括贫血、切口愈合不良、感染、下肢静脉炎等。

1.4 统计学处理

采用SPSS 20.00统计软件进行数据分析,计量资料以均数±标准差($\bar{x}\pm s$)或中位数表示,不符合正态分布的组间对比采用Kruskal-Wallis检验,符合正态分布的组间比较采用单因素方差分析,计数数据采用百分比表示与卡方 χ^2 分析, $P<0.05$ 为差异有统计学意义。

2 结果

2.1 治疗疗效对比

实验组与对照组的纱布填塞时间分别为(16.87±3.19)h和(19.92±3.45)h,实验组显著少于对照组($P<0.05$);实验组与对照组的治療有效率分别为97.1%和85.0%,实验组也显著高于对照组($P<0.05$,表2)。

2.2 子宫动脉结扎率、子宫切除率对比

实验组的子宫动脉结扎率、子宫切除率分别为

2.9%和0.0%,对照组分别为12.5%和2.5%,实验组低于对照组,差异无统计学意义($P>0.05$,表3)。

2.3 并发症情况对比

实验组产后14 d的贫血、切口愈合不良、感染、下肢静脉炎等并发症发生率为4.4%,对照组为40.0%,实验组显著低于对照组($P<0.05$,表4)。

表2 两组治疗疗效对比

Table 2 Comparison of therapeutic effects between the two groups

组别	n	纱布填塞时间/h	治疗有效/[例(%)]
实验组	68	16.87 ± 3.19	66 (97.1)
对照组	40	19.92 ± 3.45	34 (85.0)
t或 χ^2		5.321	5.340
P		<0.05	<0.05

表3 两组子宫动脉结扎率、子宫切除率对比

Table 3 Comparison of uterine artery ligation rate and hysterectomy rate between the two groups

组别	n	子宫动脉结扎/[例(%)]	子宫切除/[例(%)]
实验组	68	2 (2.9)	0 (0.0)
对照组	40	5 (12.5)	1 (2.5)
χ^2		3.796	1.716
P		>0.05	>0.05

表4 两组产后并发症发生情况对比

Table 4 Comparison of postpartum complications between the two groups

组别	n	贫血/例	切口愈合不良/例	感染/例	下肢静脉炎/例	合计/[例(%)]
实验组	68	2	0	0	1	3 (4.4)
对照组	40	6	3	4	3	16 (40.0)
χ^2						21.280
P						<0.05

3 讨论

子宫具有丰富血供, 常规情况下胎儿娩出后子宫急剧收缩可压迫血窦而达到止血效果。但是由于各种因素的影响, 产后出血在我国的发病率逐渐增加, 其中剖宫产所引发的产后出血率占据25%以上^[11-12]。产后出血一旦发生, 后果不堪设想, 目前已是产妇死亡的首要原因。

早期诊断和及时恰当的处理是产后出血治疗成功的关键, 当前产后出血的治疗方法包括药物治疗、子宫阴道纱布填塞、子宫动脉结扎术、子宫B-Lynch缝合术、子宫切除术等^[13-14]。其中子宫阴道纱布填塞为常用物理止血方法, 纱布能刺激子宫收缩加强止血效果, 并且通过在子宫内填塞纱布达到压迫子宫止血的目的^[15]。但纱布在填塞过程中与子宫壁贴合程度较差, 从而影响止血效果。缩宫素可刺激子宫收缩, 但其半衰期和作用时间均短暂, 药效持续效应不佳^[16]。本研究显示: 实验组纱布填塞时间显著少于对照组, 其有效率也显著高于对照组(均 $P < 0.05$)。其机制可能为胎儿娩出断脐后立即使其吸吮母乳, 乳头及乳晕上的感觉神经末梢将感觉冲动传入脑垂体前叶, 诱导催产素释放并进入血循环, 引起子宫收缩与肌肉收缩, 有利于胎盘娩出, 从而发挥止血作用^[17]。当前也有研究^[18]表明母子早接触、婴儿早吸吮母乳可反应性引起子宫收缩, 使开放的血窦闭合; 并且接触持续30 min以上, 产妇看到且接触到自己盼望已久的新生儿, 可分散对于产后出血的恐惧, 有利于治疗进行。

产后出血的治疗原则是针对出血原因, 迅速止血; 预防感染; 补充血容量, 纠正失血性休克。子宫阴道纱布填塞不仅能获得压迫止血效果, 同时能刺激子宫加强子宫收缩, 而子宫收缩压迫球囊可增加压迫力, 对子宫良好复旧有促进

作用^[19-20]。本研究显示: 实验组的子宫动脉结扎率、子宫切除率低于对照组($P > 0.05$), 表明母子早接触、婴儿早吸吮母乳可降低子宫动脉结扎率、子宫切除率。推测其机制为, 当新生儿早吸吮母乳时, 乳头传来的感觉冲动, 可让垂体后叶分泌及释放催产素, 作用于子宫肌细胞, 使血窦迅速关闭, 血栓形成, 引起子宫收缩, 出血明显减少^[21]。同时也可通过对新生儿存在或哭声形成条件反射, 可由大脑皮层的兴奋来激活催产素的释放, 从而达到更加有效的治疗效果, 降低子宫动脉结扎率、子宫切除率^[22]。

子宫阴道纱布填塞是通过刺激子宫体感受器, 经大脑皮质刺激子宫收缩, 直接压迫胎盘剥离面而达到治疗效果, 但长期应用可导致产妇存在比较多的并发症。也有些因个体子宫间对刺激敏感度有差异, 有造成子宫收缩乏力加重的缺陷^[23]。本研究显示: 实验组产后14 d的贫血、切口愈合不良、感染、下肢静脉炎等并发症显著低于对照组($P < 0.05$)。从机制上分析, 新生儿吸吮乳头能够刺激脑垂体后叶释放催产素, 也有助于乳腺早期泌乳。将其与其他联合应用, 可发挥其协同作用, 可能会更快、更有效的刺激子宫收缩, 减少产后并发症的发生^[24]。

综上, 剖宫产术后母子早接触、婴儿早吸吮母乳结合子宫阴道纱布填塞对提高产后出血的治疗效果, 降低子宫动脉结扎率、子宫切除率, 减少产后并发症的发生, 值得在临床推广应用。

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本文引用: 方金华, 吴世丽, 周爱梅. 剖宫产术后母子早接触结合子宫阴道纱布填塞在治疗产后出血中的作用[J]. 临床与病理杂志, 2019, 39(3): 581-586. doi: 10.3978/j.issn.2095-6959.2019.03.020

Cite this article as: FANG Jinhua, WU Shili, ZHOU Aimei. Effect of mother's early touch and newborn infant's early sucking combined with vaginal gauze tamponade on the treatment of postpartum hemorrhage after cesarean section[J]. Journal of Clinical and Pathological Research, 2019, 39(3): 581-586. doi: 10.3978/j.issn.2095-6959.2019.03.020