

PSYCHOLOGIC SUPPORT IMPORTANCE IN THE GOOD MANAGEMENT OF NIFEDIPINE SIDE EFFECTS DURING TOCOLYTIC THERAPY

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ABSTRACT

Successful treatment of premature labour is important for the good outcome of the fetus and newborn baby. For several years, in the University Obstetric-Gynecologic Hospital “KOCO GLIOZHENI” Tirana, treatment protocols of premature labour (24 -34 weeks of gestation) include : NIFEDIPINE (10mg every 20 minutes for the three first doses, than 10 mg of oral nifedipine every 4 hours for 48 hours, followed by 10 mg of oral nifedipine every 6 hours). Korticotherapy. Nifedipine is a calcium channel blocker that affects transmembrane cell transporting of calcium and decreases calcium intracellular concentration so that causes miorelaxation and low contractility. Nifedipine has good effectiveness in premature labour treatment, but has vasodilating effects so that can be accompanied by some side effects: headache, hypotension, tachycardia, hot flashes, dizziness ect. We have noticed that the greater part of these side effects, can be welltolerated and supported if we support the pregnant women psychologically, making them clear the risks and the importance of suppressing the premature labour, advising them how to “treat” and good manage these side effects. In several cases, pregnant who did not tolerate the side effects like headache, hypotension, tachycardia ect, so that interrupted the therapy, after supporting them better psychologically, and giving some advises how to manage the side effects, returned to the treatment and supported the tocolytic treatment even for more than 48 hours.