PSYCOLOGIC 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 concetraction so that causes miorelaxation and low contractility. Nifedipine has good effectiveness in premature labour treatment, but has vasodilating effcts so that can be accompanied by some side effects: headache, hypotension, tacicardia, 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, pregnants 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.

OBJECTIVE

Study of nifedipine side effects; To find the ways to manage the side effects and make possible the successful treatment of premature labour.

METHODS

The study population: women presented to our hospital for premature labour (22-34 weeks of gestation) and treated with nifedipine, were monitored for vital parametres and side effects, at predefined intervals of time. A four-point Likert scale multiple-choice questionnaire was used to access the perceived degree of side effects.

CONCLUSION

In general, use of nifedipine as the first-line tocolytic was safe.
However, severe maternal hypotension and severe headache can occur and close monitoring of vital signs is warranted. The psychological support and fluid diet rregimen have a good impact in the good management of side effects and in the sucsses of the treatment.

CASE REPORT

Patient: Suada LACI

Hospitalisation date 21/6/17

Hospitalization diagnosis :Pregnancy 30 weeks+6 days, head position, partus premature .

Acceptance obstetrical vaginal visit: vulvar molusqus contagiosum formations
normal vagina
colum uteri 2cm length.
amniotic membranes were normal.

The patient had uterine contractions every 5 minutes.
Arterial tension 110/70mm Hg.
Cardiac frequency: 76 bites per minute
Respiratio: normal
Abdominal palpation: normal

Treatment : 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
After the first hour from the treatment beginning, uterine contractions seemed to be lighter and gradually disappeared.
Two hours after the treatment beggining the patient claimed of e light headache.
Arterial tension decreased for the first 8 hours at 90/60 mm Hg, than it was stabilised at 105/68 mm Hg.
During the 24 hours of therapy headache seemed to get worse, the patient used paracetamol(500mg oral paracetamol every 8 hours , 2 tablets totally).
After 60 hours from the treatment, the patient decided to discontinue nifedipine.
She was treated with indometcine and progesterone for two days.
The patient went home

Date : 2/7 /17
Te same patient hospitalized for premature labour.
Hospitalisation diagnosis: Partus premature at 32-33 weeks of pregnancy
The patient had uterine contractions every 4 minutes.
Acceptance obstetrical vaginal visit: vulvar molusques contagiosum formations.
Normal vagina.
Colum uteri 14 mm length , dilatation 1cm
Amniotic membranes :normal.
The patient was informed in details for the importance of tocolytic theapy, and informations how to manage the side effects were given to her.
We treated her with: psychological support
dietetic hydrotherapy
1 tablet of paracetamol 500mg.
This time the patient supported successfully the nifedipine tocolysis .
The nifedipine tocolysis continued till 34 weeks of pregnancy
The patiened leaved the hospital at 36 weeks+3days of pregnancy.
ECHO: fetal development : normal
Doppler (AUand MCA):normal
She gave birth to a beautiful baby girl on14/08/2017.

Baby weight: 3100g.
Way of parture : natural.
Both woman and the baby girl, resulted comletly normal. They went home the next day.

CONCLUSION

Psychological support has a very important impact in the good management of nifedipine side effects and in the successful treatment of premature labour.

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