

Pregnant Women with Fetuses in Breech Position to a Large Extent

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Description

According to international guidelines, all women who have a single foetus in breech presentation at term should be offered an external cephalic version. In Norway, ECV is rarely offered; According to the national clinical guidelines, birth centers that are able to provide ECV for breech pregnancies ought to make their own practice decisions. The goal of this study was to find out if Norwegian birth centers offer ECV to pregnant women whose fetuses are breech at term and what factors might affect its use. The chief obstetricians of each birth unit responded. Twenty-six of those polled said that their units provided ECV to a significant degree for breech presentation at term. Thirty-one respondents indicated a high level of ECV proficiency, and 33 units followed local ECV procedures.19 units provided pregnant women with standard information about the procedure.

The perspectives on who should be offered ECV and their knowledge of ECV results varied among the respondents. Pregnant women whose fetuses are breech receive ECV from most Norwegian birth centers. The survey, on the other hand, reveals difficulties in providing pregnant women with ECV information, determining whether women are eligible for ECV attempts, and familiarity with the ECV knowledge base. Teens and young adults have different health needs. In Sweden, youth clinics are essential for improving youths' mental, sexual, reproductive, and general health. From the perspective of adolescents and young adults in northern Sweden, the purpose of this qualitative study was to better comprehend youth-friendly health services and to acquire a deeper comprehension of the essential conditions required for youth friendliness.

The study aids in better comprehending the concerns of those who might become pregnant during the first eight weeks of the lockdown in the United Kingdom. According to planners and policymakers, SRH policy, which acknowledges the significance of bodily autonomy and rights, must play a central role in pandemic planning and responses worldwide. Policies like these should ensure that service recipients are informed about their rights and how to obtain them, and that protocols that safeguard the delivery of SRH services are immediately implemented.

Neonatal Health Care Workers in a Swedish University

It is necessary to conduct additional research with members of minority communities, who are largely absent from this study, in order to determine whether and how COVID-19 may have exacerbated existing disparities. All maternity and neonatal health care workers in a Swedish university hospital were surveyed in October 2019 and September 2020. The data were analysed using a quantitative analysis of the overall effects on working conditions, a qualitative analysis of open-ended responses, and a document analysis of implemented changes in working routines.382 maternity and neonatal health care workers completed the COVID-19 survey, while 660 workers completed the pre-COVID-19 survey. Lack of personal protective equipment, concerns about infection, confusion regarding whether implemented changes were sufficient, and difficulties communicating updated routines all negatively impacted maternity and neonatal health care workers' working conditions. The appreciation of one another and the spirit of the team contributed to the positive outcome. In addition to maintaining the positive perceived effects of increased team spirit and feeling valued by peers, creating a work environment that acknowledges employees' worry about being infected, securing adequate pre-conditions for managers, creating a strong psychosocial safety climate, and systematically improving the working conditions for maternity and neonatal health care workers may partially prevent negative effects on the health of maternity and neonatal health care workers in future critical situations. The study revealed the women's experiences with online vulvodynia treatment. The experiences of living with vulvodynia prior to internet-based treatment, the experiences of receiving an internet-based treatment for vulvodynia, and the three main themes emerged. And what it was like to live with vulvodynia after the treatment was done online. As they described a prolonged search for a diagnosis, the women admitted to having had a bad healthcare experience. The internet-based treatment helped them manage their vulvodynia in new ways, but there were also problems with it.The women claimed that the intervention improved their well-being and improved their ability to manage pain, but that the treatment did not sufficiently alleviate the vulvar pain. The acceptance and

commitment therapy-based guided internet-based treatment program for vulvodynia was found to be reliable, beneficial for managing vulvodynia, and a potential addition to routine care. The duration of the treatment and whether or not additional support is required require additional research. The present investigation centered on the interactions that solo mothers by choice had with maternal health services during pregnancy and early parenthood. Semi-structured interviews were conducted with single mothers who had received assisted reproduction in Sweden. The thematic analysis revealed two major themes. The first theme demonstrated that the participants' own strength prevents them from identifying with SMC's vulnerability, despite the fact that SMC as a whole are vulnerable. As a consequence of this, it is possible that staff members at MCHS will not be aware of the vulnerability and needs of these women, who have strong incentives to appear competent and strong. The second theme reflected the participants' conflicting needs to be treated like everyone else in the MCHS and their desire for healthcare service reform to better meet their needs as single mothers.

Cross-Sectional Online Survey

These themes demonstrate not only the social attitudes that these parents' individual experiences with healthcare can be influenced by, but also what the participants' interactions with the MCHS might be seen as having paradoxical expectations and unreasonable requirements. In order to encourage these women to express their needs, it may be necessary to provide them with

particular compassion and sensitivity because they come into contact with MCHS at a vulnerable time. The instrument was translated into Swedish using a three-step process of translation, back-translation, and synthesis. The pre-final translation's face validity and construct validity were assessed in a group of six subject matter experts during a cognitive debriefing with eight women. Internal consistency, data completeness, score distributions, floor and ceiling effects, and a cross-sectional online survey were measured. Consistent midwifery care made women feel safer during pregnancy, childbirth, and postpartum. The deeper relationship that developed over time was one of the positive aspects of the experience of continuity in midwifery care. Expectations and prerequisite conditions ought to be taken into consideration when developing and introducing new care models. Service providers and decision-makers should pay attention to and prioritize this relational aspect when planning care for pregnant women. There is evidence that continuity models of midwifery care are good for women and their children because they require fewer interventions during childbirth and make mothers feel more content. Sweden has not investigated continuity models in any way. However, it is essential to investigate women's experiences when they have been cared for by a well-known midwife throughout the course of their pregnancy, labor, birth, and postpartum period. By describing how women in rural Sweden experience continuity in midwifery care, this study aimed to provide a deeper understanding of what this care entails for women.