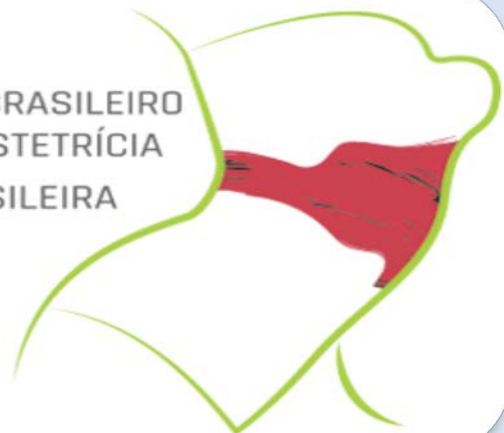




Natália Roberta Andrade Dalla Costa

- Médica graduada pela Universidade do Vale do Itajaí - UNIVALI.
- Residência Médica em Ginecologia e Obstetrícia pelo Hospital de Clínicas da Universidade Federal do Paraná.
- Preceptora na Residência Médica de Ginecologia e Obstetrícia do Hospital e Maternidade Marieta Konder Bornhausen.

XIX CONGRESSO SUL-BRASILEIRO
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IV JORNADA SUL-BRASILEIRA
DE MASTOLOGIA



Práticas de Humanização durante a Cesariana

Natália Roberta Andrade Dalla Costa





Humanização do Nascimento

Protagonismo

Visão integrativa

Evidências científicas

Autonomia e não maleficência

Atendimento individualizado



Humanização da Cesárea

Nascimento X Cirurgia





Humanização da Cesárea

Nascimento X Cirurgia



Participação da família



Humanização da Cesárea

Nascimento X Cirurgia

Participação da família

Equipe multidisciplinar





Humanização da Cesárea

Nascimento X Cirurgia

Participação da família

Equipe multidisciplinar

Contraindicações





Humanização da Cesárea

DOI: 10.1111/j.1471-0528.2008.01777.x

www.blackwellpublishing.com/bjog

General obstetrics

The natural caesarean: a woman-centred technique

J Smith,^a F Plaat,^b NM Fisk^{a,c}

^a Division of Maternity, Directorate of Women's and Children's Services, and ^b Department of Anaesthesia, Queen Charlotte's and Chelsea Hospital, London, UK ^c Division of Surgery, Oncology, Reproductive Biology and Anaesthetics, Institute of Reproductive and Developmental Biology, Imperial College London, Hammersmith Campus, London, UK

Correspondence: Prof NM Fisk, University of Queensland, Centre for Clinical Research, Brisbane, Queensland 4029, Australia.



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Humanização da Cesárea

Acompanhante

**Orientação
Autonomia**

**Ambiente
acolhedor**

**Extração lenta do
feto**

**Visualização do
nascimento**

**Clampeamento do
cordão**

**Pele a pele
Aleitamento**



Humanização da Cesárea





Humanização da Cesárea





Humanização da Cesárea





Humanização da Cesárea

Aumento das taxas de infecção?

Aumento da perda sanguínea materna?

Desfecho materno e neonatal é favorável?



Desfecho Materno e Neonatal

Materno

Maior satisfação

Infecção de ferida
operatório

Menor necessidade de
transfusão sanguínea

Aumento do tempo
cirúrgico

Neonatal

Escore de APGAR =
cesárea clássica

Menos admissões em UTI
neonatal

Pele a pele

Aleitamento precoce



Desfecho Materno e Fetal

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ORIGINAL ARTICLE

Risks and benefits of the skin-to-skin cesarean section – a retrospective cohort study

Selina Posthuma¹, Fleurisca J. Korteweg¹, J. Marinus van der Ploeg¹, Hans D. de Boer², Hannah D. Buiter³, and David P. van der Ham¹

¹Department of Obstetrics and Gynecology, ²Department of Anesthesiology and Pain medicine, and ³Department of Pediatrics, Martini Hospital, Groningen, the Netherlands



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Characteristic	Skin-to-skin cesarean section (n = 285)	Conventional cesarean section (n = 365)	Relative risk (95%CI)	p values
<i>Infection</i>				
Surgical site infection (n, %)	6* (2.1%)	6 (1.6%)	1.1 (0.64–2.0)	0.665
Non-surgical site infection (n, %)	5 (1.8%)	15 (4.1%)	0.56 (0.26–1.2)	0.084
Infection with positive blood culture (n, %)	2 (0.70%)	0 (0.0%)	N/A	0.109
Total of infections (n, %)	12 (4.2%)	21 (5.8%)	0.82 (0.52–1.3)	0.374
<i>Blood loss</i>				
Hemoglobin post-operative > 1.2 mmol/l diminished (n, %)	101 (38%)	108 (33%)	1.1 (0.94–1.4)	0.188
Transfusion (n, %)	3 (1.1%)	11 (3.0%)	0.48 (0.18–1.32)	0.087
Maternal death (n, %)	0 (0.0%)	0 (0.0%)	N/A	
<i>Maternal admission</i>				
Length of admission after CS (days, \pm SD)	4.0 (\pm 0.7)	4.4 (\pm 1.19)	–0.38 (–0.53 to 0.23)	<0.001
Maternal admission > 4 days after CS (n, %)	49 (17%)	110 (30%)	0.63 (0.50–0.82)	<0.001



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Desfecho Materno e Fetal

Characteristic	Skin-to-skin cesarean section (<i>n</i> = 294)	Conventional cesarean section (<i>n</i> = 372)	Relative risk/mean difference (95%CI)	<i>p</i> values
<i>Neonatal outcome</i>				
Birth weight (gram, \pm SD)	3294 (\pm 501)	3338 (\pm 481)	44.2 (−30.9 to 119)	0.248
Apgar score <7 at 5 min (<i>n</i> , %)	7 (2.4%)	6 (1.6%)	1.2 (0.74–2.0)	0.477
Umbilical artery pH <7.0 (<i>n</i> , %)	1 (0.4%)	0 (0.0%)	N/A	0.247
<i>Neonatal morbidity</i>				
Hyperbilirubinemia (<i>n</i> , %)	4 (1.4%)	6 (1.6%)	0.90 (0.42–1.9)	0.790
Hypoglycemia (<i>n</i> , %)	5 (1.7%)	9 (2.4%)	0.81 (0.40–1.6)	0.521
Hypothermia (<i>n</i> , %)	2 (0.7%)	4 (1.1%)	0.75 (0.24–2.3)	0.592
Suspected infection (<i>n</i> , %)	6 (2.0%)	27 (7.3%)	0.40 (0.19–0.83)	0.002
Neonatal sepsis	1 (0.3%)	0 (0.0%)	N/A	0.259
Neonatal death (<i>n</i> , %)	0 (0.0%)	0 (0.0%)	N/A	N/A
<i>Neonatal admission</i>				
Maternity ward	266 (91%)	304 (82%)	1.60 (1.16–2.12)	0.001
Neonatal ward	28 (9.5%)	75 (18%)	0.58 (0.41–0.80)	0.000
Transfer to NICU (<i>n</i> , %)	0 (0.0%)	3 (0.8%)	N/A	0.123



Desfecho Materno e Fetal

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BMJ

BMJ 2011;343:d7157 doi: 10.1136/bmj.d7157 (Published 15 November 2011)

Page 1 of 12

RESEARCH

Effect of delayed versus early umbilical cord clamping on neonatal outcomes and iron status at 4 months: a randomised controlled trial

 OPEN ACCESS

Ola Andersson *consultant in neonatology*^{1,2}, Lena Hellström-Westas *professor of perinatal medicine*², Dan Andersson *head of departments of paediatrics, obstetrics and gynaecology*¹, Magnus Domellöf *associate professor, head of paediatrics*³



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BMI

Table 3| Proportion of infants randomised to early umbilical cord clamping (≤ 10 s after delivery) or delayed clamping (≥ 180 s) who had iron status indicators outside reference limits at 4 months old. Values are numbers (percentages) unless stated otherwise

	Cord clamping		P value	Relative risk reduction (95% CI)	Number needed to treat (95% CI)
	Early (n=175)	Delayed (n=172*)			
Ferritin <20 $\mu\text{g/L}$	13 (7.4)	0 (0.0)	<0.001	1.0 (0.71-1.00)	14 (14 to 25)
Mean cell volume <73 fL	9 (5.1)	4 (2.4)	0.26	0.54 (-0.39 to 0.85)	NA
Transferrin saturation $<10\%$	24 (13.7)	10 (5.8)	0.02	0.57 (0.15 to 0.79)	13 (8 to 62)
Transferrin receptors >7 mg/L	0	0	NA	NA	NA
Iron deficiency†	10 (5.7)	1 (0.6)	0.01	0.90 (0.38 to 0.98)	20 (17 to 67)
Anaemia (Hb <105 g/L)	21 (1.2)	21 (1.25)	1.0	-0.04 (-0.83 to 0.41)	NA

Ola Andersson consultant in neonatology², Lena Hellström-Westas professor of perinatal medicine², Dan Andersson head of departments of paediatrics, obstetrics and gynaecology¹, Magnus Domellöf associate professor, head of paediatrics³



Desfecho Materno e Neonatal

DATA

Table 4| Hyperbilirubinaemia and need for phototherapy at 2 days old among infants randomised to early umbilical cord clamping (≤ 10 s after delivery) or delayed clamping (≥ 180 s). Values are numbers (percentages) unless stated otherwise

	Cord clamping		P value	Relative risk reduction (95% CI)
	Early (n=189)	Delayed (n=192)		
Mean (SD) bilirubin ($\mu\text{mol/L}$)*	144 (62)	145 (67)	0.96†	
Bilirubin $>257 \mu\text{mol/L}$ *	7 (5.4)	4 (2.9)	0.37	0.46 (–0.70 to 0.83)
Treated with phototherapy	2 (1.1)	1 (0.5)	0.62	0.52 (–2.7 to 0.94)

*Numbers of successful analyses of bilirubin for early and delayed clamping groups were 129 and 136.

†Mean difference $0.4 \mu\text{mol/L}$ (95% CI –15.2 to 16.1).

Ola Andersson consultant in neonatology^{1,2}, Lena Hellström-Westas professor of perinatal medicine², Dan Andersson head of departments of paediatrics, obstetrics and gynaecology¹, Magnus Domellöf associate professor, head of paediatrics³



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Hindawi

The Scientific World Journal

Volume 2017, Article ID 1940756, 5 pages

<https://doi.org/10.1155/2017/1940756>



Research Article

Skin-to-Skin Contact in Cesarean Birth and Duration of Breastfeeding: A Cohort Study

Andrea Guala,¹ Luigina Boscardini,¹ Raffaella Visentin,¹ Paola Angellotti,¹ Laura Grugni,² Michelangelo Barbaglia,³ Elise Chapin,⁴ Eleonora Castelli,⁵ and Enrico Finale⁵

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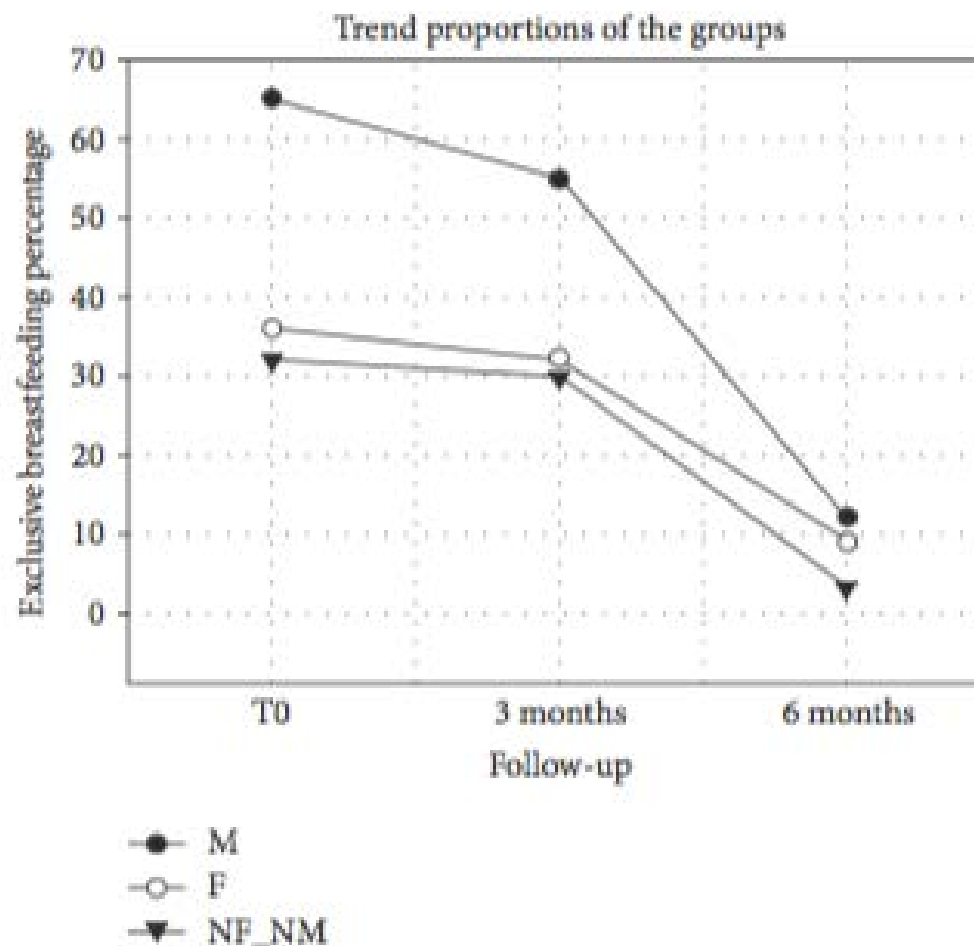
The Scientific World Journal

Volume 2017, Article ID 1940756, 5 pages

<https://doi.org/10.1155/2017/1940756>

Groups [†]	n/tot
M	95/145
F	16/44
NM_NF	20/63
Overall p Chi2	
p for trend Chi2	
Difference between proportions (%)	
Contrasts	p^{\dagger}
M versus F	0.0006
M versus NM_NF	<0.0001

[†] M: SSC mother; F: SSC father; NM_NF:



n/tot	6M %	95% CI
18/145	12	(7.5–19)
4/44	9	(2.5–22)
2/63	3	(0.4–11)
0.1129		
0.0383		
p^{\dagger}	95% CI diff	
0.547	(6.7–13)	
0.0378	(2.3–16)	

3 months; 6M: 6 months.



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ORIGINAL ARTICLE

The Charité cesarean birth: a family orientated approach of cesarean section

Robert Armbrust, Larry Hinkson, Katharina von Weizsäcker, and Wolfgang Henrich

Department of Obstetrics, Charité University Hospital, Berlin, Germany



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Table 2. Sociodemographical characteristics.

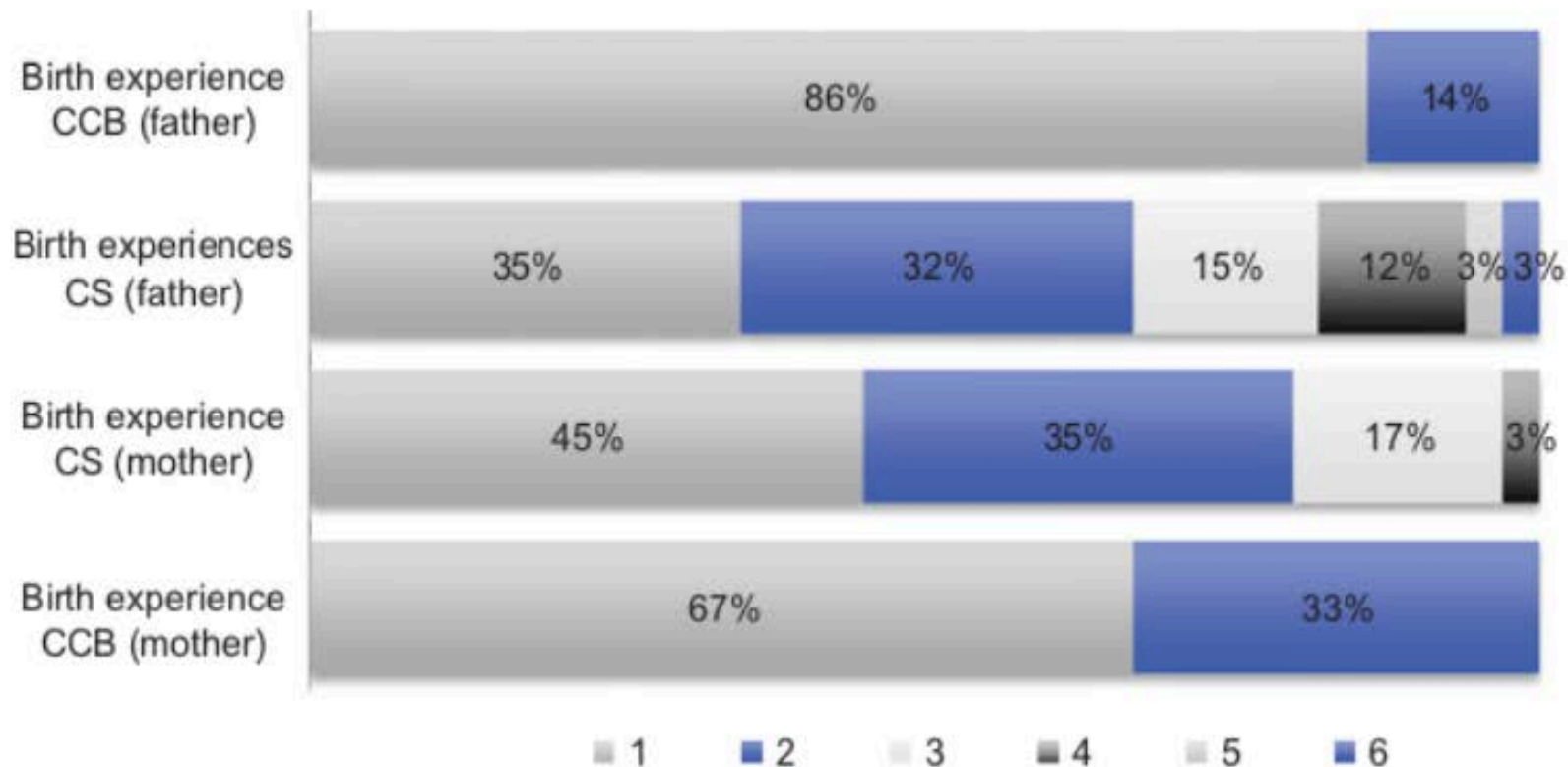
	CCB	Mean (Min–Max)	CS	Mean (Min–Max)	Chi-Test
Age	33	(21–41)	31	(17–42)	$p = 0.06$
Confession	14%/25%/16%/45%		10%/15%/28%/47%		$p = 0.13$
Degree of education	69%		40%		$p = 0.02$
Previous pregnancies	2	(1–7)	2	(1–8)	$p = 0.32$
Previous births	2	(1–3)	2	(1–5)	$p = 0.67$
Gestational week	39	(37–41)	39	(37–42)	
Previous vaginal birth	17%		19%		$p = 0.73$
Previous CS	50%		54%		$p = 0.64$
Multiple gestaton	5		5		

CCB = Charité Cesarean Birth, CS = Cesarean Section; women and men together.



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Figure 2. Descriptive statistics of the satisfaction with the birth experience as conceived by mother and father. Modified Likert-Scales were used: 1 means highest degree of satisfaction and 6 the lowest.







"...ABANDONAR
PRECONCEITOS,
ABRIR A MENTE..."



"...E SE PERCEBER
NA REALIDADE DO
OUTRO..."



"...ATÉ SER CAPAZ
DE SENTIR O QUE
O OUTRO SENTE..."



EMPATIA,
FILHO...



Obrigada!



natalia.andradee@hotmail.com