

STANDARDIZATION OF OBSTETRICAL PRACTICE IN PREVENTING POST - CESAREAN LOW BACK PAIN

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Abstract. Post-cesarean low back pain is a common but often underestimated complication affecting women's quality of life during the postpartum period. Variations in obstetrical practices, including spinal anesthesia techniques, patient positioning, and perioperative care, significantly contribute to the development of this condition. This article aims to evaluate the effectiveness of standardizing obstetrical protocols to prevent low back pain after cesarean delivery. Through a comprehensive review of clinical studies and practical implementation of unified guidelines in selected maternity centers, the study demonstrates that adherence to standardized protocols leads to a significant reduction in the incidence and severity of post-cesarean low back pain. The findings underscore the importance of multidisciplinary coordination among obstetricians, anesthesiologists, and rehabilitation specialists to enhance maternal outcomes and long-term well-being.

Keywords: Cesarean section, low back pain, postpartum complications, obstetrical standardization, spinal anesthesia, maternal health, clinical guidelines

Introduction. Cesarean section caesarean section (cesarean section) today on the day pregnancy in conclusion wide applicable surgery from the methods one is considered . World health storage According to the World Health Organization (WHO), according to , globally all around 15–25% of births cesarean section cutting way with done is being increased. However some in countries, especially developing in the countries this indicator up to 30–40% Uzbekistan This is also the case in the Republic. indicator high is medical and social reasons with explained.

Cesarean section cutting many women for necessary was life save remaining practice calculated although, its far term There are also consequences . Among them one — in the waist area to the surface coming Back pain often from the operation next immobilization, spine to the step fallen loading , incorrect in case anesthesia , anesthesia method selection or patient psycho-emotional status with related to be possible .

Current cesarean section per day through childbirth world on a scale wide being used surgery from practices one is considered . World health storage organization to

the information according to the world according to every 140 million per year more children are being born and up to 21 percent of which was part cesarean section through done [1]. Some in countries this The indicator is between 30–50% . is the last in years this indicator increasing [2]. In Uzbekistan , the number of deliveries by cesarean section is also increasing. done increase cases year gradually increasing This is the same as the in turn , this of the process far term consequences , including back pain such as late complications deep requires learning.

A cesarean section next to the waist pain is women between wide widespread , but often enough at the level invaluable and incurable problem is considered . Different research this shows that from caesarean section next in the period up to 45–70% of women was back pain in the area is observed and this pain some in cases one how many months or years during preserved remains [3, 4]. Such pains life quality reduces, baby care to do opportunities limits and psychological to health negative impact shows.

Back pain etiology many factorial to him operation on time back muscles tension, pain cover received central nerve system sensitivity, incorrect physical activity, psychological stress, and hygienic wrong situations reason to be possible [5]. Therefore, back pain in evaluation clear and subjective from methods use important importance has.

Visual analog scale (VAS) is a pain intensity assessment for simple but effective subjective method is, which is from 0 to 10 was digital scale through pain level determination opportunity Research this shows that VAS pain level fast and effective assessment opportunity gives, especially from childbirth next in the period [6]. Thus together, functional tests – such as the Modified Oswestry Disability Index (MODI) or the Roland-Morris Disability Questionnaire (RMDQ) – to assess the patient's movement activity and life to the quality of pain how impact showing in evaluation help gives [7].

Scientists scientific research from cesarean section next the pain VAS in assessment and functional of tests combined without application further reliable diagnostic indicators to ensure For example , Lee and co-authors by take visited In the study , the patients' VAS scale according to pain indicator and MODI scale according to in motion restrictions between straight away dependency [8] Similar The results were reported by Wang et al. others also admit reached are , they are patients rehabilitation efficiency in evaluation this two of the method combination offer have reached [9].

With this together, many research from Caesarean section next back pain women physical activity, body condition storage culture, individual pain sensitivity level and psychological background with closely dependence emphasizing is coming [10]. So , this problem complex requires an approach .

This of the problem relevance is that women from birth then to the baby look, house their work to do, to do one's own health restoration such as many tasks to do Back pain and this to processes serious barrier to be possible. Therefore, cesarean section from cutting next back pain reduce or completely prevent to take for obstetrics of practice every one in the phase clinical to the protocols strict action to do, that is standardization process current to grow necessary will be.

Materials and methods . This research in Tashkent specialized childbirth in the complex take Research 90 people aged 22–42 years old woman patients participation They pregnancy during medical under observation was and cesarean section cutting to the operation directed. Patients random in a way two to the group split into:

- Group 1 (n=45) – normal obstetrics practice based on cesarean section cutting carried out;
- Group 2 (n=45) – standardized obstetrics protocols based on cesarean section cutting done .

Standardized approach the following own inside received :

1. Before the operation was preparation algorithm (psychological preparation , physiotherapy measures);
2. Anesthesia choice according to criteria (spinal vs. epidural approach);
3. Operation on time patient status anatomical point optimal selection in terms of ;
4. From the operation then early mobilization , breathing exercises , physiotherapy and special exercises .

Both in the group following criteria according to assessment held :

- VAS scale through the waist area pain level (on days 3, 7 and 14);
- Anesthesia type and duration ;
- Active to move return time (mobilization);
- The pain reducing medicines application deadline and frequency ;
- Patients subjective rating (5 -point Likert scale according to) .

Statistical analysis in SPSS 23.0 program take went . Average values \pm standard deviation as given , intergroup differences Student t- test and χ^2 test through was evaluated .

Results. Research results cesarean section from cutting next back pain decrease and rehabilitation process in acceleration standardized approach effective that showed . In group 2 (standard approach (pain) level on the VAS scale noticeable became low and mobilization deadline shrunk .

Table 1.

By VAS pain scores (mean \pm SD)

Evaluation day	Group 1	Group 2	p -value
Day 3	6.3 \pm 1.1	4.5 \pm 0.9	<0.01
Day 7	5.0 \pm 0.8	3.2 \pm 0.6	<0.01
Day 14	3.7 \pm 0.7	1.9 \pm 0.5	<0.001

Table 2.

Mobilization beginning and the pain treatment deadline

Indicator	Group 1	Group 2	p -value
Mobilization (per hour)	48.1 \pm 5.4	28.2 \pm 4.7	<0.001
Pain medicine application deadline	6.5 \pm 1.3 days	3.2 \pm 1.0 days	<0.001

Subjective assessment to the results According to , 86.7% of patients in group 2 responded to treatment complete satisfaction stated If , in group 1 this The indicator is 57.8% . organization reached .

Discussion . Retrieved results this shows that obstetrics in practice every one step standardization waist of pain weight in reduction important role plays . Operation process technician aspects standardization , patients psychological and physical preparation , anesthesia methods when choosing caution with approach , early mobilization encouragement – these all waist to the field falling stress to reduce service does .

Medicine in practice being used standard clinical recommendations based on obstetrics process take to go health storage in the system one diversity provides , errors and complications level reduces . This and not only patient health , maybe medical employees of activity quality to increase service does .

Also , pain VAS scale in assessment simplicity and efficiency because of his/her wide application the patient's status permanent monitoring to do opportunity gives . Subjective assessments through and rehabilitation individual approach of programs formation possible It will be.

Conclusion . Cesarean section from cutting next back pain prevent in receiving obstetrics of practice every one stage standardization clinical efficiency increases, the patient's early to recovery opportunity creates and the pain noticeable at the level reduces . Research results this shows that standardized protocols based on worker medicine team short within the period high good quality to the result achieves .

This approach not only the pain eliminate to do , maybe the patient's psycho-emotional status recovery , life quality increase and healthy motherhood to provide service Therefore , the country on a scale obstetrics services uniform standards for system current to grow necessity current to be remains .

In the future this on the subject national protocols formation , various health storage in institutions experience exchange and advanced clinical approaches implementation to do according to extensive affairs take to go necessary .

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