



ГРОМАДСЬКА ОРГАНІЗАЦІЯ «АСОЦІАЦІЯ АКУШЕРСЬКИХ АНЕСТЕЗІОЛОГІВ УКРАЇНИ»
НАЦІОНАЛЬНИЙ УНІВЕРСИТЕТ ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ ІМЕНІ П. Л. ШУПИКА



RESOLUTION

teleconference

«Childbirth with the Partner: Obstetrician-gynecologist and Anesthesiologist»

June 29, 2022
Kyiv, Ukraine

Almost 4000 health care specialists from Ukraine have registered to participate in the online-teleconference «Childbirth with the Partner: Obstetrician-gynecologist and Anesthesiologist».

Interdisciplinary format of the Teleconference was assured by involvement of speakers from different special fields, such as: obstetrician-gynecologists, anesthesiologists, and obstetric anesthesiologists.

Five reports were offered to the participants for review and discussion and they were dealing with the following issues:

- Partnership in decision-making on labor pain relief between pregnant woman, obstetrician-gynecologist and anesthesiologist.
- Pathogenesis of the effect of labor pain on the labor process.
- Prenatal preparation of pregnant woman for childbirth.
- Possibilities of epidural anesthesia without motor block.

Conclusions and decisions based on discussion of reports:

1. There are no circumstances in which a woman should be in severe pain while under medical supervision. A woman's desire to reduce labor pain is already a strong indication for medicinal anesthesia.
2. Labor pain affects the course of childbirth, the condition of the mother and the fetus. Increased release of epinephrine and norepinephrine catecholamines leads to incoordination of uterine contractions and constriction of uterine and placental vessels, resulting in hypoxia and fetal acidosis.
3. The obstetrician-gynecologist and anesthesiologist should provide the pregnant woman with full information on all possible methods of anesthesia during childbirth, their possible side effects and complications, including epidural analgesia, preferably in the antenatal period.
4. The decision on anesthesia should be made jointly by the obstetrician-gynecologist and anesthesiologist.
5. It is recommended to start epidural analgesia in the latent stage I of the childbirth period (when opening of the cervix uteri is less than 5 cm). Continued administration of anesthetic until the end of labor provides adequate analgesia for manipulation or operations in the III period of labor.

6. When choosing a drug for the labor pain relief it is necessary to consider carefully its pharmacokinetic and pharmacodynamic features, safety and toxicity profile, rate of onset and duration of action, as well as the pharmaco-economic component of the treatment.
7. The choice of ropivacaine for epidural anesthesia of labor pain is determined by its pharmacological properties, which meet the following conditions: safety for mother and fetus; adequate analgesia with minimal motor block; no effect on the power of labor; no systemic toxicity.
8. Ropistesia is an epidural anesthesia using ropivacaine hydrochloride to reduce pain during childbirth while maintaining labor activity through differentiated sensomotor block.

**Президент ОО «Ассоциация акушерских
анестезиологов Украины», д.мед.н.,
профессор**



Р.А. Ткаченко