Obstetrician-gynaecologist (OB/GYN) in Russia today

V.V. Sokol
Scientific director – I.V. Belokoneva
Voronezh N.N. Burdenko State Medical University

'The wisdom of this work is as old as time'
Christian Northrup, MD

Obstetrics is one of the oldest field in medical profession. Obstetric care was provided by midwives in Russia. Nevertheless, this profession holds sway. It is very important to develop this area of medicine because obstetrician-gynaecologists helps new life to be birth.

Nowadays the profession of obstetrician is different from Ob/Gyn. Obstetrician presents only at the birth, while Ob/Gyn is a specialist who deals with problems of conception, maternity and pueral period.

Today this speciality has achieved a lot of progress. There are clinical obstetrics and physiological obstetrics. The clinical obstetrics describes the pregnancy as a condition which is dangerous for women. Physiological obstetrics describes the pregnancy as a normal biological process. This specialist must have graduate medical education and be a person of high moral character (humanism, compassion, medical judgment) [2].

The job is materialized by maternity hospitals, womens' consultation clinic and etc. The doctor consults future mothers, watches the condition of women. Moreover, he takes part in a childbearing. If there are some diseases, Ob/Gyn prescribes an essential treatment. It can be medical conditions such as cysts, infections, tumors or even infertility. Besides, the specialists can examine women. For example, there are immunoassay, analyses for revealing infectious disease and examination of endocrine system.

This specialist faces with a lot of difficulties. It can be premature labour. Premature labour is a labour that happens before the 37th week of pregnancy. About 8 out of 100 babies will be born prematurely. The doctor will offer checks, tests and monitoring (vaginal examination, blood tests, urine tests and cardiotocography to record contractions and the baby's heartbeat) [1].

But in some cases, pre-term labour is planned and induced, because it's safer for the baby to be born sooner rather than later. This could be because of a health condition in the mother, such as pre-eclampsia, or in the baby.

The doctor may offer medicine to try to slow down or stop labour (tocolysis) and corticosteroid injections, which can help baby's lungs.

Corticosteroid injections can help baby's lungs get ready for breathing if they're born prematurely. There are two injections, given 12 hours apart.

If a woman is between 24 and 29 weeks pregnant she should be offered magnesium sulphate. This can help to protect the development of baby's brain. She may also be offered it if she is in labour between 30 and 34 weeks to protect baby against problems linked to being born too soon, such as cerebral palsy.

Additionally, there are risks to women's babies of being born early.

Babies born before full term (before 37 weeks) are vulnerable to problems associated with being born premature. The earlier in the pregnancy a baby is born, the more vulnerable they are.

Babies are considered 'viable' at 24 weeks of pregnancy – this means it's possible for them to survive being born at this stage.

Babies born early need special care in a hospital with specialist facilities for premature babies. This is called a neonatal unit. They may have health and development problems because they haven't fully developed in the womb.

The other problem in the profession of the doctor is a disease which is revealed after birth. Jaundice in newborn babies is common because their livers aren't fully developed. Jaundice will make their skin and the whites of their eyes look a bit yellow.

Babies with severe jaundice may be treated with light therapy (phototherapy). The baby is undressed and put under a very bright light, usually with soft eye pads or a special box over their head to protect their eyes. The special light helps break down the chemical that causes jaundice. Light treatment may continue for several days, with breaks for feeds, before the jaundice
clears up. Sometimes, if the jaundice gets worse, baby may need a blood transfusion [1]. Some babies have jaundice because of liver disease and need different treatment. A blood test that checks for liver disease is done before phototherapy is started.

Many babies are jaundiced for up to 2 weeks after they're born, or 3 weeks in premature babies. It's more common in breastfed babies and does no harm. It's not a reason to stop breastfeeding. It's important to see the doctor within a day or two if baby is still jaundiced after 2 weeks. This can indicate a liver problem. A blood test will distinguish between jaundice that'll go away by itself, or jaundice that may need urgent treatment [1].

The next is a caesarean section, or C-section. It is an operation to deliver baby through a cut made in your tummy and womb. The cut is usually made across tummy, just below bikini line. A caesarean is a major operation that carries a number of risks, so it's usually only done if it's the safest option for woman and her baby.

A caesarean may be recommended as a planned (elective) procedure or done in an emergency if it's thought a vaginal birth is too risky.

Planned caesareans aren't usually done before the 39th week of pregnancy.

A caesarean may be carried out because of many reasons. There are some of them:

-baby is in the breech position (feet first) and your doctor has been unable to turn them by applying gentle pressure to your tummy, or you would prefer they didn't try this;
-women have a low-lying placenta (placenta praevia);
-women have pregnancy-related high blood pressure (pre-eclampsia);
-women have certain infections, such as a first genital herpes infection occurring late in pregnancy or untreated HIV;
-baby isn't getting enough oxygen and nutrients – sometimes this may mean the baby needs to be delivered immediately;

-labour isn't progressing or there's excessive vaginal bleeding

Most caesareans are carried out under spinal or epidural anaesthetic.

During the procedure:

-a screen is placed across the body so f person can't see what's being done – the doctors and nurses will let him know what's happening;
-a cut about 10-20cm long will usually be made across his lower tummy and womb so baby can be delivered;

-there are some tugging and pulling during the procedure;

-woman and her birth partner will be able to see and hold their baby as soon as they've been delivered

The whole operation normally takes about 40-50 minutes.

Occasionally a general anaesthetic, where you're asleep, may be used, particularly if the baby needs to be delivered more quickly.

But this procedure can be risky for women. It's important to be aware of the possible complications, particularly if you're considering having a caesarean for non-medical reasons.

Possible complications include:

-infection of the wound or womb lining;

-blood clots;

-excessive bleeding;

-damage to nearby areas, such as the bladder or the tubes that connect the kidneys and bladder (ureter);

-temporary breathing difficulties in baby;

-accidentally cutting baby when your womb is opened

To sum it up, the profession of obstetrician-gynaecologist is very important because it helps women to take care of their health and bear children. These doctors are responsible for women’s and babies' health.

Список литературы:

1. Официальный сайт NHS [Internet-resource] https://www.nhs.uk/ (Date: 12.11.2018).