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REASONS FOR PROLONGED LABOR

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Abstract*. Prolonged labour, also known as failure to progress, occurs when labor lasts for approximately 20 hours or more if you are a first-time mother, and 14 hours or more if you have previously given birth. Prolonged labour is one of the major causes of maternal death, and it is associated with poor child survival in developing countries. So that we prepared a topic about factors contributing a prolonged labour among pregnant women. The aim of this studying wasto determine factors contributing to prolonged labour among pregnant women and also, to understand how it affects their lives, while identifying current accidents and gaps. A descriptive survey was chosen as it provides an accurate representation and characteristics of the prolonged labour among pregnant women [3,4].*

Key words: *Prolonged labour, pregnant women, factors, retrospective data.*

ПРИЧИНЫ ЗАТЯЖНЫХ РОДОВ

Аннотация. *Затяжные роды, также известные как отсутствие прогресса, происходят, когда роды длятся около 20 часов или более, если вы впервые рожаете, и 14 часов или более, если вы уже рожали. Затяжные роды являются одной из основных причин материнской смертности и связаны с плохой выживаемостью детей в развивающихся странах. Поэтому мы подготовили тему о факторах, способствующих затяжным родам среди беременных женщин. Целью этого исследования было определить факторы, способствующие затяжным родам среди беременных женщин, а также понять, как это влияет на их жизнь, одновременно выявляя текущие несчастные случаи и пробелы. Было выбрано описательное исследование, поскольку оно дает точное представление и характеристики затяжных родов среди беременных женщин [3,4].*

Ключевые слова: *Затяжные роды, беременные женщины, факторы, ретроспективные данные.*

The study will assess the factors related to health condition contributing to prolonged labour among pregnant women, (Anemia) the second objective was to find out factors related to

the maternal condition (BMI), contributing to prolonged labour among pregnant women, to describe factors related to fetal condition contributing prolonged labour among pregnant women.

The study also will assess the Demographic characteristics (Age, Marital status, Education and Occupation). The target population for this study was 90 mothers who have prolonged labour attended to the maternity ward [1,2]. The sample size of the study was involved 73 respondents of the target population. The study shows that the Majority percentage 71% of the respondents reported yes of pre-existing health conditions, 73% percentage of the respondents said the diagnosed with malnutrition as a risk for pregnant women, Among the participants, 67% reported diagnosed with dehydration during their current pregnancy. According to various data, STD complicates the course of 8 to 20% of births and is the leading cause of surgical intervention in the second period of labor, which often leads to the development of severe complications in both mother and fetus [6]. The need to limit the length of the second period of labor is traditionally explained by an increase in complications such as injuries to the birth canal, uterus, postpartum endometritis, postpartum bleeding, fistulas, increased frequency of surgical interventions, as well as asphyxia and trauma to the newborn [7, 8]. The number of studies devoted to the search for risk factors for prolonged labor is limited. This is fully explained by the complexity of interpreting the data obtained and their extremely low predictive value.

Methods. An interviewer-administered structured questionnaire was used to collect data from all households in which a prolonged labour had occurred and other related persons. This study was a descriptive cross-sectional study design for quantitative methods of data collection.

This means to investigate population by selecting samples to analyze it and the information was obtained at the same time on a particular point in time. It was used to collect retrospective data from prolonged labour. The target population of this study was prolonged labour come to the Galkayo south hospital during last year the target population for this study was 90 mothers who have prolonged labour attending to the maternity ward, The total number of prolonged labour, the sample size of the study was involved of 73 respondents of the target population. All respondents were assumed to have vital information on the subject matter of the research. Respondents who were willing to participate were approached.

Results The majority of the respondents were between the ages less than 20 which corresponds to respondents (47%) of the total sample. The vast majority of the respondents representing (62 %) of the total sample were divorced accounting for (48%) no formal education; the majority of the respondents, Among the participants, the Majority (71%) percentage of the

respondents reported yes of pre-existing health conditions, The majority of respondents, comprising (73%) percentage yes of the diagnosed with malnutrition as a risk for pregnant women, Among the participants, (67%) reported diagnosed with dehydration during their current pregnancy. The majority of respondents, which (75%) reported previous anemia during your current pregnancy, Among the participants (65%) reported that their first pregnancy, the majority percentage of respondents (73%) of the respondents 3 www.iqresearchjournal.com reported not receiving prenatal care. the highest number which was the respondents, (75%) reported no experience pelvic Tumor that cause no educational. The majority (79%) reported not experienced cephalopelvic disproportion before this pregnancy, The majority, (63%) reported not assess the fetal size in this pregnancy, Among the participants, (79%) reported had not diagnosed with big baby, The majority (67%) respondents reported was not evaluated malpresentation of the fetus.

Discussion Prolonged labour is an important cause of maternal and perinatal mortality and morbidity. Common underlying causes include inefficient uterine contractions, abnormal fetal presentation or position, inadequate bony pelvis or soft tissue abnormalities of the mother.

Identifying the exact cause of slowly progressing labour in clinical practice can be challenging. Thus, “failure of labour to progress” has become one of the leading indications for primary caesarean section, particularly in first-time mothers. There is growing concern that caesarean section is performed too soon in many cases, without exploring less invasive interventions that could lead to vaginal birth.

Conclusion The study of factors contributing to prolonged labor among pregnant women reveals several critical insights that can inform healthcare practices and policies. The findings underscore the complexity of prolonged labor, influenced by a combination of medical, cultural, and socioeconomic factors.

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