

FCP87**A CALITATIVE STUDY ABOUT EXPERIENCES OF WOMEN IN INTRAPARTUM PERIOD**

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Labor is one of the most important life experience that women and her family look forward during pregnancy. It is remembered with all details being memorized with its physical, emotional and spiritual aspects in women's memory.

Perinatal women focused not only on a safe delivery, but also on experiencing a positive and satisfying delivery process. Although perception of delivery varies one person to another, a positive delivery experience is helpful in conducting successful and strong family relationship.

It is very important for nursing practice to know cultural and spiritual meaning for woman. Nurses learn first about labor by textbooks. When nurse researcher actively solicits women's views, they have more comprehensive knowledge understanding of labor process.

To provide nursing care during labor, it is necessary to understand the factors affecting labor progress, this factors powers, passageways and passenger(s).

To descriptive study was conducted to determine factors that effect labour experiences of women and developed a nursing care plan that will help them to have a better labour process.

The study was made on April in Zeynep Kamil Women's and Child Hospital, in İstanbul, and performed 30 primipara women who had a labour experience in those days and accepted to participate in to his sturdy. The researcher conducted in depth interviews using a convenience sample of women.

It was determined that manage of sampling group (n:30) included in the study was $X:21.04 \pm 3.06$, 50 %of them primary school graduated, 86.7% of them housewife. Women describes thinking about labourroom like this word "pains of childbirth, ache". We ask them "What did you to do after almost delivery?" We found, 50%of them wanted to touch/see their baby, 23.3% of them wanted to see their husband / family, 20% of them wanted to eat/drink.

FCP88**POST PARTUM WOMEN'S LEARNED RESOURCEFULNESS**

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Objective: Labour is one of the most important life experience that causes stress in women. Anxiety, uncertainty, loss of control, self confidence, patterns of coping, support systems, fatigue, optimism, fatalism, and aloneness are some of the psychosocial factors to consider when caring for a women in labour.

Learned Resourcefulness it is important that coping with post partum stress. Learned resourcefulness refers to a set of well-learned behaviors and skills by individuals self regulate or control their behavior. It is seen as a personality repertoire that includes mainly three functions for example, regressive self control helps the individual to regulate internal response, such as pain, emotions, and cognition that interfere with the smooth execution of an ongoing task. Reformative self control enables individuals to change their current behavior in the hope of achieving a greater reward in the future by using planning skills, problem-solving strategies, and the delay of immediate gratification. Experiential self-control enables individuals to experience and enjoy unknown and pleasurable activities to the fullest. This descriptive study was conducted to establish that labour experiences of women Learned resourcefulness.

Material - Methods: The study was between 1 February 2002- 31 May 2002 in Zeynep Kamil Women's and Child Hospital, in İstanbul. Sample consist of 226 women who had a labour experience in those days and accepted participate in to this study. That were asked to fill 36 item Rosenbaum Learned Resourcefulness Scale that translate and made validity and reliability study by Siva (1991), and a questionnaire that was developed by resources in the postpartum first three days. Rosenbaum Learned Resourcefulness covers a) the use of cognition and self instruction to cope with emotional and physiological responses b) application of problem-solving strategies c) ability to delay immediate gratification and d) a general belief in one's ability to self regulate internal events.

Results: It was determined that mean age of sampling group (n=226) included in the study was 25.36 ± 4 .

86 years, number of pregnancy 2.46 ± 1.89 , time of married 65.75 ± 55.16 month. Average Rosenbaum Learned Resourcefulness scale scores were 121.64 ± 17.33 on first three days in postpartum. In this scale is possible scores range from 36-180.

FCP89

THE EFFECT OF MINIDOSE BUPIVACAINE-FENTANYL SPINAL ANESTHESIA ON NAUSEA AND VOMITING IN CESAREAN SECTION

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Objective: Spinal anesthesia for cesarean section is associated with high incidence of nausea and vomiting. The synergism between intrathecal opioids and local anesthetics may make it possible to achieve reliable spinal anesthesia with minimal side effects.

Methods: 40 patients aged 17-35 which underwent cesarean section randomized into two groups. Half of them in group A received spinal anesthesia with Bupivacaine 6 miligram + Fentanyl 10 microgram and group b received only 12 miligram Bupivacaine. Hypotension was defined as a systolic pressure of less than 90 mmHg or 25% decrease in mean arterial pressure from baseline.

Results: All patients except one in group a had satisfactory anesthesia. The mean ratio of lowest systolic pressure to baseline systolic pressure was 0.75 for group A and 0.65 for group B. Nausea and vomiting was observed in 10% of group A and 20% of group B ($P < 0.05$).

Conclusion: Minidose Bupivacaine-Fentanyl provides good spinal anesthesia for cesarean section with less hypotension, nausea and vomiting.

FCP90

THE ASSOCIATION BETWEEN INDUCED ABORTION AND LOW BIRTHWEIGHT IN THE FOLLOWING PREGNANCY

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Objective: Our purpose was to examine whether first trimester induced abortion increases the risk of low birthweight in subsequent singleton live births.

Methods: We studied all the women that gave birth in our department between July 1996 and June 2002, and we divided them in three groups: Group A consisted of 496 women that had at least one induced abortion before the live birth delivery, Group B consisted of 239 women that had at least one spontaneous abortion before the live birth delivery and Group C consisted of 682 women that had never had an abortion before the live birth delivery. All the women of the study gave birth after the 259th day of pregnancy (using both LMP date and ultrasound estimation before the 56th day of pregnancy).

Results: In Group A low birthweight (LBW, < 2500 gr.) was found in 7,25% of term pregnancies [6% in first pregnancy (17), 8,3% in second pregnancy(16), 13,6% in third pregnancy(3)]. In Group B LBW was found in 5% of term pregnancies [3,7% in first pregnancy (4), 5,7% in second pregnancy (6), 7,1% in third pregnancy (2)]. In Group C LBW was found in 4,1% of term pregnancies [3,03% in first pregnancy (10), 4,96% in second pregnancy (14), 5,63% in third pregnancy (4)].

Conclusion: Our findings suggest that there is a possible relation between induced abortion and low birthweight in the subsequent singleton live births, but it is not statistically significant. Parity seems to be an independent factor for low birthweight.