



Aqoonta Bukaanka

Kliinikada Daryeelka Hooyada iyo Dhalaanka



Dadajinta Foosha

In laguugu kaalmeeyo in aad fahamtid hawsha

Qoraalkaan wuxuu sharaxaa dadajinta foosha. Wuxuu ku soo celiyaa waxa adiga iyo bixiyahaada daryeelka caafimaadka aad ka wada hadasheen.

Haddii aad qabtid su'aalo, fadlan weydii bixiyeyaashaada in ay kuu sharaxaan waxa aadan fahmin.

Maxay tahay foosha la dadajiyo?

Dadajinta foosha waa hawsha fududeyso bilowga foosha. Waqtiga dadajinta foosha, dawooyinka aad qaadatid ama hawlaha la sameeyo waxay kugu kaalmeyn doonaan bilowga jareeska.

Waxaa jira asbaab badan oo loo sameeyo dadajinta foosha, sida:

- Marka aad dhaaftid taariikhda aad foolan lahayd.
- Marka aad qabtid xaalad caafimaad sida sokorowga ama dhiig kar sare oo laga yaabo in ay halis geliyaan cunugaada.
- Marka cunugaada lagu sheego in uu ku dhalan doono cilad.
- Marka loo maleeyo in uu yar yahay cunugaada (caruurtaada).
- Marka qiyaasta xabka la socdo cunugga yar yahay.
- Marka baaritaanka soo jeediyo in cunugaada uu haliska kaga jiro in uu ku dhinto uurka.

Asbaabta qaar waa ka degdegan yahiin kuwa kale. Badanaa dadajinta foosha looma sameeyo si loogu daneysto ama dhibaato awgeed.

Sidee loo sameeyaa hawshaf?

1. Haddii qeybta hoose makaanka xeran tahay ayna buuran tahay, waxaa loo baahan yahay in laga qabto hawl si loo jilciyo loona bilaabo furitaanka makaanka (waxaa kaloo lagu magacaabaa *bisleysiin*). Badanaa, hawshaan waxaa la qabtaa maalinta ka horeyso dadajinta. Waxaa jira dhowr habab oo loo isticmaalo bisleynta makaanka. Mar mar, waxaa la isticmaalaa dawooyin ama tubada katheeterka ee la geliyo makaanka. Adiga iyo bixiyahaada ayaa go'aan ka gaari doono habka loo baahan yahay in la isticmaalo. Dawooyinka aan badanaa isticmaalno waa Cervidil iyo Misoprostol. Dawooyinkaan waxaa la geliyaa siilka.
2. Haddii makaanka furan yahay, takhtarkaada wuxuu bilaabi doonaa dadajinta marka uu jebiyo ilmo galeenka.

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Su'aalo?

Su'aalahaada waa muhiim. Wac takhtarkaaga ama bixiyahaaga daryeelka caafimaadka haddaad su'aalo ama tabasho hayso. Waxaa kaloo kaalmo laga heli karaa shaqaalaha UWMC.

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206-598-4616

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Daryeelka Dhalaanka:
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3. Kaddib marka la jilciyo makaanka, ama la bisleeyo, badanaa dadajinta foosha waxaa lagu sameyaa daawo lagu magacaabo *oxytocin* (caadi ahaan, hormoon uu soo saaro jirkaada si uu u kiciyo foosha). Waxaa kaloo loo yaqaan Pitocin. Daawadaan waxaa laga siiyaa xididka dhiigga ku soo celiyo wadnaha, badanaa muddo dhowr saac. Haddii bixiyahaada ku talo jiro in uu isticmaalo daawo ka duwan, wuu kaala hadli doonaa marka hore.
4. Inta aad ka qaadanaysid daawada, waxaan adeegsan doonaa qalab elataroonig ah oo lagu fiiriyo qadarka garaaca wadnaha cunugaada iyo jareyskaada.
5. Muddada foosha waxay qeyb ahaan ku xeran tahay inta uu furan yahay ama "bisil" yahay makaanka marka aad bilowdid in aad foolatid. Inta badan, marka uu si wanaagsna u furan yahay, waxaa soo degdegga foosha. Sidoo kale, haddii aad horay u dhashay, dhakhso ayay kaaga imaan doontaa foosha.

Maxay yahiin halista suurtoogalka ah iyo dhibatooyinka lala kulmi karo?

Ka hor inta aadan ogolaanin dadajinta foosha, waa in aad fahamtid halista lala kulmi karo. Inta hawsha socoto, waxaa la qaadaa talabooyin lagu yareeyo in lala kulmo dhibaato, hase ahaatee suurtoogal ma aha in si dhamaystiran loo af jaro halista dhibaataada.

Si fiican ayaa loo yaqaan halista halkaan ku qoran, hase ahaatee waxaa jiri kara halis aan ku jirin liiska kuwasoo takhatiirtaada aysan saadalin karin.

- Waxaa dhici karta in loo baahdo qaliinka lagu magacaabo "Cesarean", khaas ahaan hooyooyinka marka kowaad dhala. Hooyooyinka, halista qaliinka waxay badan tahay marka la dadajiyo foosha.
- Waxaa dhici karta in foosha kugu dheeraato, taasoo kor u qaadi karta in loo baahdo in la soo jiido cunugga ama in lagu soo qabto shay ("forceps").
- Waxaa dhici karta in aad waxyeelo kala kulantid daawada. Tusaale ahaan, waxaa dhici karto in aad isku aragtid jareeys aad isugu dhaw. Tan waxay saameyn kartaa qadarka garaaca wadnaha cunugga. Waxaa la isticmaali doonaa qalabka lagula socdo uur jiifka si loo fiiriyo qadarka garaaca wadnaha cunugga inta dadajinta foosha socoto.

Haddii aad qabtid su'aalo ku saabsan dadajinta foosha ama halisteeda, fa'iidada, ama talooyinka kale ee kuu banaan, weydii bixiyahaada ka hor inta aadan ogolaanin hawsha.

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1959 N.E. Pacific St. Seattle, WA 98195



Labor Induction

Helping you understand your procedure

This handout describes labor induction. It repeats what you and your health care providers have talked about.

If you have questions, please ask your providers to explain anything you do not understand.

What is labor induction?

Labor induction is the procedure to make labor begin. During labor induction, medicine you receive or procedures that are done will help your contractions start.

Labor induction is done for many reasons, such as:

- You are past your due date.
- You have a medical condition such as diabetes or high blood pressure that may put your baby at risk.
- Your baby has a birth defect.
- Your baby (or babies) may be small.
- The amount of your amniotic fluid is low.
- Testing suggests your baby is at risk of stillbirth.

Some reasons are more urgent than others. Labor induction is not usually done only for convenience or because of discomfort.

How is the procedure done?

1. If your cervix is closed and thick, you may have a procedure to soften and begin to dilate your cervix (also called *ripening*). Often, this is done a day before the induction. There are several methods used to ripen the cervix. Sometimes, medicines or a catheter inserted into your cervix are used. You and your provider will decide which method, if any, to use. The medicines we usually use are Cervidil and Misoprostol. These medicines are inserted into the vagina.
2. If your cervix is already dilated, your doctor may start your induction by breaking your bag of waters.

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Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC staff are also available to help.

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3. After your cervix is softened, or ripened, labor induction is usually done with a medicine called *oxytocin* (a hormone that your body naturally produces to stimulate labor). It is also known as Pitocin. This medicine is given through a vein, usually for several hours. If your provider plans to use a different medicine they will talk with you about it first.
4. While you are getting the medicine, we will check your baby's heart rate and your contractions with an electronic fetal monitor.
5. The length of labor depends partly on how dilated, or "ripe," your cervix is when you start labor. Most times, the more dilated you are, the quicker your labor will be. Also, if you have already given birth, labor may be faster for you.

What are the possible risks and complications?

Before agreeing to labor induction, you should understand the risks involved. Steps are taken during the procedure to lower the chances of having a complication, but it is not possible to completely eliminate the risk of complication.

The risks listed here are well-known, but there may also be risks not on this list that your doctors cannot predict.

- There is a chance of Cesarean section delivery, especially for first-time mothers. For these mothers, the risk of having a Cesarean section is greater with labor induction.
- There is a chance you will have a longer labor, which may lead to a higher chance of delivery with a vacuum or forceps.
- You may have side effects from the medicine. For example, you might have contractions that are too close together. This could affect the baby's heart rate. A fetal monitor will be used to check your baby's heart rate during labor induction.

If you have any questions about labor induction or its risks, benefits, or alternatives, ask your provider before consenting to the procedure.

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