

عنوان مقاله:

Tocolytics in Reduction of Incidence of Spontaneous Preterm Births

محل انتشار:

سومین کنگره بین المللی چالش های بالینی در مامائی، زنان و نازائی (سال: 1398)

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نویسندگان:

Somayeh Falah - *MSC of Midwifery Faculty Member of Nursing and Midwifery School, Qazvin University of Medical Science, Qazvin, Iran*

Masoumeh Dadashaliha - *Assistant professor of Obstetrics and Gynecology, Department of Obstetrics and Gynecology, school of Medicine, Qazvin university of Medical Sciences , Qazvin, Iran*

خلاصه مقاله:

Background and Aim : Globally, about 15 million pregnancies each year end in preterm birth, before the 37th week of gestation, which is a major cause of morbidity and mortality in children. Various interventions have been attempted to reduce the risk of preterm birth in women at increased risk, including tocolytic, progesterone, cervical cerclage, and cervical pessary. Methods : We searched Medline, EMBASE, CINAHL, Cochrane Central Register of Controlled Trials, and ISI Web of Science up to 2019 and screened the outcome s abstract of systematic reviews and included studies of tocolytic, Beta-agonists, calcium channel blockers, oxytocin receptor antagonists, prostaglandin synthetase inhibitors. Results : The evidence to support the use of magnesium sulfate or nitric oxide donors as a tocolytic is poor. Compared to placebo or no treatment, there is evidence to support the efficacy of calcium channel blockers (mainly nifedipine), prostaglandin synthetase inhibitors (mainly indomethacin and sulindac), oxytocin receptor antagonists (mainly atosiban) and 2-agonists (mainly ritodrine, terbutaline, salbutamol and fenoterol). Maternal safety concerns have reduced the use of 2-agonists. Fetal safety and gestational age restrictions have largely condemned prostaglandin synthetase inhibitors to second-line therapy. First-line therapy in Europe and other parts of the world outside the USA and Australia is limited to calcium channel blockers and oxytocin receptor antagonists. With respect to efficacy, atosiban and nifedipine are similar, but the robustness of the evidence favours atosiban. With respect to safety, atosiban is clearly the safest tocolytic as there are fetomaternal concerns with nifedipine, particularly in high daily doses. Conclusion : Efforts continue to develop and introduce other or better agents, including novel compounds such as progesterone, PGF2 α antagonists and statins.

کلمات کلیدی:

Beta-agonists, calcium channel blockers, oxytocin receptor antagonists, tocolytics, preterm labour

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