



Women's Health

Obstetrics & Gynaecology



Dr Sujit Chatterjee
Chief Executive Officer

INTRODUCTION

Our country's greatest asset today is the Indian woman.

To quote Hon'ble Minister, Mrs. Renuka Choudhary – "When God made the world and carved India, He left all the essentials to woman – Knowledge to Saraswati, Finance and Money matters to Lakshmi, Defence to Durga". Thus it is only a logical extension that this hospital also considers that the pivot of any family is the woman.

Childbirth is the most momentous event in a woman's life. To ensure that she enjoys every moment, we created the first birthing suites Labour - Delivery - Recovery - Puerperium (LDRP) rooms in this city. It was a runaway success and we today are woefully short of space as all the ladies want to experience the sheer comfort, warmth and loving care that the hospital provides. Delivery at the hospital is a painless, tearless, blissful experience.

Amongst plenty, there is great sorrow especially of the childless couple. Being sensitive to such a problem, we also have a remarkable Centre for Human Reproduction that caters to every form of assisted reproduction. Having started small, the department is making waves and moving on from strength to strength.

The department is now looking at initiatives in the realm of foetal medicine and how this can be propagated in early prenatal diagnosis to inform error and methods of correcting them. It is my pleasure writing this introduction, as I feel, no tribute can be too great for the Indian woman as she is our greatest asset!

Dr L H Hiranandani Hospital

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LDRP Suites: Revolutionizing Child-birth

Dr Anita Soni, Consultant Obstetrics and Gynaecologist

The birth of a child is one of life's greatest and most memorable events. Nevertheless, the traditional birth-rooms were noisy with the husband being only a silent bystander and not a part of the labour and delivery process as the wife went through the tedious pains of labour. It is time for a change in this antiquated system of childbirth.

The philosophy in the management of labour today is family-centered maternity care that "the mother, the father and the baby belong together". This has been conceptualized in the form of LDRP suite rooms at Dr L H Hiranandani Hospital. The LDRP obviates the conventional multi-transfer system as the suite rooms are designed to accommodate the entire process of Labour, Delivery, Recovery and Postpartum with an attractive ambience for a 'home-out-of-home' feel. The bathtub in the LDRP is used for hydrotherapy, which helps to nip the pain during active labour. For those who opt for epidural analgesia the facility is available in the same room.

We believe that the father is an integral part of the family unit and should be allowed to provide the physical and emotional support to the process. The LDRP provides an ideal setting for a comfortable, affordable, painless and memorable delivery.



It has been observed that **38%** of all families have their first encounter with hospitals through the Obstetrics department.

Antenatal Classes

Dr Archana N Bondge, Consultant Physiotherapist



Dr L H Hiranandani Hospital conducts a well-structured balanced Antenatal class for pregnant women with their spouse. This includes exercise sessions by physiotherapist such as:

- Balance and conditioning exercise for strength and endurance
- Birthing position
- Lamaze programme
- Breathing and relaxation skills
- Labour Rehearsal
- Breast care
- Postural awareness
- Jacobson's relaxation
- Pelvic floor stretching & strengthening exercise
- Abdominal strengthening exercise

Benefits of Antenatal classes

- Knowledge about pregnancy and childbirth
- Pain management skills
- Opportunity to share concerns of common physical discomfort
- Motivation to practice exercise
- More satisfying birth experience

Painless Childbirth

Dr Sameer L Pradhan, Consultant Anaesthesiologist



BEFORE



Labouring mother before Epidural Analgesia

AFTER



Smile says it all - after Epidural Analgesia

Perception of Labour Pain

The process of labour has been portrayed as a painful, life-threatening and fearsome event since the earliest recorded history and has held that status until the last century. When the anaesthetic effects of ether and chloroform were discovered in the mid 1800's, many members of the British clergy argued that this human intervention in the miracle of birth was sin against the will of God. Queen Victoria undaunted by the clergy chose one day to use an anaesthetic during labour and the clergy's position crumpled. A change in public attitude in favour of obstetric anaesthesia marked the culmination of a more general change in social attitudes that had been developing over several centuries. Anaesthetics were subsequently used increasingly for labour pain, and the concurrent drop in mortality and morbidity in both mother and infant were attributed, in part at least, to the absence of pain which permitted the obstetrician to work unhindered in difficult labours. Unrelenting hard work and dedication from several researchers, physicians, pharmaceutical organizations, and medical societies in the last century have resulted in making obstetric anaesthesia provide a safe alternative to pregnant women seeking pain-free childbirth, and making their birthing experience a pleasurable memory to be cherished for a long time.

Mechanism of Pain:

When the uterus contracts during labour, the pain signal travels from the uterus via the nerves in the spine to the brain producing discomfort. Each woman's labour is unique as the amount of pain that is experienced by the patient is dependent on many different factors, which include the size of the baby, the position of the baby, the dimensions of the pelvis, the strength of the contractions, patient's previous experience and expectations and many issues which are not yet understood. Therefore, it is hard to predict how much pain patient will have until she goes through labour. Some women have tolerable, controllable levels of pain, while others may benefit from some form of pain relief. Many non-medical techniques exist that can help the pain during labour, including breathing and relaxation techniques, warm-showers, massage, supportive nursing care, position changes (standing, sitting, walking, rocking), and using a labour-ball to name a few. A birthing educator can help patient with more information. However, for some women, these measures may not be enough.

Methods of Pain Relief:

A. Systemic Medication

These pain-relieving medications are injected into the bloodstream to alleviate but not eliminate pain during labour. Opioids are the most effective medications and have a long history of use in obstetrics for the relief of the labour and delivery pain. They do not normally provide complete analgesia. The amount of

pain relief from these medications does vary, but they can take the "edge" off the pain and make labour more tolerable. A major disadvantage of such medications is that they make patient drowsy and sleepy. In addition, there may be other side effects that include nausea, vomiting, decreased respirations, itching, constipation and urinary retention. If patient is planning to breast feed, the initial efforts may be difficult. Another side effect of narcotics is because they can cross the placenta and enter the baby's circulation, thus the baby may also show some effects. The baby has the ability to metabolize the medications, but it does so more slowly than the mother. The chance of seeing an effect of mother's medication in the baby may be dependent on the dosing of medication in relation to the time of birth. If the baby has adequate time to break down the medication, only a minimal effect may be seen. Most practitioners feel that it is safe for the baby when narcotics are given to mother to relieve labour pain.

B. Regional Anaesthesia

Epidural anaesthesia is a process by which an anaesthetic is delivered by injection near the lower spine. It numbs the body below the injection, allowing woman to remain alert but more comfortable during contractions of childbirth. Epidural and spinal anaesthesia are called 'regional anaesthetics' because they anaesthetise one specific region of the body. These are popular for childbirth because the pain relief is excellent and very little medication reaches the baby.

The medications block the nerves that carry sensations of pain from the uterus and cervix to the spinal cord and brain. This method allows the patient to be awake and alert, yet relatively free of pain. The regional analgesia techniques give optimum pain relief with least depressant effect on the mother and the baby. If the need arises of a cesarean section during labour, the same epidural which is used for painless delivery can be extended to give anaesthesia. Since it gives pain relief without paralyzing the legs, the "push ability" of the patient is always maintained during labour. The epidural can be given anytime during labor by trained anaesthesiologist. It is usually a five-minute painless procedure. The epidural as such does not affect the course of the normal labour but because of the lowering of maternal stress hormones it may speed up the cervical dilatation. Ether, which was used in earlier days for painless labour is now obsolete as better options with fewer side effects are now available. The incidence of complications with epidural is very low. It includes nausea, vomiting, soreness at epidural puncture site, mild backache or headache and very rarely epidural abscess.

When the question of motherhood arises, the term 'misery' comes along with it, whereas fatherhood consists only of pleasure. The mothers have only to sacrifice and have to forget their sufferings for the sake of motherhood even if safe alternatives are available.

Some comments of the patients who underwent Epidural Analgesia at Dr L H Hiranandani Hospital

- Epidural Analgesia has prevented my C-section which otherwise I would have opted for because of severe pain during labour.
- If science has advanced, we should utilize it especially when it does not have any side effects.
- I was giggling and laughing during my entire labour process.
- I would recommend every one to opt for Epidural Analgesia as it is absolutely safe.

The American College of Obstetric and Gynaecology endorsed the use of anaesthetics during labour "Labour results in severe pain for many women. There is no other circumstance where it is considered acceptable for a person to experience severe pain, amenable to safe intervention, while under a physician's care. Maternal request is a sufficient justification for pain relief during labour".

Dispelling the Myths

Mrs. Richa Anand, Consultant Dietician

- You are eating for two - Only additional 300 calories are required for you
- Eat a low-carbohydrate, high protein diet - Evenly distribute the extra calories with little more stress on proteins
- Better to rely on vitamins rather than one's diet - Vitamins only supplement and not replace, a sensible diet
- Whole milk is more nutritious than skimmed milk - It has more fat content; Cow's milk is healthier
- Pregnancy-induced hypertension is caused by too much salt in the diet. Moderation is the key; Don't over-do the papads and pickles
- Once pregnant, start thinking about folic acid. Start supplementation at the stage of planning
- No fish during pregnancy – Well cooked fish can be consumed



Home Health-care Facility

Recently, Dr L H Hiranandani Hospital expanded the scope of home-care facilities and introduced a dedicated department for 'Home Health-care'. The department aims to make it possible for people to remain at home rather than use hospital-based nursing care, thus rendering services in the client's own home.

Services covered under this facility:

- Nursing Care like IM injection, dressings, urinary catheterisation, etc.
- Phlebotomy Services
- Doctor's Visit
- Physiotherapy

This facility can be availed by dialing
2576 3323 / 9819873621 (home care) and
2576 3365 / 3366 (laboratory) or
 e-mailing at homecare@hiranandanihospital.org



Endorphins



A husband read an article to his wife about how many words women use a day....

30,000 to a man's 15,000.

The wife replied, "The reason has to be because we have to repeat everything to men..."

The husband then turned to his wife and asked, "What?"

A man said to his wife one day,

"I don't know how you can be so stupid and so beautiful all at the same time."

The wife responded, "Allow me to explain.

God made me beautiful so you would be attracted to me;

God made me stupid so I would be attracted to you!"



Contact Us



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 Your family hospital™

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