



33° Congresso della Federazione Nazionale
dei Collegi delle Ostetriche

L'Ostetrica/o nel sistema delle cure ostetriche,
ginecologiche e neonatali:

alleanza con la donna e la famiglia nella promozione
della salute e della solidarietà sociale

Paola Agnese Mauri
Ostetrica Ph.D.

SABATO 4 OTTOBRE – POMERIGGIO

Ore 14.30- 16.30

IX SESSIONE - PLENARIA

Formazione post base e continua

ECM – il processo di certificazione

Portale MONDO OSTETRICA

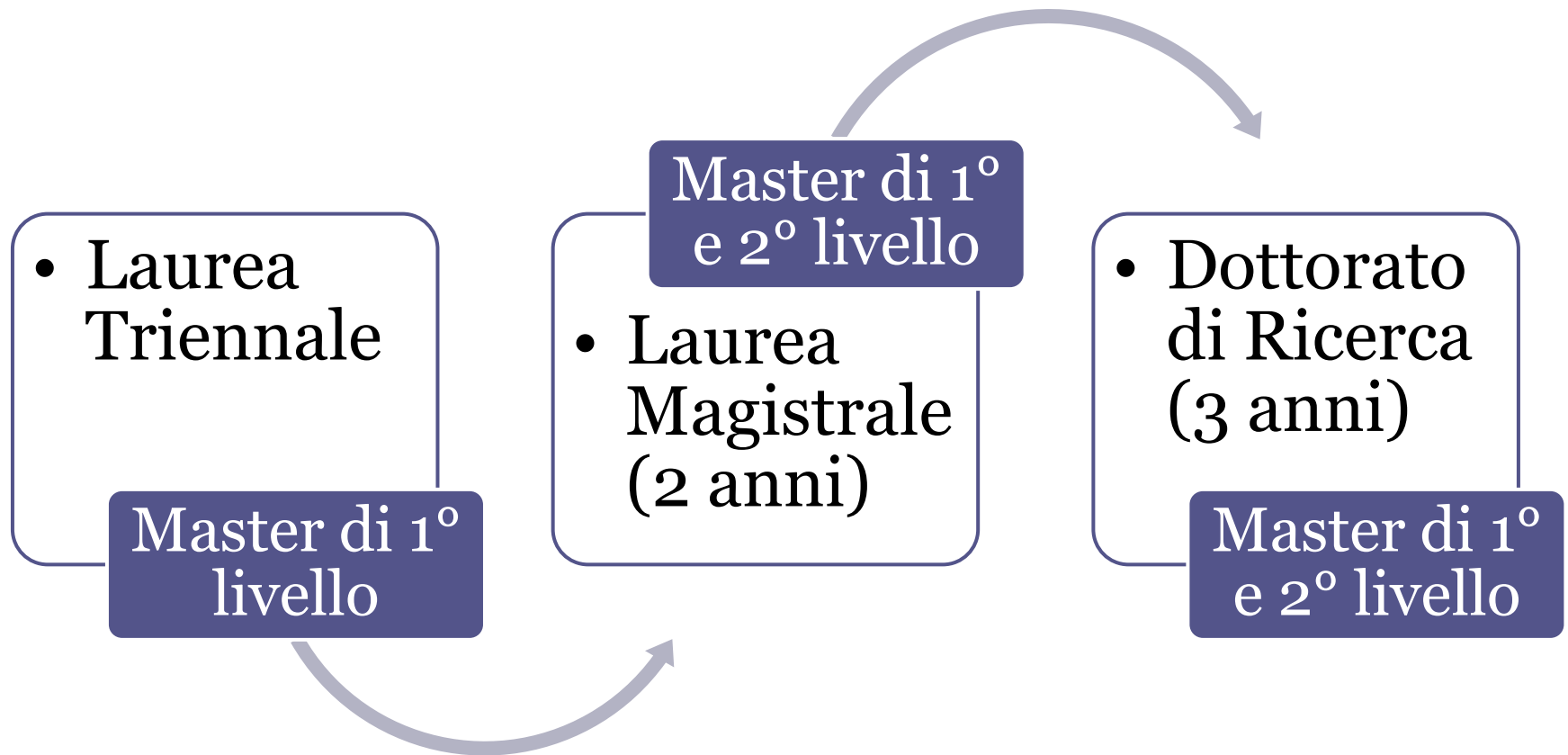
Dottorato di ricerca

FADO – Resoconto indagine gradimento

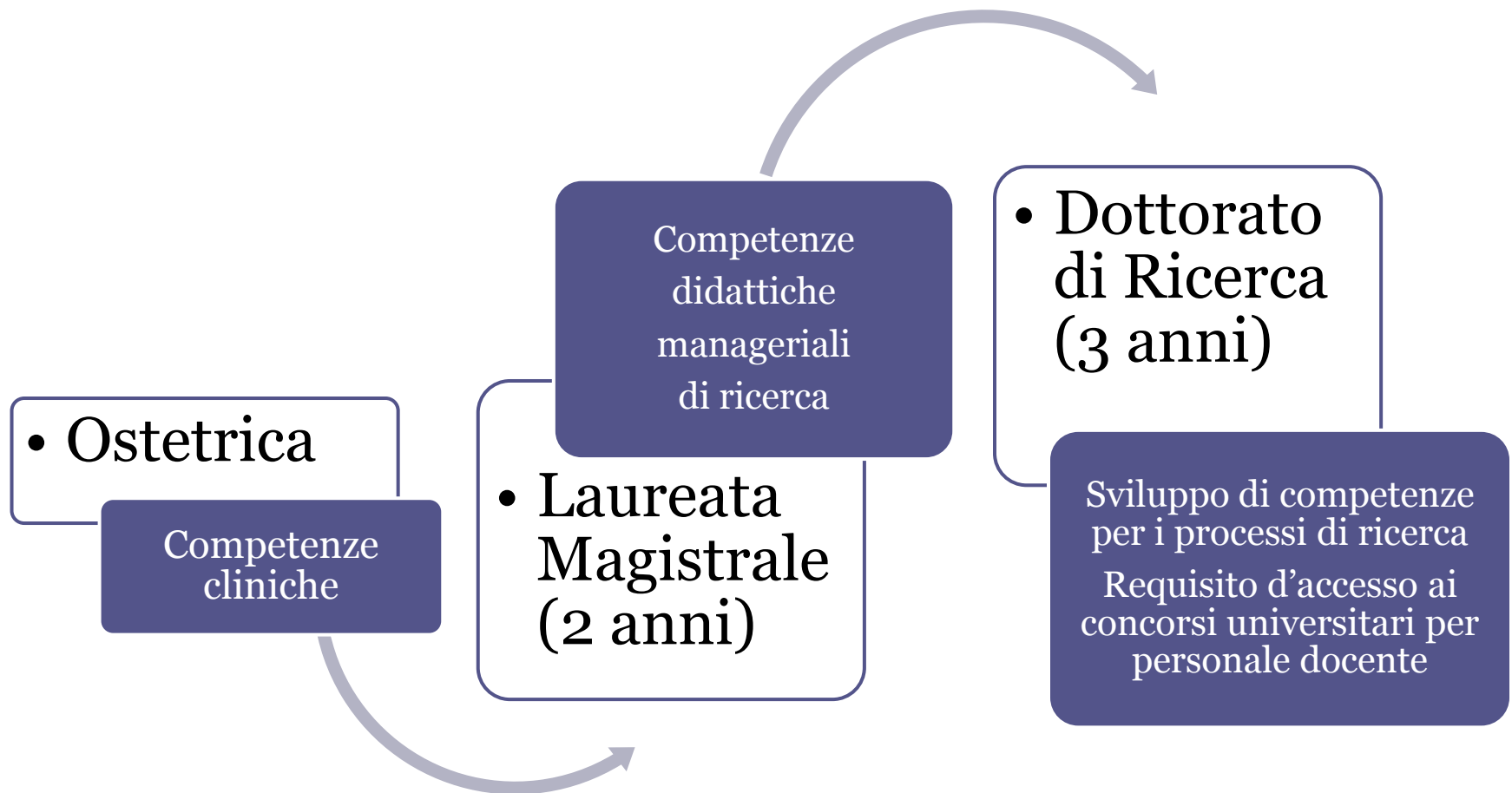
Processo di internalizzazione dello studente nel percorso formativo di base
DISCUSSIONE E CONCLUSIONE

Hotel Ergife Roma
2-4 Ottobre 2014

Il ciclo formativo



Le competenze



Ostetriche - Personale docente dell'Università

(MED/47 - Scienze Infermieristiche Ostetrico Ginecologiche)



Professoressa
Antonella Nespoli
(Ricercatore)



Università degli Studi di Sassari

Professoressa
Maria Domenica Piga
(Professore Associato)



UNIVERSITÀ DEGLI STUDI DI BRESCIA

Professoressa
Miriam Guana
(Professore Associato)

Scuole di Dottorato



UNIVERSITÀ
DEGLI STUDI
DI MILANO

***Epidemiologia, ambiente e
sanità pubblica***

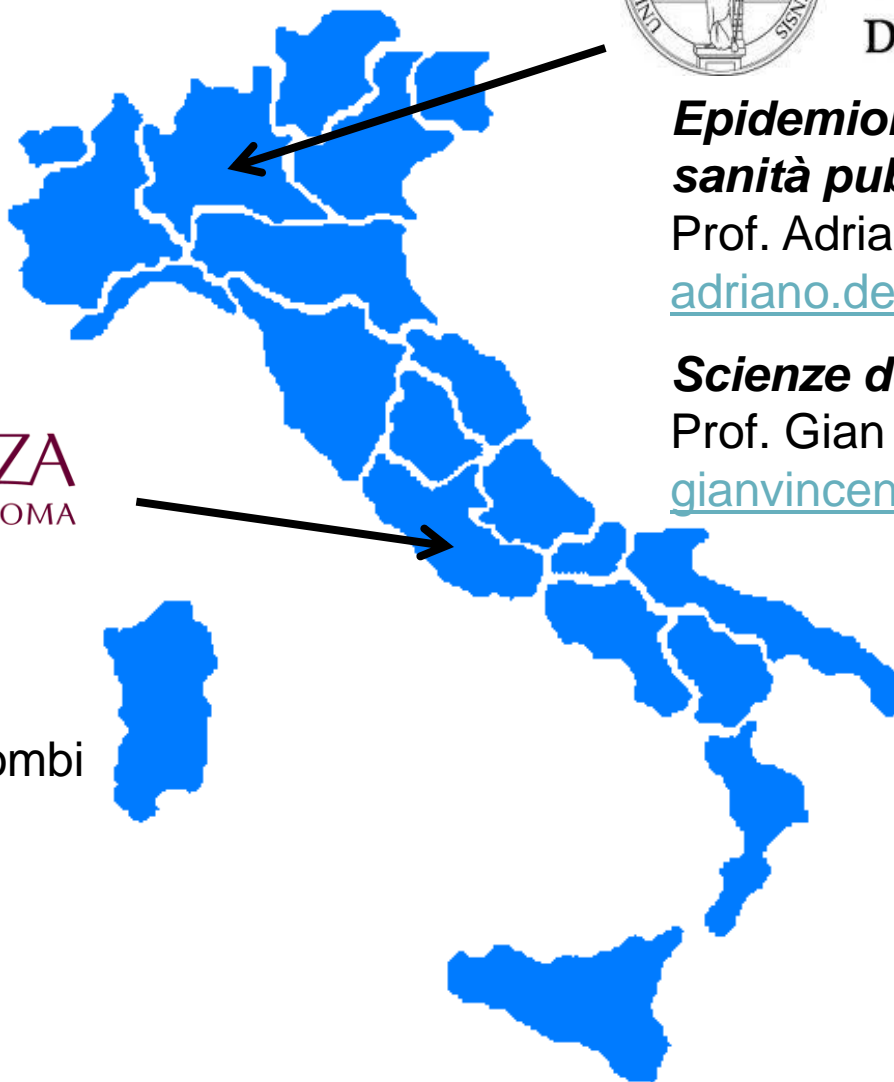
Prof. Adriano Decarli

adriano.decarli@unimi.it

Scienze della nutrizione

Prof. Gian Vincenzo Zuccotti

gianvincenzo.zuccotti@unimi.it



SAPIENZA
UNIVERSITÀ DI ROMA

***Scienze
infermieristiche e
sanità pubblica***

Prof. Leonardo Palombi

alvarosy@tiscali.it

Le ostetriche Ph.D. /



UNIVERSITÀ
DEGLI STUDI
DI MILANO

2007- 2010

- Paola Agnese Mauri
- Virna Zobbi

2008-2011

2009-2012

2010-2013

- Giuseppina Persico

2011 – 2014

- Elena Visconti

2012 - 2015

- Marta Soldi

Sviluppare la ricerca ostetrica

evidenza	livello della prova	grado della raccomandazione	
metanalisi di RCTs	Ia	A	forte
almeno un RCT	Ib		
almeno uno studio clinico ben condotto senza randomizzazione	IIa	B	discreta
almeno un altro tipo di studio clinico ben disegnato quasi sperimentale	IIb		
almeno uno studio clinico ben disegnato non sperimentale	III		
opinioni di comitati di esperti o esperienze di autorità riconosciute	IV	C	debole

Correlazione tra livello della prova e grado della raccomandazione in base alla tipologia della documentazione scientifica (SIGN, NICE, AHQR).

La ricerca ostetrica

Midwifery 28 (2012) 451–457



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Midwifery

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What is meant by one-to-one support in labour: Analysing the concept

Georgina Sosa, MSc, BA (Hons), RM, RGN (Midwife, PhD student)*, Kenda Crozier, PhD, MSc, BSc, RN, RM (Senior Lecturer in Midwifery), Jill Robinson, PhD, BSc (Hons), Cert Ed, RMN (Co-Director, Education in Health Research Institute)

Faculty of Health, University of East Anglia, United Kingdom

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1:1
Continuous support

ABSTRACT

Background: the term one-to-one support in labour is used in a range of research reports and policy documents internationally without a clear consensus on definition.

Aim: the aim of this paper is to examine the variety of meanings and to clarify the concept of one-to-one support in labour.

Method: Walker and Avant provide a useful guide for the analysis of concepts and this has been used as a starting point from which to build our discussion. We systematically examined the literature to answer the 'who, what, when, where, and how' for providing one-to-one support in labour.

Findings: our paper examines the evidence for one-to-one support in the light of the range of meanings that have been attributed to the concept. Multiple meanings for the concept have created confusion and there is a need for greater clarity, which may be used in directing research, practice, and policy.

Conclusions: in spite of strong evidence for the benefits of one-to-one support in labour, the utility of the evidence base is limited by the failure to specify what is meant by one-to-one support leading to a lack of comparability/applicability. There is a need for research that focuses more clearly on articulating what happens during labour between the woman and the range of people who support her, in services that are deemed to offer one-to-one support.

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La ricerca ostetrica

BIRTH ISSUES IN PERINATAL CARE

122

BIRTH 41:2 June 2014

Nonpharmacologic Approaches for Pain Management During Labor Compared with Usual Care: A Meta-Analysis

Nils Chaillet, PhD, Loubna Belaid, MSc, Chantal Crochetière, MD, Louise Roy, MD, Guy-Paul Gagné, MD, Jean Marie Moutquin, MD, Michel Rossignol, MD, Marylène Dugas, PhD, Maggy Wassef, MSc, and Julie Bonapace, Med

ABSTRACT: Objectives: To assess the effects of nonpharmacologic approaches to pain relief during labor, according to their endogenous mechanism of action, on obstetric interventions, maternal, and neonatal outcomes. **Data source:** Cochrane library, Medline, Embase, CINAHL and the MRCT databases were used to screen studies from January 1990 to December 2012. **Study selection:** According to Cochrane criteria, we selected randomized controlled trials that compared nonpharmacologic approaches for pain relief during labor to usual care, using intention-to-treat method. **Results:** Nonpharmacologic approaches, based on Gate Control (water immersion, massage, ambulation, positions) and Diffuse Noxious Inhibitory Control (acupressure, acupuncture, electrical stimulation, water injections), are associated with a reduction in epidural analgesia and a higher maternal satisfaction with childbirth. When compared with nonpharmacologic approaches based on Central Nervous System Control (education, attention deviation, support), usual care is associated with increased odds of epidural OR 1.13 (95% CI 1.05–1.23), cesarean delivery OR 1.60 (95% CI 1.18–2.18), instrumental delivery OR 1.21 (95% CI 1.03–1.44), use of oxytocin OR 1.20 (95% CI 1.01–1.43), labor duration (29.7 min, 95% CI 4.5–54.8), and a lesser satisfaction with childbirth. Tailored nonpharmacologic approaches, based on continuous support, were the most effective for reducing obstetric interventions. **Conclusion:** Nonpharmacologic approaches to relieve pain during labor, when used as a part of hospital pain relief strategies, provide significant benefits to women and their infants without causing additional harm. (BIRTH 41:2 June 2014)

Analisi critica della ricerca ostetrica

Midwifery 28 (2012) 451–457



What is meant by one-to-one support in labour: Analysing the concept

Georgina Sosa, MSc, BA (Hons), RM, RGN (Midwife, PhD student)*, Kenda Crozier, PhD, MSc, BSc, RN, RM (Senior Lecturer in Midwifery), Jill Robinson, PhD, BSc (Hons), Cert Ed, RMN (Co-Director, Education in Health Research Institute)

- Disegno dello studio: revisione della letteratura
- Livello della prova: Ia/Ib
- Grado della raccomandazione: A/Forte
- Contesto: Regno Unito

Analisi critica della ricerca ostetrica



Nonpharmacologic Approaches for Pain Management During Labor Compared with Usual Care: A Meta-Analysis

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- Disegno dello studio: Metanalisi
- Livello della prova: Ia/Ib
- Grado della raccomandazione: A/Forte
- Contesto: USA, Cina, Svezia, Thailandia, Iran, Italia, Messico, Canada, Iran, Europa, Finlandia, Sud Africa, Cile, Nigeria, Brasile ...

I risultati della ricerca ostetrica

BIRTH ISSUES IN PERINATAL CARE

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Nonpharmacologic Approaches for Pain Management During Labor Compared with Usual Care: A Meta-Analysis

Conclusion: *Nonpharmacologic approaches to relieve pain during labor, when used as a part of hospital pain relief strategies, provide significant benefits to women and their infants without causing additional harm. (BIRTH 41:2 June 2014)*



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Contestualizzazione della ricerca ostetrica



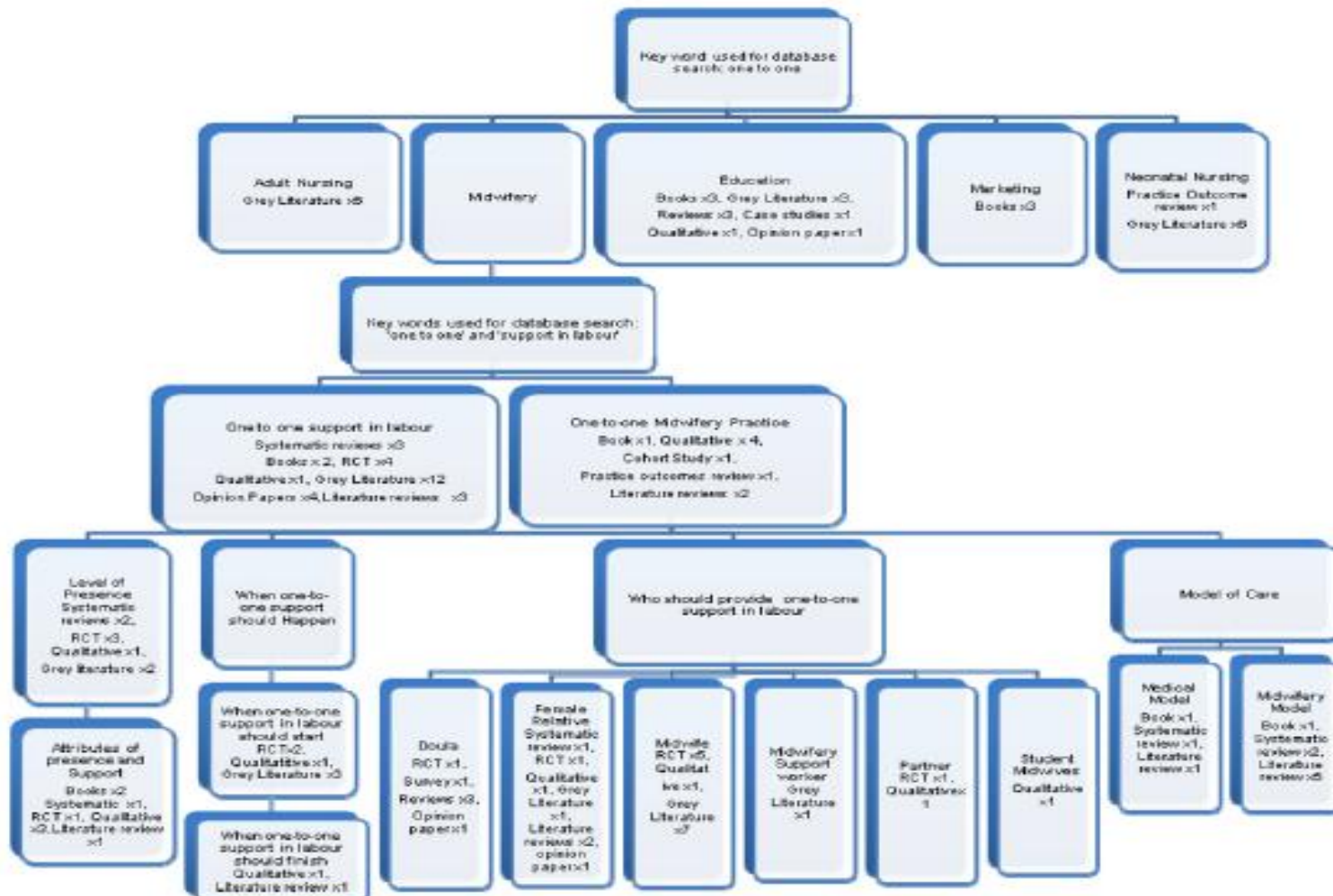
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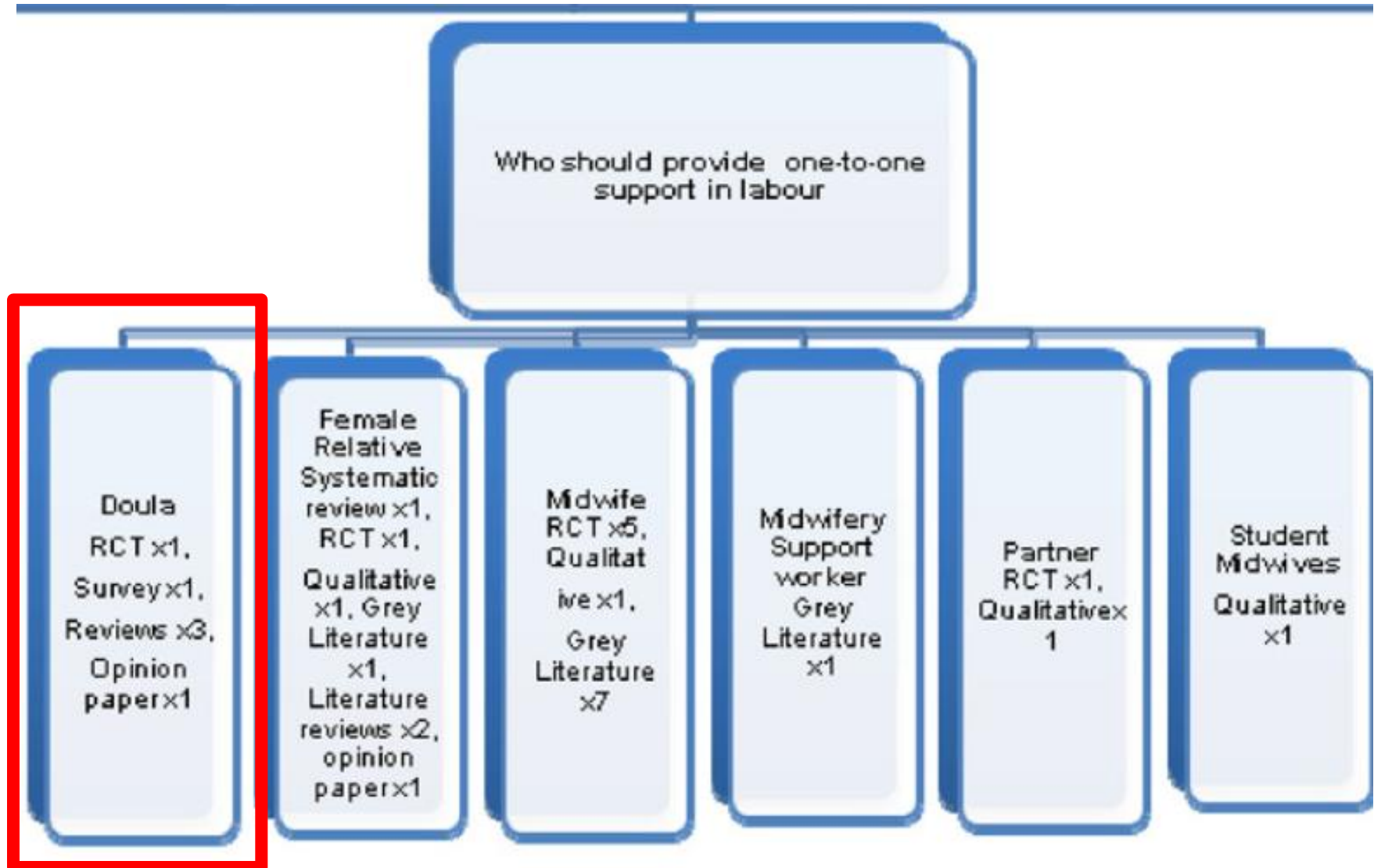
journal homepage: www.elsevier.com/midw



Box 1—Flow chart illustrating the search strategy and emerging themes.



Contestualizzazione della ricerca ostetrica



Contestualizzazione della ricerca ostetrica

BIRTH ISSUES IN PERINATAL CARE

Table 4. Studies Comparing Nonpharmacologic Approaches Addressing the CNSC Mechanism versus Usual Care

Study (Reference No.)	Country	Design	n	Intervention group	Quality*	Risk of bias [†]
Maimburg et al (72)	USA	RCT	1,193	Antenatal education	Good	Unclear
Ip et al (69)	China	RCT	192	Antenatal education	Good	Low
Bergstrom et al (12)	Sweden	RCT	1,083	Antenatal education	Good	Unclear
Kimber et al (81)	UK	RCT	60	Antenatal education	Good	Unclear
Chuntaparatt et al (49)	Thailand	RCT	66	Antenatal education	Good	Low
Bastani et al (67)	Iran	RCT	110	Antenatal education	Good	Low
De Souza et al (70)	Brazil	RCT	512	Antenatal education	Good	Low
McGrath, Kennell (75)	USA	RCT	420	Continuous doula support [‡]	Good	Low
Gordon et al (82)	USA	RCT	314	Continuous doula support [‡]	Good	Potential
Langer et al (83)	Mexico	RCT	713	Continuous doula support [‡]	Good	Low
Kennell et al (74)	USA	RCT	416	Continuous doula support [‡]	Good	Low
Campbell et al (68)	USA	RCT	600	Continuous doula support [‡]	Good	Unclear
Campbell et al (88)	USA	RCT	600	Continuous doula support [‡]	Good	Unclear
Gagnon, Waghorn (84)	Canada	RCT	100	One to one support from nurse	Good	Low
Gagnon et al (48)	Canada	RCT	413	One to one support from nurse	Good	Low
Hodnett et al (73)	Canada	RCT	6,915	Continuous support from nurse	Good	Low
Kashanian et al (87)	Iran	RCT	100	Continuous midwife support [‡]	Good	Low
Huang et al (85)	China	RCT	6,758	Continuous midwife support [‡]	Fair	Unclear
Harvey et al (78)	Canada	RCT	194	Continuous midwife support [‡]	Good	Unclear
Bréart et al (86)	Europe	RCT	2,153	Continuous midwife support	Fair	Unclear
Hemminki et al (77)	Finland	RCT	140	Continuous midwife support [‡]	Good	Potential
Hofmeyr (76)	South Africa	RCT	188	Laywoman as companionship	Good	Low
Torres et al (50)	Chile	RCT	435	Laywoman as companionship	Good	Low
Madi et al (79)	Bostwana	RCT	109	Female relative as companionship	Good	Low
Morhason-Bello et al (80)	Nigeria	RCT	603	Companion as labor support [‡]	Good	Low
Bruggemann et al (47)	Brazil	RCT	212	Companion as labor support	Good	Low

*Quality of the implementation of interventions, with respect to the activation of one of the three endogenous mechanisms. [†]Risk of Bias criteria according to the Cochrane and Effective Practice and Organization of Care Risk of Bias Tool. [‡]Tailored intervention: nonpharmacologic interventions activating at least two mechanisms during labor targeting both sensory-discriminative and motivational-affective components of pain. RCT = Randomized controlled trial; CNSC = Central nervous system control.

Ostetriche Ph.D. per accettare la sfida che la ricerca ostetrica italiana INCIDA

