

DOCTORAL THESIS SUMMARY

THE VULNERABLE OBSTETRICAL PATIENT

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Introduction

Maternal and perinatal health has become a central focus of public health policy in recent decades, shifting from a mortality-centered approach to a more complex framework that integrates qualitative dimensions such as birth experience, equitable access, and respect for women's rights. In Romania, the obstetrical system faces major challenges related to equity, standardization, and adaptation to the needs of vulnerable patients. This thesis presents an applied analysis of three critical components: adolescent pregnancy, the practice of episiotomy, and the quality of care in intensive care units. The work is based on the premise that addressing obstetrical vulnerability requires integrated, evidence-based interventions focused on improving service quality and reducing systemic inequalities.

Research Objectives

The aim of the dissertation is to highlight the correlations between the vulnerable status of obstetrical patients and the risks associated with perinatal and maternal complications, as well as to evaluate the quality of medical care in maternity wards and intensive care units (ICU). Specific objectives include: (1) analyzing the impact of adolescent pregnancy on neonatal outcomes; (2) investigating current episiotomy practices in Romania; (3) assessing the safety and quality of services provided in severe cases requiring intensive care. The studies aim to formulate recommendations for the standardization of practices and their alignment with women's real needs.

General Methodology

The thesis is structured into two major sections: a theoretical section and an applied one. The theoretical part explores key concepts related to maternal health, positive birth experience, and women-centered care (WCC) models. The applied section includes three studies:

- A retrospective study on a cohort of over 700 adolescent patients who gave birth in an academic center in Romania;
- A multicenter cross-sectional study on episiotomy practices in 17 maternity units;
- A descriptive study on care received in obstetric intensive care units.
- Statistical analysis was conducted using standard tools (SPSS), and qualitative data were interpreted thematically.

Study 1

The first study analyzed the impact of adolescent pregnancy on neonatal outcomes. Pregnant adolescents had a significantly higher risk of prematurity, low birth weight, and cesarean delivery. Factors such as poor education, lack of family support, and limited access to prenatal care were associated with these outcomes.

Conclusion: Adolescence is a major vulnerability factor requiring integrated social and medical interventions.

Study 2

The second study focused on the frequency and motivations behind episiotomy use in Romania. Based on a sample of over 1,000 patients from multiple units, a very high episiotomy rate (over 60%) was found, often without clear clinical justification. This contradicts WHO recommendations. The study identified a lack of continuous training and the persistence of outdated medical practices.

Conclusion: Routine episiotomy must be reduced through standardized protocols and professional education.

Study 3

The final study evaluated the quality of care provided to critically ill obstetrical patients admitted to intensive care units. Both clinical data (diagnoses, procedures, nosocomial infections) and medical staff perceptions were analyzed. Findings revealed high levels of avoidable risk, inadequate infrastructure, and the absence of clear medical pathways for critical obstetric patients. Communication issues between medical teams and families were also identified.

Conclusion: There is a need to develop specific protocols for critical obstetrical patients and to invest in training multidisciplinary teams.

General Conclusions

The research findings support the need for a transformation of obstetrical care in Romania, centered on equity, safety, and respect for women. Women-centered care models (WCC) should be systematically implemented, and medical interventions must be clinically justified, not routinely applied. Obstetrical vulnerability is shaped by social, economic, and institutional factors, and an integrated, evidence-based approach is essential to reduce risks and improve perinatal outcomes.