без проявлений истончений и «ниши» в проекции. Также принималось во внимание расположение плаценты, которая не должна была находиться в зоне рубца, а масса плода менее 4000 г.

В первом периоде родов велся постоянный мониторинг за состоянием матери и плода. Во втором периоде продолжалась КТГ плода.

Все дети родились естественным путем, рождением здорового ребенка с оценкой 8/8 и 8/9 по шкале Апгар.

Во всех случаях применялось активная тактика ведения третьего периода: все родильницы получали утеротоники (окситоцин), а также выполнялось ручное обследование полости матки. Случаев аномалий прикреплений плаценты не отмечалось. В 100% роды закончились самостоятельно, без применения влагалищных акушерских операций.

Масса новорожденных в среднем составила 3343,2±73,74 г., крупный плод был диагностирован в 1 случае (4250 г.)

Родильницы после контроля анализа крови, УЗИ матки в удовлетворительном состоянии с детьми были выписаны домой: на 4 сутки 1 пациентка, на 5 сутки – 10, 6 – 9, 7 – 3, 8 – 2.

Выводы

Наличие рубца на матке не всегда является абсолютным показанием к кесареву сечению. Беременные с состоятельным и полноценным рубцом способны родить через естественные родовые пути и течение родов незначительно отличается от стандартных.

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FAMILY SIZE PLANNING AS A DETERMINANT OF MATERNAL HEALTH OUTCOMES AND HOUSEHOLD STABILITY

Introduction

Inadequate birth spacing is a multifaceted issue linked to increase infant mortality and has the potential to impact the health and demographic landscape of the nation [1]. According to the World Health Organisation (WHO) technical consultation report on birth spacing (i.e., birth-to-pregnancy interval), a minimum of 24 months is recommended for a healthy pregnancy. This indicates a birth-to-birth interval of 33 months, assuming a nine-month gestation period to reduce unfavourable maternal and newborn outcomes when pregnancy intervals are short, which can limit nutrient intake, especially iron and folate, for the next pregnancy [2]. The involvement of mothers in decision-making has a positive impact on reducing the death of children. Which promotes favourable health and economic conditions of the family [3]. This paper reviews how family size planning affects maternal health and household stability, promotes women's reproductive autonomy, and emphasizes maternal health as crucial to family well-being.

Goal

Analyze how family size planning influences birth spacing and downstream maternal health and household stability outcomes. This includes economic stability, women's autonomy, child health, and risk factors like poverty and food insecurity across diverse age groups.

Materials and methods of research

An online questionnaire which gathered 95 responses from diverse Nationalities (Nigerians, Belarusians, Congolese, Yemenis, Indians). Information was collected on familiar contraceptive methods, childbirth experiences, and maternal health complications observed in the community. Statistical significance between groups was performed using the y2 criterion. Our participants ages range from 18–60 years, Male and Female.

The results of the research and their discussion

From our study which was conducted online via a distributed questionnaire. The participants were divided into two subgroups (Married and Single) and (Students and Graduants). Statistically the frequency analysis was performed using the y2 criterion. The differences were considered statistically significant at $p<0.005$. In both subgroups our Participants are familiar with birth control methods (Pills, IUD, Condoms, Implants) and the most common sources of information for family planning included: Health workers, media and friends.

34 of our participants reported to be be Married while 61 of participants are Single (35.8% Married, 64.2% Single).

Statistical review when asked "Do you think family planning helps reduce infant mortality?" showed $\chi i^2=2.04$ and $p<0.005$, which shows statistical significance between the groups. Confidence interval with margin of error {Single: 38(62.3±6.2%), Married 13(38.2±3.3%)}.

Statistical review when asked "How do you think family size affects the ability to provide education for children?" showed $\chi i^2 =2.31$, $P<0.05$, which shows statistical significance between the groups. Confidence interval with margin of error {Single: 23(37.70±6.21) Married: 22(64.71±8.20)}.

Among our married participants, many described family size planning as important for ensuring adequate preparation for pregnancy and improving maternal well-being. Several noted that spacing births helps mothers recover and reduces stress on household resources while our single participants discussed family size planning in terms of future preparedness. Their ideas focused more on knowledge, perceived benefits to children's well being, and the need for education and guidance before marriage.

29 of our participants are students while 66 of our participants are not (30.5% Students, 69.5% Non-students).

When asked about experienced cases in their communities where Mothers suffered health challenges due to large family size, statistical review showed.

$\chi i^2= 2.2$ and $P<0.05$ in positive responses. Which indicates a statistical significance between the groups. Confidence interval with margin of error {Students:8(27.6±8.3), Non-Students:35(53±6.1)}

Participants who were students reported that family size planning is important mainly to support children's well being and ensure adequate resources for their needs. They emphasized on financial stability and seeking proper medical information. They also described barriers such as cost of medical care, embarrassment that comes with seeking this medical care, cultural beliefs and expectations, or uncertainty about partner's support. Their preferences regarding decision-making were mainly based on their current schooling pressures and their future plans. The Graduated participants reported that family size planning contributes to higher stability with affordable and manageable childcare, with more focus on household management and stability".

Participants emphasized shared decision-making and suggested ways Men could play a more active role in family planning and here are some of their responses:

– They should be informed, educated and take part in the process also.

– By being objective and actively plan their family size with relation to their financial capacity.
– Condoms and vasectomies.
– By seeing it as a shared responsibility rather than something that only concerns women.
– Reliable info sourcing & financial management.
– Have family discussions on the subject.
– Men should understand that the family involves them too, not just the woman.
– By supporting the woman and encouraging them in family planning decisions.
– By working in agreement with their partners.

Conclusions

The findings of this study support the goal to examine how family size planning influences birth spacing and its broader effects on maternal health and household stability. The survey results demonstrate that most participants are familiar with modern contraceptive methods and recognize the importance of planned family size for improving maternal well being and child outcomes. Both married and single respondents acknowledged that appropriate birth spacing can reduce health risks for mothers and infants while allowing families sufficient time to prepare physically, emotionally, and economically for subsequent pregnancies.

This study also highlights the relationship between family size planning and household stability. Participants noted that smaller and well planned family sizes allow families to better provide essential resources such as education, healthcare, and adequate nutrition for children. These perspectives show that family planning contributes not only to improved maternal health outcomes but also contributes to stronger economic and social conditions within households

Differences between demographic groups further emphasize the importance of awareness and education. Married and graduated participants focused more on practical household management and maternal recovery between pregnancies, while single and student participants emphasized preparedness, access to information, and financial stability for future family life. Despite these differences, both groups showed strong agreement on the value of informed decision making and shared responsibility between partners.

Overall, the study indicates that promoting accessible family planning education, encouraging shared decision making between men and women, and addressing barriers like cultural expectations, cost of medical care, and limited access to reliable information can contribute to healthier mothers, better child birth outcomes, and more stable households. Although the sample size is limited and may not represent the entire population, the results provide useful insight into the perceived benefits of family size planning and highlight its role as an important determinant of maternal health and family well being.

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