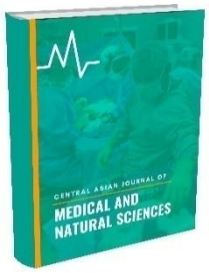
CENTRAL ASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES



Volume: 04 Issue: 06 | Nov-Dec 2023 ISSN: 2660-4159

http://cajmns.centralasianstudies.org

Comparative Analysis of Birth Histories for the Prevention and Prediction of Atonic Postpartum Hemorrhage

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Received 2nd Oct 2023,
Accepted 19th Oct 2023,
Online 6th Nov 2023

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Abstract: The aim of our study was to retrospectively examine the history of childbirth and the quality of primary care for bleeding and evaluate the prescribed rehabilitation measures for women who have suffered postpartum hemorrhage and massive bleeding. The materials and methods of the study were 242 birth histories with postpartum hemorrhage for the last 6 years (2013-2018) in the city maternity hospital of Bukhara. The average age of the patients was 26.7 ± 1.2 years.

Key words: bleeding, postpartum hemorrhage, pregnancy, massive bleeding.

Among the various obstetric complications, obstetric hemorrhages are among the leading ones, which were and remain the most dramatic among the urgent complications in obstetrics. This is due to their intensity, the rapid increase in the volume of blood loss up to the critical, the rapid depletion of the compensatory mechanisms of the body and the inevitable finale of the general pathophysiological process - the development of DIC syndrome [4,5,11]. Currently, obstetric hemorrhages continue to attract the attention of obstetricians and gynecologists in all countries of the world. Australian obstetricians rightly point out that obstetric bleeding, as the leading cause of maternal mortality, is becoming an international problem. The authors note that the differences in the indicators of maternal death from obstetric hemorrhage exist not only for the regional, but also for a number of other factors, which is both a general medical and a social problem [1,2, 7,8] note that bleeding is most often observed in the postpartum and early postpartum periods — 15.3 per 1000 births, with placenta previa -1.7 per 1000 births, and with premature detachment of a normally located placenta — 9, 1 per 1000 genera. Some people believe that postpartum bleeding can quickly lead to the development of DIC and remains an important cause of maternal mortality [3,610]. Analysis of massive obstetric bleeding in women (“nearly dead”, “nearmiss”) showed that hypo- and atony of the uterus was observed in 76.6%, pre-time detachment of a normally located placenta in 19.1%, tight attachment placenta - 3.2% and 1.1% placenta previa.

Materials and research methods

242 birth histories with postpartum hemorrhage in the last 6 years (2013-2018) have appeared in the city maternity hospital in Bukhara.

Age characteristics of patients.

As can be seen from the above data, the examined women belonged to the optimal reproductive age - 21-25 years (55.4). The average age of patients in the main subgroup was 26.7 ± 1.2 years.As can be seen from the table, postpartum hemorrhage is often found among primiparas, since they constitute a large part of our examined group.This does not claim that the frequency of bleeding is higher in primipara, as there are a minority in multiples in the general population, but they have more postpartum hemorrhage than in other groups.

Results of research and discussion.

Analyzing in detail the causes of obstetric pathology leading to bleeding, we can say that the main part is uterine hypotonia - 143 (59.1) and large fruit - 68 (28.1), and preeclampsia and DIOV are equal in number - 33 (13.64). This can be explained by the fact that pregnancy with a large fetus and pre-eclampsia is often complicated by postpartum hemorrhage. The indications for operative labor were a scar on the uterus - 7 (15.5%), chorionamnionitis - 6 (13.3%), with unsuccessful conservative therapy for stopping the bleeding, a paratomy for uterine atony was performed in 23 (51.1%) patients.In modern obstetrics, methods of dealing with hypotonic and atonic bleeding can be divided into: drug, mechanical and operative

For bleeding after childbirth through the birth canal, the drug method (uterotonic agents), oxytocin 5 units. intravenously by standard. Manual examination of the walls of the postpartum uterus, with bimanual compression, was performed at 48–19.8%, and administration of misoprostol 800–1000 µg perrectum was performed for all patients according to the standard. Removal of the uterus was achieved in the effectiveness of conservative therapy in 23 (51.11%) women, from the number of operative delivery. During hemostasis of the bleeding, ligatures were imposed on the ovarian arteries and the ascending branch of the uterine artery for ischemicization of the uterus and homeostatic compression stitches were used on the uterus, which proved to be effective in 30% of women. At delivery through the natural birth canal, blood loss exceeding 1000 ml occurred in 20 (30.7% of bleeding) women, with elective caesarean section - in 22 (33.8%), with emergency - in 23 (35.3%). Infusion - transfusion therapy was carried out to all women after bleeding, 65 patients with liquid exceeding more than 1000 ml, 65 patients making more than 65 patients and 30 patients received hemotransfusion, which is 46.15% of the number of bleeding. In the study of the general and hemodynamic status of women who have had a bleeding in the later periods - before the extract showed that 50 (20) stories lack repeated repeated blood tests. As can be seen from the table, only about 20% of women who have had postpartum bleeding underwent early rehabilitation in the form of prescribing contraceptives. In the course of the study, the frequency of bleeding among groups and rhesus showed that the case of bleeding is found among women II– 63 (26%), I - 60 (24.7%), III - 59 (24.4%) groups with positive rhesus blood. The rest of the blood types, especially those with negative Rh, were very rare, according to the literature. Based on retrospective analyzes of the history of childbirth of women who have suffered early postpartum hemorrhage, conclusions can be drawn:

1. Previously, postpartum bleeding often occurred in the active reproductive at the age of 26.7 ± 1.2 years.
2. Obstetric pathologies leading to bleeding appeared among the investigated cases of hypotonia of the uterus against the background of a large fetus and mild and severe preeclampsia.
3. Bleeding requires a lot of costs of infusion-transfusion therapy, further complications associated with the transfusion of blood components are very common on the part of infectious disease specialists.

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