RISK FACTORS FOR DEVELOPMENT OF OBSTETRIC BLEEDING AND THEIR SIGNIFICANCE

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Annotation:

In economically developed and developing countries, obstetric hemorrhage is one of the leading causes of maternal morbidity and mortality. About 14 million women worldwide experience postpartum hemorrhage every year. A decrease in maternal mortality from obstetric bleeding is mainly associated with the identification and management of high-risk pregnant women, timely and complete correction in the hemostasis system, treatment of concomitant diseases, the introduction of new technologies, and adequate therapy in the postpartum period

Key words:

Placenta previa, obstetric bleeding, high-risk pregnant women.

The analysis of domestic and foreign publications of recent years has shown that currently there is a large amount of clinical and laboratory data that are used to predict obstetric bleeding. Many obstetric textbooks list various factors without specifying their relative importance or frequency. Several foreign articles provide determinants of postpartum hemorrhage. According to these studies, in the postpartum period, bleeding is more common in blood diseases, fibroids, abnormalities of the uterus, placenta previa, preeclampsia, autoimmune disorders (antiphospholipid syndrome), multiple pregnancies, and antenatal fetal death. However, the researchers have not specified the factors for predicting the development of bleeding. Precipitated labor Operations on the uterus in the history including Cesarean section Multiple pregnancy Urgent Cesarean section

Purpose: to identify risk factors for the development of bleeding and rank them according to their importance.

In addition, patients who underwent obstetric bleeding were divided into 4 groups according to the sum of risk factors into 4 groups: group 1 did not have risk factors for bleeding, group 2 - 1 risk factor, group 3 - 2 risk factors and group 4 - 3 and more factors.

The data obtained were processed using standard statistical methods. To test the hypothesis about the correspondence of the sample data to the normality of the distribution of the variation series, the Pearson test was used. In order to describe the linear relationship of the variables, a correlation analysis was carried out: with a normal distribution of the values of the studied samples, the Pearson correlation coefficient r was calculated; for an abnormal distribution, the Spearman correlation coefficient R. To assess the association of risk factors for bleeding, odds ratios (OR) were calculated with a 95% confidence interval (95% CI). The following were used.

The frequency of obstetric bleeding in our study in relation to the total number of births was 2.44%. According to the results of the study, the following risk factors for the development of obstetric bleeding prevailed: macrosomia, high parity, multiple pregnancy, preeclampsia, placenta previa, placental abruption and the incidence of hepatitis B and / or C.

When analyzing the significance of prognostic risk factors for the development of bleeding, it was found that high parity increases the risk of bleeding by 2.92 times, macrosomia - by 1.47 times, multiple pregnancies - by 5.2 times, placenta previa - by 10 times, placental abruption - 7.5 times, preeclampsia - 8.5 times, hepatitis B and C - 2.28 times.

To determine the prognostic significance of the features of the obstetric and gynecological history (age of menarche and debut of sexual activity, gravidarity, history of abortion, missed pregnancies, spontaneous miscarriages, interval between births), body mass index and laboratory results upon admission

(blood group, erythrocyte count , hemoglobin, hematocrit and platelets in the general blood test) in the main group, a correlation analysis was performed with the calculation of the Spearman coefficient.

A direct influence of the moderate strength of a spontaneous miscarriage in the patient's history on the volume of blood loss during childbirth (R = 0.3; p = 0.05) was revealed. The inverse effect of moderate strength of the platelet level in the general blood test on the volume of blood loss (R = - 0.3; p = 0.007). This pattern was noted by Yakubovich in his works. The role of such risk factors as the age of menarche and the onset of sexual activity, gravidarity, a history of abortions, missed pregnancies, the interval between childbirth, body mass index, blood group, the level of red blood cells, hemoglobin and hematocrit in the general blood test upon admission and the duration of labor is of little significance.

As can be seen, 41.3% of women in labor had no complications of pregnancy and abnormalities during labor, which is significantly significant compared to the group of patients with 3 factors or more (p <0.001).

Factors associated with the development of obstetric bleeding in the study groups are macrosomia, high parity, multiple pregnancies, preeclampsia, placenta previa, placental abruption, and the incidence of hepatitis B and / or C.

In the study, some of the risk factors were associated with obstetric and gynecological history (multi-parity and the presence of spontaneous miscarriage), somatic history (presence of hepatitis B and / or C in the patient) and hemostasiogram data (number of platelets in the blood).

The role of risk factors such as maternal age, episiotomy, perineal rupture, low birth weight, no history of childbirth, age of menarche and debut of sexual activity, gravidarity, history of abortion, missed pregnancies, interval between births, body mass index, gestational age , blood group, the level in the general blood test of erythrocytes, hemoglobin and hematocrit in the general blood test upon admission is insignificant.

A pregnant woman with no or 1 risk factor has a chance of developing bleeding, just like a woman with 3 or more risk factors. This deserves special attention when managing childbirth for all women in labor.

Diagnosis

1.The assessment of a gravitas state will depend on the size of detachment, the amount of blood loss, the appearance of hemorrhagic shock symptoms or DIC-syndrome.

2.External obstetric examination:-uterine hypertension;-the enlarged uterine can be deformed with a local diverticulum if the placenta is on the frontier wall position;tenderness by palpation;difficulties or impossibility of palpation and auscultation of the fetus' palpitation;appearance of the fetus' distress symptoms or fetal death

3.Internal obstetric examination:tension of the bag of waters;there may be a coloring with blood by the rupture of amniotic fluid sac;uterine4 bleedings of different intensity

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