International Journal of Pediatrics and Genetics
Vol. 2 No. 7 (2024)
ISSN: 2995-5483

Physiological Condition of Bleeding After Premature Birth

Kayumova Shirin
Samarkand State Medical University Department of Obstetrics and Gynecology
Research advisor

Yunusova Aziza
Department of Obstetrics and Gynecology, Samarkand State Medical University

Abstract: Postpartum hemorrhage is bleeding from the birth canal that occurs early or late after childbirth. Postpartum bleeding is often the result of major obstetric complications. The severity of postpartum hemorrhage is determined by the amount of blood loss. Bleeding is diagnosed during examination of the birth canal, examination of the uterine cavity and ultrasound examination. Treatment of postpartum hemorrhage requires infusion-transfusion therapy, introduction of uterotonic agents, suturing of ruptures, and sometimes hysterectomy.

Key words: Symptoms of postpartum hemorrhage, Diagnosis, Treatment of postpartum hemorrhage, Prevention.

The risk of postpartum hemorrhage is that it can cause rapid loss of large volumes of blood and death of the mother. Heavy blood loss is facilitated by the presence of strong uterine blood flow and a large wound surface after childbirth. Normally, a pregnant woman's body is ready for a physiologically acceptable blood loss during childbirth (up to 0.5% of body weight) due to an increase in intravascular blood volume. In addition, postpartum bleeding from the uterine wound is prevented by increased contraction of the uterine muscles, compression of the uterine arteries and displacement to the deep muscle layers, simultaneous activation of the blood clotting system, and thrombus formation in small vessels.

Early postpartum hemorrhage occurs in the first 2 hours after birth, delays can develop from 2 hours to 6 weeks after the birth of the child. The result of postpartum bleeding depends on the volume of lost blood, the rate of bleeding, the effectiveness of conservative therapy and the development of disseminated intravascular coagulation syndrome. Prevention of postpartum bleeding is an urgent task in obstetrics and gynecology.

Reasons

Postpartum bleeding is often caused by a violation of the contractile function of the myometrium: hypotension (decreased uterine muscle tone and insufficient contractile activity) or atony (complete loss of uterine tone, its ability to contract, lack of reaction of the myometrium). incentive). The causes of such postpartum bleeding are fibroids and uterine fibroids, scar processes in the myometrium; excessive expansion of the uterus during multiple pregnancies, polyhydramnios, long-term labor with a large fetus; use of drugs that reduce the tone of the uterus.

Postpartum bleeding can occur as a result of retention of placental remnants in the uterine cavity: lobules of the placenta and parts of the membranes. It prevents the normal contraction of the uterus, provokes the development of inflammation and sudden postpartum bleeding. Partial placenta accreta, mismanagement of the third stage of labor, uncoordinated labor and cervical spasm lead to impaired separation of the placenta.

Vol. 2 No. 7 (2024)
ISSN: 2995-5483

Causes of postpartum bleeding can be hypotrophy or atrophy of the endometrium due to previously performed surgical interventions - caesarean section, abortion, conservative myomectomy, uterine curettage. The occurrence of postpartum hemorrhage can be facilitated by congenital anomalies in the mother, the use of anticoagulants, and hemocoagulation disorders caused by the development of disseminated intravascular coagulation syndrome.

Most often, postpartum bleeding develops due to damage (rupture) or rupture of the genital tract during childbirth. Gestosis with a high risk of postpartum bleeding, placenta and early separation, pregnancy at risk, fetoplacental insufficiency, low visibility of the fetus, presence of endometritis or cervicitis in the mother, chronic diseases of the cardiovascular and central nervous system. and liver.

Symptoms of postpartum hemorrhage

The clinical presentation of postpartum hemorrhage is determined by the amount and intensity of blood loss. Postpartum bleeding with an atonic uterus that does not respond to external medical manipulations is usually profuse, but it can also be intermittent and sometimes subsides under the influence of drugs that contract the uterus. Arterial hypotension, tachycardia and pale skin are determined objectively.

Blood loss of up to 0.5% of the mother's body weight is considered physiologically acceptable; with an increase in the volume of lost blood, they speak of pathological postpartum hemorrhage. An amount of blood loss greater than 1% of body weight is considered massive, and more than that is considered critical. With critical blood loss, hemorrhagic shock and disseminated intravascular coagulation syndrome can develop with irreversible changes in vital organs.

In the late postpartum period, a woman should be warned about strong and long-lasting lochia, bright red discharge with large blood clots, unpleasant odor, and painful pains in the lower abdomen.

Diagnostics

Modern clinical gynecology evaluates the risk of postpartum bleeding, which includes monitoring the hemoglobin level during pregnancy, the number of red blood cells and platelets in the blood serum, the time of bleeding and blood clotting, the state of the blood clotting system (coagulogram). . Hypotony and atony of the uterus can be determined by the dullness in the third stage of labor, weak contraction of the myometrium and a long postpartum period.

Diagnosis of postpartum hemorrhage is based on a complete examination of the integrity of the released placenta and membranes, as well as examination of the birth canal for damage. Under general anesthesia, the gynecologist performs a manual examination of the uterine cavity for the presence or absence of cracks, remnants of the placenta, blood clots, existing defects or tumors that prevent the contraction of the myometrium.

Ultrasound examination of the pelvis within 2-3 days after birth plays an important role in the prevention of late postpartum hemorrhage, which causes placental tissue and remaining parts of the fetal membranes in the uterine cavity. allows to determine.

Treatment of postpartum hemorrhage

In the case of postpartum hemorrhage, the priority is to determine its cause, stop it as soon as possible and prevent acute blood loss, restore circulating blood volume, and stabilize blood pressure levels. A comprehensive approach using conservative (drug, mechanical) and surgical methods of treatment is important in the fight against postpartum bleeding.

To stimulate the contractile activity of the uterine muscles, catheterization and emptying of the bladder, local hypothermia (ice in the lower abdomen), gentle external massage of the uterus are performed, and if there is no result, intravenous administration of uterotonic agents (usually methylergometrine with oxytocin), injections of prostaglandins into the cervix. To restore blood

volume and eliminate the consequences of acute blood loss during postpartum hemorrhage, infusion-transfusion therapy with blood components and plasma replacement drugs is carried out.

If the cervix, vaginal walls and perineum are ruptured during the examination of the birth canal, they are stitched under local anesthesia. If the integrity of the placenta is disturbed (even if there is no bleeding), as well as with postpartum hypotonic bleeding, an urgent manual examination of the uterine cavity is performed under general anesthesia. During the examination of the uterine walls, the remnants of the placenta and membranes are manually separated and blood clots are removed; to determine the presence of rupture of the uterine body.

In case of uterine rupture, urgent laparotomy, wound suturing or removal of the uterus is performed. Subtotal hysterectomy (supravaginal amputation of the uterus) is indicated if signs of placenta accreta are detected, as well as in cases of complete postpartum bleeding; if necessary, it is accompanied by ligation of internal iliac arteries or embolization of uterine vessels.

Surgical interventions for postpartum bleeding are carried out simultaneously with resuscitation measures: compensation of blood loss, stabilization of hemodynamics and blood pressure. Their timely implementation before the development of thrombohemorrhagic syndrome saves a woman in labor from death.

Prevention

Women with an unfavorable obstetric and gynecological history, blood coagulation disorders and taking anticoagulants have a high risk of postpartum bleeding, so they are under special medical supervision during pregnancy and are sent to specialized maternity hospitals.

To prevent postpartum bleeding, women are given drugs that help the uterus contract adequately. All women who have given birth spend the first 2 hours after delivery in the delivery room under the dynamic supervision of medical personnel to assess the amount of blood loss in the early postpartum period.

List of used literature:

1. Andryev S. et al. Experience with the use of memantine in the treatment of cognitive disorders //Science and innovation. – 2023. – T. 2. – №. D11. – C. 282-288.
2. Antsiborov S. et al. Association of dopaminergic receptors of peripheral blood lymphocytes with a risk of developing antipsychotic extrapyramidal diseases //Science and innovation. – 2023. – T. 2. – №. D11. – C. 29-35.
3. Sarkisova, V., Lapasova, Z., & Shernazarov, F. (2023). O. Rakhmanov INFLAMMATORY DISEASES OF THE PELVIC WOMEN ORGANS.
4. Shernazarov I., Shernazarov F. Problems of translation of features related to the way of life of peoples //Science and innovation. – 2023. – T. 2. – №. B1. – C. 80-83.
5. Jalalova, D., Axmedov, A., Kuryazov, A., & Shernazarov, F. (2022). COMBINED DENTAL AND EYE PATHOLOGY. Science and innovation, 1(8), 91-100.
6. Shernazarov F., Zuhridinovna J. D. Microcirculation disorders in the vascular system of the bulbar conjunctiva in the initial manifestations of cerebral blood supply deficiency //Science and innovation. – 2022. – T. 1. – №. Special Issue 2. – C. 515-522.
7. Solovyova, Y., Prostyakova, N., Sharapova, D., & Shernazarov, F. (2023). The relevance of psychotic disorders in the acute period of a stroke. Science and innovation, 2(D12), 212-217.
8. Rotanov, A., Karshiyev, Z., Sharapova, D., & Shernazarov, F. (2023). Diagnosis of depressive and suicidal spectrum disorders in students of a secondary special education institution. Science and innovation, 2(D11), 309-315.

9. Shernazarov F. COMBINED DENTAL AND EYE PATHOLOGY //Science and Innovation. – 2022. – T. 1. – №. 8. – C. 91-100.
10. Madaminov M., Shernazarov F. Breast cancer detection methods, symptoms, causes, treatment //Science and innovation. – 2022. – T. 1. – №. D8. – C. 530-535.
11. Jalalova, D., Axmedov, A., Kuryazov, A., & Shernazarov, F. (2022). СОЧЕТАННАЯ СТОМАТОЛОГИЧЕСКАЯ И ГЛАЗНАЯ ПАТОЛОГИЯ. Science and innovation, 1(D8), 91-100.
12. Prostyakova, N., Solovyova, Y., Sharapova, D., & Shernazarov, F. (2023). Issues of professional ethics in the treatment and management of patients with late dementia. Science and innovation, 2(D12), 158-165.
13. Jalalova D., Raxmonov X., Shernazarov F. РОЛЬ С–РЕАКТИВНОГО БЕЛКА В ПАТОГЕНЕЗЕ СОСУДИСТЫХ ЗАБОЛЕВАНИЙ ОРГАНА ЗРЕНИЯ У БОЛЬНЫХ АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИЕЙ //Science and innovation. – 2022. – T. 1. – №. D8. – C. 114-121.
14. Pogosov S. et al. Psychogenetic properties of drug patients as risk factors for the formation of addiction //Science and innovation. – 2023. – T. 2. – №. D12. – C. 186-191.
15. Sedenkova M. et al. The possibility of predicting the time of formation and development of alcohol dependence: the role of genetic risk, family weight and its level //Science and innovation. – 2023. – T. 2. – №. D12. – C. 173-178.
16. Shamilov V. et al. Disorders of decision-making in the case of depression: clinical evaluation and correlation with eeg indicators //Science and innovation. – 2023. – T. 2. – №. D12. – C. 198-204.
17. Uskov A. et al. Modern methods of therapeutic fasting as a way to overcome the pharmacoresistance of mental pathology //Science and innovation. – 2023. – T. 2. – №. D12. – C. 179-185.
18. Prostyakova N. et al. Strategy for early diagnosis with cardiovascular diseaseisomatized mental disorders //Science and innovation. – 2023. – T. 2. – №. D12. – C. 166-172.
19. Tahirova, J., Roziklov, N., Mamatkulova, F., & Shernazarov, F. (2022). Insomnia problem causes of sleep disorder, help measures at home. Science and innovation, 1(D8), 521-525.
20. Qizi T. J. I., Farrukh S. Treatment of myocardial infarction and first aid //Science and innovation. – 2022. – T. 1. – №. D3. – C. 317-320.
21. Rotanov A. et al. Elderly epilepsy: neurophysiological aspects of non-psychotic mental disorders //Science and innovation. – 2023. – T. 2. – №. D12. – C. 192-197.
22. Abdurakhmanov I., Shernazarov F. SPECIFIC ASPECTS OF TREATMENT OF CHRONIC RHINOSINUSITIS IN CHILDREN //Science and innovation. – 2023. – T. 2. – №. D10. – C. 164-168.
23. Tahirova J. et al. Neurose causes and mechanisms of development, symptoms, treatment, prevention //Science and innovation. – 2022. – T. 1. – №. D8. – C. 515-520.
24. Tahirova J., Shernazarov F. Symptoms of hymoritis, treatment, methods of folk medicine, prevention //Science and innovation. – 2022. – T. 1. – №. D8. – C. 983-990.
25. Shodiyeva D., Shernazarov F. Analysis of the compounds providing antihelmitic effects of chichorium intybus through fractionation. Science and innovation, 2 (D2), 64-70. – 2023.
26. Jalalova D., Normatova N., Shernazarov F. Genetic markers for the development of diabetic retinopathy //Science and Innovation. – 2022. – T. 1. – №. 8. – C. 919-923.

27. Abdukodirova S., Shernazarov F. SPECIFIC CHARACTERISTICS AND TREATMENT OF ACUTE OBSTRUCTIVE BRONCHITIS IN CHILDREN OF EARLY AGE //Science and innovation. – 2023. – T. 2. – №. D11. – C. 5-8.
28. Asanova R. et al. Features of the treatment of patients with mental disorders and cardiovascular pathology //Science and innovation. – 2023. – T. 2. – №. D12. – C. 545-550.
29. Begbudiyev M. et al. Integration of psychiatric care into primary care //Science and innovation. – 2023. – T. 2. – №. D12. – C. 551-557.
30. Bo'Riyev B. et al. Features of clinical and psychopathological examination of young children //Science and innovation. – 2023. – T. 2. – №. D12. – C. 558-563.
31. Borisova Y. et al. Concomitant mental disorders and social functioning of adults with high-functioning autism/asperger syndrome //Science and innovation. – 2023. – T. 2. – №. D11. – C. 36-41.
32. Ivanovich U. A. et al. Efficacy and tolerance of pharmacotherapy with antidepressants in non-psychotic depressions in combination with chronic brain ischemia //Science and Innovation. – 2023. – T. 2. – №. 12. – C. 409-414.
33. Farrukh S. ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE //Science and innovation. – 2023. – T. 2. – №. Special Issue 8. – C. 493-499
34. Yunusova A., Zakirova F. THE EFFECTIVENESS OF OZONE THERAPY IN THE TREATMENT OF CHRONIC ENDOMETRITIS //Молодой исследователь: вызовы и перспективы. –2020. –C. 443-445.8.
35. Kamarova I., Yunusova A., Abdisayitova C. MODERN ASPECTS OF REHABILITATION OF WOMEN WITH POSTNATAL PERINEAL INJURIES //Science and innovation. –2022. –T.1. – No. D8. –C. 641-646