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POSTPARTUM BLEEDING IN GHANA (A REVIEW)

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Introduction. Postpartum bleeding is the leading cause of maternal death around the world. It is diagnosed clinically as excessive bleeding that makes the patient symptomatic (eg, pallor, lightheadedness, weakness, palpitations, diaphoresis, restlessness, confusion, air hunger, syncope) and/or results in signs of hypovolemia (eg, hypotension, tachycardia, oliguria, oxygen saturation <95 percent). Another definition which is the most common is an estimated blood loss ≥ 500 mL after vaginal birth or ≥ 1000 mL after cesarean delivery. Uterine atony is the most common cause of postpartum bleeding, but genital tract trauma (i.e. vaginal or cervical lacerations), uterine rupture, retained placental tissue, or maternal coagulation disorders may also result in postpartum bleeding.

Statistic overview. Although Ghana's maternal mortality has declined by 44 percent since 1990, the current rate of 350 deaths per 100,000 live births is still very high and postpartum bleeding is the leading cause of maternal mortality and morbidity. The pattern of causes of maternal deaths in Ghana as estimated by WHO shows that hemorrhage (24.8%) is the leading cause followed by infection (14.9%), unsafe abortion (12.9%), eclampsia (12.9%) and obstructed labor (6.9%).

Discussion. In low-income countries such as Ghana, postpartum haemorrhage is a major cause of maternal death is arguably the most preventable. Attempts to reduce deaths from postpartum haemorrhage have been complicated by the fact that many deaths occur in out-of-hospital settings or too quickly for the patient to be transferred to a health facility. Furthermore, prevention and treatment have depended primarily on injectable uterotonics, which are seldom available for births outside the health system.

Strategies that prevent and treat postpartum bleeding must be readily accessible, affordable, and have uncomplicated storage requirements in order to be effective in countries with limited healthcare financing and infrastructure. Ensuring safe motherhood requires recognizing and supporting the rights of women and the girls to lead healthy lives. It includes improving staff-patient relationship through training in interpersonal skills, 24-h availability of drugs, supplies and blood, establishment of a resuscitation unit at the casualty department so that first aid can be provided to patients with obstetric emergencies before transfer to the wards, establishment of a maternity care monitoring system to continually improve the quality of care, introduction of confidential enquiry into all maternal deaths in order to reduce their incidence. A monitoring and evaluation plan needs to be developed to assess regularly progress on implementation.

Conclusion. Proposed interventions, if successfully implemented, will contribute significantly towards the reduction of maternal deaths due to institutional factors, especially direct obstetric causes like maternal hemorrhage.

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THE INFLUENCE OF PYELONEPHRITIS COMPLICATIONS ON COURSE OF PREGNANCY AND LABOR

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Pyelonephritis – nonspecific, infectious-inflammatory process with primary and primary lesion interstitial tissue walls and renal tubules, with subsequent involvement of glomerular and vascular system.

Different pathological conditions, which provoked acute stage of chronic pyelonephritis among pregnant women has been analyzed. Among: anomalies of kidney development, glomerulonephritis, hypertonic disease, preeclampsia and oth. According retrospective investigation of case history of women of postpartum period which have complicated pyelonephritis of Chernivtsi region has been received such characteristics: general amount of cases of nephrological complicated diseases during 2010-2013 consists 87; ratio of these diseases consists: pyelonephritis – 78,16%, glomerulonephritis – 9,1% and oth. – 12,74%. Most part of all background conditions, which contributes development of acute stage of chronic pyelonephritis compound anomalies of kidney development (51%), among them the most - single left kidney (34%). Different groups of exciters of chronic pyelonephritis during pregnancy has been analyzed: Ar. Piogenes, Streptococcus spp., E. coli, Candida albicans, St. aureus, Enterobacter aerogenus, S. Haemolyticus, S. epidermidis. Negative results of bacteriological examination of urine after finishing course of antibioticotherapy has been founded efficacy of antibioticotherapy in pregnant women with complicated pyelonephritis. The disappearance or significant reduction in the severity of the clinical manifestations of the disease: negative Pasternatsky symptom, disappearance of pain in the lumbar region, the normalization of body temperature and reduce the intensity of other general clinical symptoms.