

# Assessment of Providing Medical Care in Cases of Obstetric Bleeding in the Republic of Karakalpakstan

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**Abstract** An analysis of the causes of obstetric bleeding is described on the basis of examinations received from all regions of the Republic of Karakalpakstan to the department of repeated examination of the state of maternal mortality. The most important reasons for the development of negative consequences in obstetric and gynecological practice have been identified. Deficiencies in the organization, diagnosis and treatment and their relationship with the occurrence of unpleasant consequences are revealed.

**Keywords** Obstetric bleeding, Maternal mortality, Medical care

## 1. Relevance

The relevance of this topic lies in the fact that obstetric hemorrhage has long been one of the leading causes of maternal morbidity and mortality in the world. According to WHO, 14,000,000 postpartum hemorrhages occur annually in the world, of which 120,000-140,000 cases result in death and 2,000,000 cases result in illness in women. Direct causes of maternal mortality (up to 80%) can be prevented with timely and appropriate care. Maternal mortality is primarily associated with bleeding. A meta-analysis of a cohort of women with bleeding shows the importance of certain risk factors. [1]

The World Health Organization (WHO) defines maternal mortality as “the death of a woman during pregnancy or within 42 days after childbirth from any cause related to pregnancy, aggravated by its management, but not from accidental or accidental causes.” [2-6]

The provision of perinatal care in our country is carried out on the basis of the order of the Ministry of Health of the Republic of Uzbekistan, which has a 3-level structure, No. 185 of 2014 “On the territorialization of perinatal care in Uzbekistan”, pregnant women of a dangerous category should be transferred to 3rd level medical care institutions level. Many studies demonstrate the effectiveness of rational regionalization and targeting of perinatal care for high-risk pregnant women in reducing maternal mortality and morbidity. [7-11]

Timely referral and transfer of high-risk women to perinatal centers with conditions for multidisciplinary care, adequate equipment, good infrastructure and laboratory, timely diagnosis of critical (severe) conditions and rational therapy to prevent maternal mortality. [12-15]

## 2. Purpose of the Study

The Republican Scientific and Practical Center for Forensic Medical Examination of the Ministry of Health of the Republic of Uzbekistan in the branch in the Republic of Karakalpakstan will have to analyze the examination of the commission related to the provision of obstetric care in the period 2017-2022.

Medical documents were analyzed (outpatient records, personal records of pregnant women and women in labor, birth histories, developmental histories of newborns, reports of pathological examinations, protocols of office examinations and clinical-anatomical conferences, examinations of the corpse). and expert opinions of the commission, materials of investigation and criminal cases) in order to establish the causes of shortcomings in the provision of medical care at various stages of prevention, organization, diagnosis and treatment, unfavorable results were recorded in the provision of obstetric and gynecological care. gynecological care for 51 patients.

## 3. Research Results

During the period 2017-2022, the total number of medical examinations carried out in the Republic of Karakalpakstan

in connection with the provision of medical care to pregnant women and maternal mortality was 6 (11.76%) in 2017, 3 (5.88%) in 2018, 21 (41.18%) in 2019. 10 (19.61%) in 2020, 6 (11.76%) in 2021, 5 (9.8%) in 2022. This indicator shows the highest result in 2019. (Figure 1)

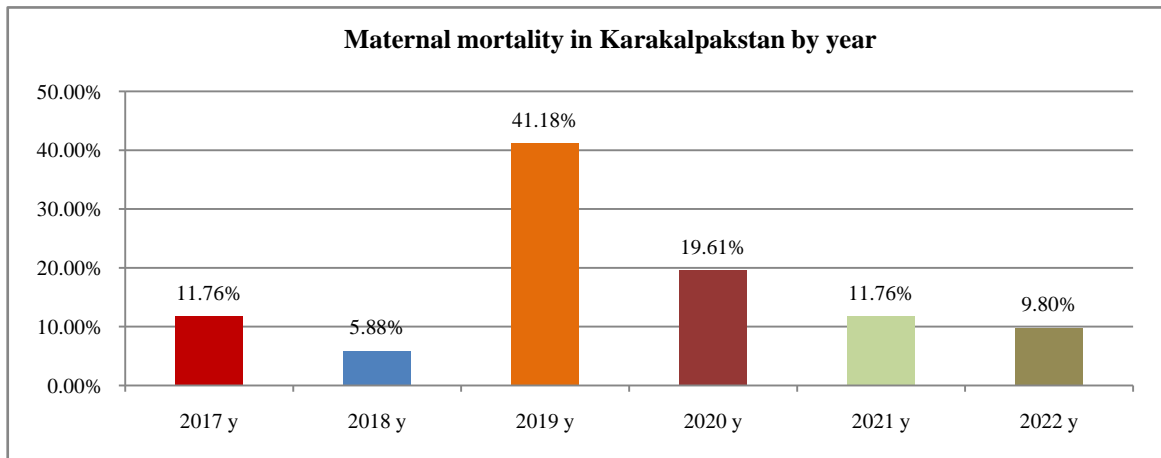


Figure 1

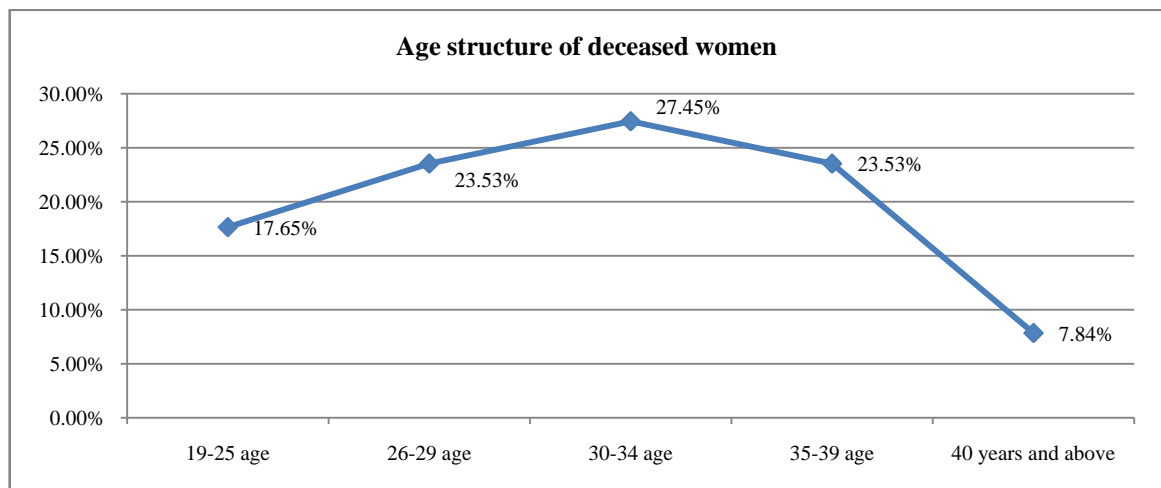


Figure 2

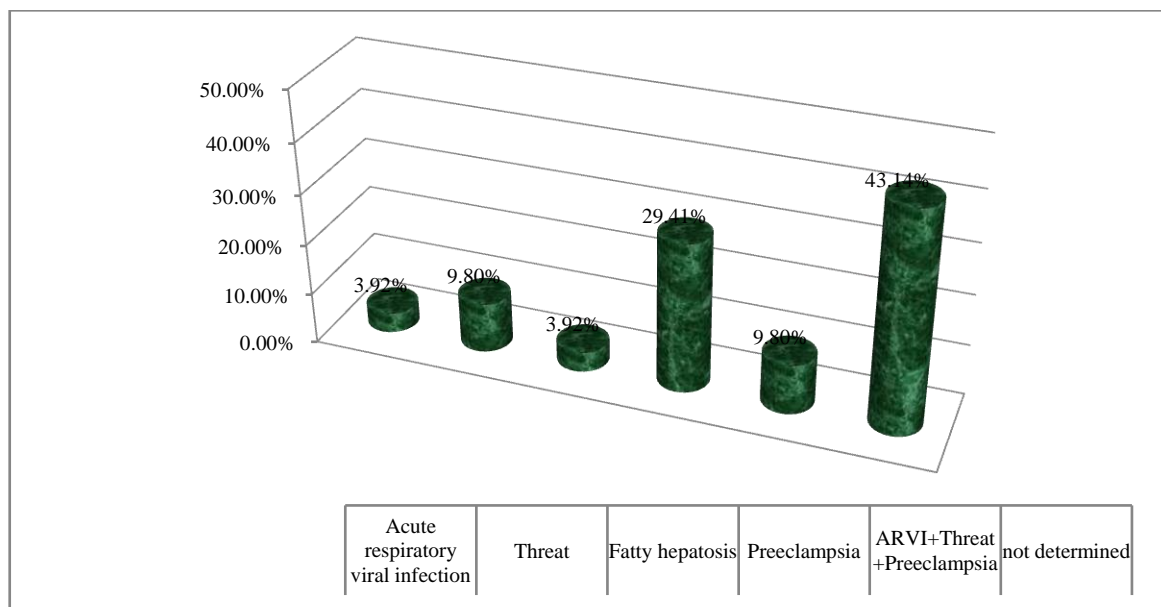


Figure 3

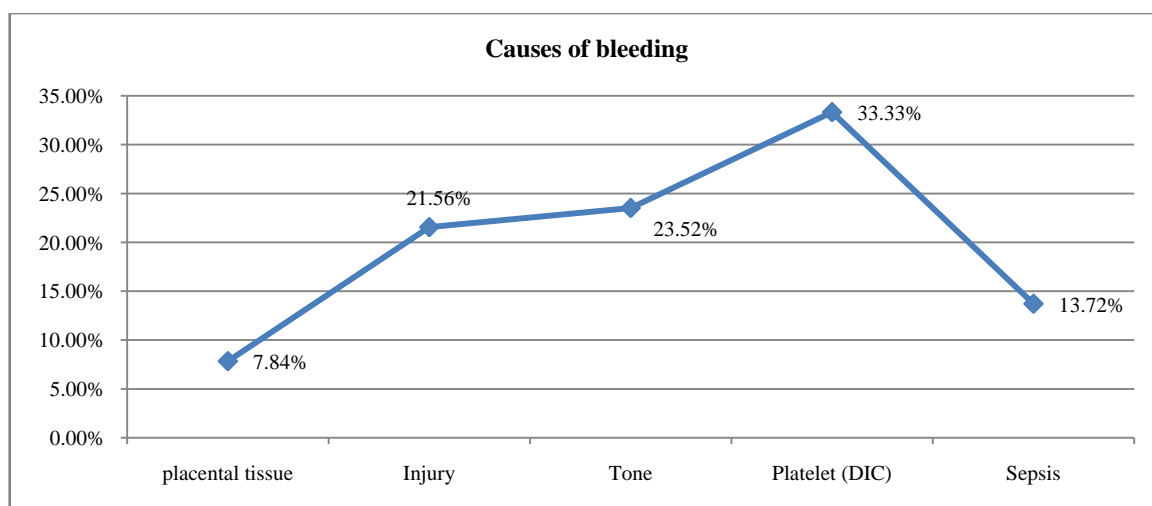


Figure 4

Among 26-29 year olds, 14 (27.45%) are the main ones, and in next place are 19-25 and 30-34 year olds, i.e. 12 (23.53%). Reproductive age in the Republic of Karakalpakstan is 26-29 years. (Figure 2)

In obstetric practice, bleeding occurred most often in I-pregnancy 13 (25.49%), II-pregnancy 20 (39.22%). 8 (15.69%) occurred during the third and fourth pregnancies, 1 (1.96%) - during the fifth and sixth pregnancies.

There were 15 (29.41%) I births and 19 (37.25%) II births. III and IV - detected in 8 (15.69%) and 9 (17.65%) cases during childbirth.

Of the 51 cases, 9 (17.65%) women gave birth vaginally. There were 9 (17.65%) planned cesarean sections and 30 (58.82%) emergency cesarean sections. In 3 (5.88%) cases, pregnant women did not give birth.

During this period of pregnancy, pregnant women had the highest incidence of preeclampsia - 15 (29.4%), and in 5 (9.80%) cases, gestosis was accompanied by an acute viral disease and the risk of miscarriage. 2 (3.92%) had an acute viral disease, 5 (9.8%) had a risk of miscarriage, 2 (3.92%) had fatty hepatosis. In 22 (43.14%) cases, pregnancy was uncomplicated. (Figure 3)

Indicators of maternal bleeding showed that premature migration of a normally located placenta in women led to the development of uterine atony and DIC syndrome (coagulopathic bleeding). Tissues showed 4 (7.84%), trauma 11 (21.56%), tone 12 (23.52%), DVS (platelet) 17 (33.3%) and sepsis 7 (13.72%). (Figure 4)

Most cases of maternal mortality occur much faster in level I institutions. 36 (70.58%) district medical associations in the Republic of Karakalpakstan, 14 (27.4%) perinatal centers, 1 (1.96%) did not have time to contact them.

## 4. Conclusions

When conducting examinations related to the correct provision of obstetric and gynecological care, the expert commission found that in 90% of cases, the shortcomings of

diagnostic and treatment tactics are not only the objective difficulties of diagnosis, but also the lack of assessment of the severity of the disease. the patient's condition, lack of timely and complete examination, lack of timely detection of the underlying disease and complications, lack of dynamic observation, incorrect choice of delivery tactics, incorrect assessment of the volume of lost blood, it was found that the volume of lost blood was not filled in on time and completely.

Complications during pregnancy caused severe complications.

Most of the shortcomings in diagnostic and therapeutic care are due to the lack of an individual approach to the patient.

In most cases, observed deficiencies in obstetric and gynecologic care are not causally related to adverse pregnancy or childbirth outcomes, but have a significant impact on outcomes and contribute to adverse outcomes.

The study revealed that more than 70% of the population contacted the district medical association. This is due to the provision of medical care in the District Medical Association with high-quality conditions, sufficient equipment, good infrastructure and laboratory, and the work of our qualified medical operators contributes to the timely prevention of bleeding.

## REFERENCES

- [1] World Health Organization. Beyond the Numbers; reviewing maternal deaths and severe morbidity to make pregnancy safer. WHO. Geneva: 2004. [https://www.who.int/maternal\\_child\\_adolescent/documents/9241591838/en/](https://www.who.int/maternal_child_adolescent/documents/9241591838/en/).
- [2] Chapman E., Reveiza L., Chamblissb A., Sangalang S. Cochrane systematic reviews are useful to map research gaps for decreasing maternal mortality // J. Clin. Epidemiol. 2013. Vol. 66. P. 105–112.
- [3] Hassan H., El-Sadek A., Ali L. Effect of Three Different Nursing Interventions on Intestinal Motility and Women's

- Satisfaction Post-Cesarean Section Birth. American Journal of Nursing Research, 2019; 7(6): 932-941. doi: 10.12691/ajnr-7-6-4.
- [4] Hassan H., EL-Kholy G., Ateya A., Hassan A. Breast Feeding Knowledge and Practices among Primiparous Women with Cesarean Section: Impact on Breast Engorgement in Upper Egypt. Communication, Society and Media, 2020; 3(2): 34- 78.
- [5] Farg D. and Hassan H. Obstetric Outcomes for Teenage and Adult Pregnancy: A Comparative Study. Nursing & Care Open Access Journal, 2020; 7(1): 1-10. doi:10.15406/ncoaj.2020.07.00208.
- [6] Hassan H., EL-Kholy G., Ateya A. & Hassan A. Breast Engorgement among Women with Cesarean Section: Impact of Nursing Intervention. Education, Society and Human Studies, 2020; 1(2): 22-55. doi:10.22158/eshs.v1n2p22
- [7] Clapp MA, James KE. et al., 2018r., Kyser KL, Lu X. et al., 2012r., Guglielminotti J, Deneux-Tharaux C, et al., 2016r., Wright JD, Herzog TJ, et al., 2010r., Main EK, Cape V, et al., 2017r.
- [8] Hassan H., Zedan H., Farag D. Successful Vaginal Birth Subsequent to Cesarean Section. Mansoura Nursing Journal, 2024; 11(1)
- [9] Farag D., Bakr M., Zedan H., Hassan H., Eid S. Maternal and Newborn Outcome among Women Undergoing Elective versus Emergency Cesarean Section: A Comparative Study. Egyptian Journal of Health Care, (EJHC), 2023; 14 (3): 454-468. DOI: 10.21608/EJHC.2023.317867.
- [10] Hassan H. Impact of Nursing Intervention on Relief of Breast Engorgement among Women with Cesarean Section. International Standard Book Number (ISBN) 978-620-3-58246-8, LAMBERT: Academic Publishing. 3/2021.
- [11] Hassan H., Mohamady Sh., & Abd El-Gawad N. Protocol for improving nursing performance towards placental examination at labor units. Clinical Nursing Studies, 2017; 5(2): 1-11. <http://dx.doi.org/10.5430/cns.v5n2p1>.
- [12] Ibrahim H., Elgzar W., Hassan H. Effect of Warm Compresses Versus Lubricated Massage during the Second Stage of Labor on Perineal Outcomes among Primiparous Women. IOSR Journal of Nursing and Health Science. 2017; 6(4): 64-76. doi:10.9790/1959-0604056476.
- [13] Hassan H, Nasr E. Improving nurses' knowledge and skills regarding tocolytics for inhibiting preterm labor. Clinical Nursing Studies. 2017; 5(1): 1-12. <https://doi.org/10.5430/cns.v5n1p1>.
- [14] Hassan H., Malk R., Abdelhamed A., Genedy A., "Infection Control Knowledge and Practices: Program Management in Labor Units According to Standard Infection Control Precautions in Northern Upper Egypt." American Journal of Nursing Research, 2020; 8(4): 412-425. doi: 10.12691/ajnr-8-4-1.
- [15] Hassan H. The Impact of Evidence-Based Nursing as The Foundation for Professional Maternity Nursing Practices. Open Access Journal of Reproductive System and Sexual Disorder, 2019; 2(2): 195-197. OAJRSD.MS.ID.000135. DOI: 10.32474/OAJRSD.2019.02.000135.