

Postpartum hemorrhage: Experience of the maternity hospital of the CHU Hassan II of Fez in 2018: Series of 246 cases

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Abstract

It is defined by a blood loss greater than 500 ml for a vaginal delivery and 1000 ml in the event of a caesarean section. It occurs within the first two hours after childbirth, although it may present within 24 hours. To date, it concerns 6% of childbirths and remains the first cause of maternal mortality in the world in both developed and underdeveloped countries. This is a retrospective study spread over a period of one year extending from January 2018 to December 2018 and relating to a series of 246 cases of postpartum hemorrhage in the maternity department at the CHU Hassan II. from Fes.

Keywords: Childbirth; Hemorrhage; Maternal Mortality; primiparous.

1. Results

The number of deliveries experienced by our maternity department in 2018 was 7,555 deliveries, 80.4% of which were vaginal with the occurrence of 246 postpartum hemorrhages, i.e. a rate of 3.25%. of parturients was 32.4 years varying between 19 and 44 years. 41% of parturients were primiparous, 36% pauciparous and 23% multiparous.



Figure 1 Statistics of the maternity hospital of CHU Hassan II in Fez in 2019

The etiologies were as follows: - Retained placenta was the most common cause with a rate of 64% requiring uterine revision and oxytocin infusion. - Cervical, perineal tears and abrasions, with a rate of 34%, which were managed by suturing. - And finally uterine inertia in 3% of cases and which required radical treatment in 5 cases and conservative

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treatment in 4 cases. - As for the uterine rupture, it occurred in 3 cases, the hematoma of the wall in 2 cases and finally the rupture of the vulvar varices in only one case. Mortality occurred in 2% of these women, i.e. a rate of 0.06% of all deliveries.

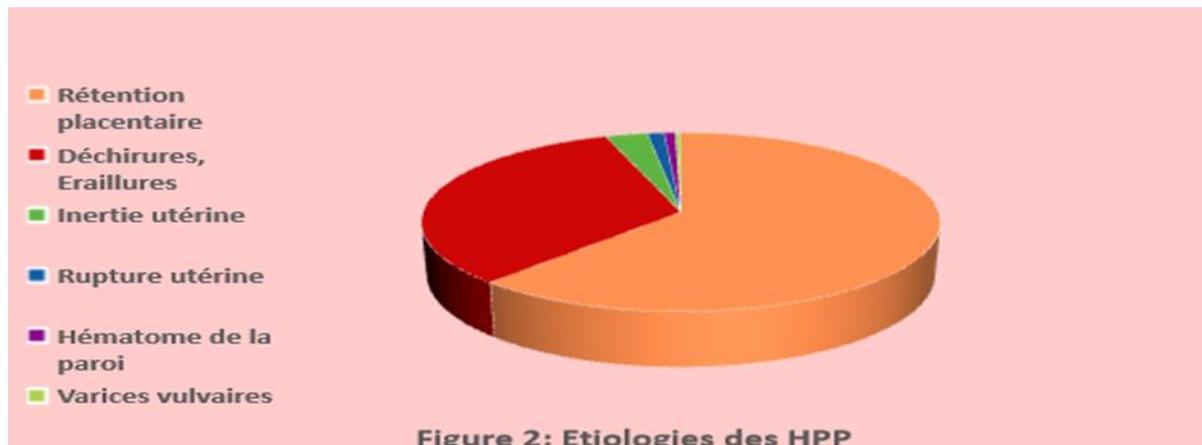


Figure 2 Etiologies des HPP

2. Discussion

The medical literature contains few data on the statistics of postpartum haemorrhages in general and are more interested in describing the overall protocol and action to be taken in the face of this emergency and haemorrhages requiring surgical management, whether conservative or conservative. radical. The incidence of PPH in our maternity ward has been evaluated at 3.25% of deliveries. While in the Thionville maternity ward, the annual incidence of PPH requiring surgical management was evaluated at only 1.7%. -The age of our patients ranged from 15 to 44 years, with an average of 32, 4 years against 26.3 years in Madagascar. -The parity varied between 1 and 11 with an average of 2.45 whereas it was 3.3 in Madagascar. -Among the etiologies, retained placenta was the most common cause with a rate of 64% requiring uterine revision and oxytocin infusion. Cervical, perineal tears and abrasions, with a rate of 34%, which were managed by suture. And finally uterine inertia in 3% of cases and which required radical treatment in 5 cases and conservative treatment in 4 cases by ligation of the hypogastric arteries and B-lunch. As for uterine rupture, it occurred in 3 cases or 1.2% against 69% of PPH requiring surgical management in Madagascar. We found the hematoma of the wall in 2 cases and finally the rupture of the vulvar varices in only one case. At the Thionville maternity hospital, the 2 main etiologies were uterine atony and placental insertion abnormalities dominated by placenta accreta. The action to be taken was based primarily on the systematic administration of oxytocin, as is the case in the Thionville maternity ward, which must be carried out as soon as possible. Tranexamic acid has not been proven in the various studies. Misoprostol meanwhile, administered intrarectal and sublingual, has demonstrated its effectiveness. Bakri's intrauterine balloon is not used in our training. However, this technique has recently been rehabilitated by the medical literature with the main indication being uterine atony.

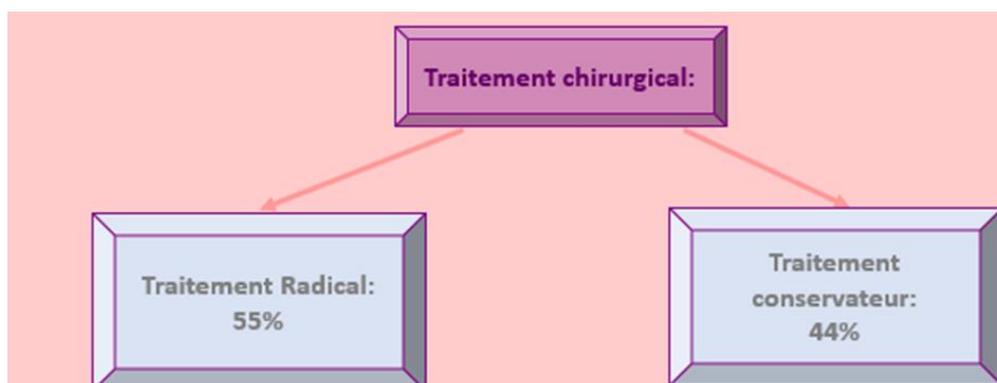


Figure 3 Surgical treatment

Surgical management should be considered after failure of well-conducted obstetrical treatments. Hysterectomy was performed in 2% of our PPH cases, ie 55% of surgical treatments compared to only 15.4% at the Thionville maternity ward. As for Madagascar, the frequency of hysterectomy was 0.19%. In Madagascar, 34% of maternal deaths are due to postpartum haemorrhages. As for our service, 2% of patients died following postpartum haemorrhage due to hemorrhagic shock or DIC.

3. Conclusion

Postpartum hemorrhage involves the maternal prognosis by its severity, its etiology and the delay in management. Bleeding after each delivery must be monitored and quantified in order to anticipate. Determining the origin of the bleeding as well as the blood transfusion are key points in the therapeutic management. Several conservative surgical techniques are proposed in first intention to potentiate the success rate of the care and could be sufficient to dry up the hemorrhagic syndrome in order to reduce morbidity and to avoid the use of hysterectomy and the risk of intraoperative complications.

Compliance with ethical standards

Acknowledgments

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Disclosure of conflict of interest

No conflict of interest.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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