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TITLE

STRUCTURE OF CAUSES OF ACUTE MASSIVE BLOOD LOSS IN TERM LABOR

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ABSTRACT

Objective: study the structure of acute massive blood loss (AMBL) in term during the postpartum period

Patient(s): The analysis carried out in Perinatal Center of Regional Clinical Hospital of Krasnodar in 2012-2014 (total 25,644 births).

Main Outcome: 2012 - 8623 total births, the rate of births with bleeding - 8.9%, with AMBL - 0.9%; 2013 - 8446 births, the rate of bleeding - 8.0%, with the AMBL - 1.1%; 2014 - 8573 births, the rate of bleeding - 6.0%, with the AMBL - 0.9%. The basic risk factors AMBL (risk (OR): varicose veins (73.5), three or more parity (25.2), conception after COCs in subsequently fertile menstrual cycle (12.25), markers of undifferentiated connective tissue dysplasia (6.0), uterine scar after cesarean section (4.76). The main causes of AMBL: uterus hypotonia (36%), placenta previa (19%), vaginal hematoma (15%), AIP in the uterine scar after CS (12%), placental abruption (11%), arteriovenous malformation of uterine vessels (1%). Bacterial vaginosis at pregnancy was more common in women with abnormal blood loss (OR = 47.25±0.51; 95%CI 17.4-128.342) vs. with AMBL (OR = 3.16±0.46; 95%CI 1.27-7.85). AMBL were significantly associated with emergency cesarean delivery (OR= 22.38±0.46; 9.04-55.4). Preinduction of labor, required 25.82 hours or more for the development of a regular labor, was associated with the AMBL ($\chi^2=7.239$, $p=0.05$). Postpartum vaginal hematoma 850 ± 239.58 ml may be asymptomatic and diagnosed through 27 ± 39 minutes after birth due to labor analgesia ($\chi^2=4.771$, $p<0.01$); hematomas are associated with phenotypic markers of undifferentiated connective tissue dysplasia ($\chi^2=0.597$, $p<0.01$), vaginitis before delivery ($\chi^2=26.652$, $p<0.01$). Due to the late (secondary) postpartum hemorrhage more blood loss may amount to 312 ± 40.1 ml (5.0 ± 0.7 ml /kg) that the total (from birth to discharge home from hospital) may amount massive blood loss.

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