

Modern Assessment of the Quality of Life of Women Who Have Suffered Massive Bleeding in Childbirth

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Abstract:

The clinical course of the postpartum period was studied prospectively in 203 women who suffered massive obstetric bleeding. The first, main group consisted of 109 women whose bleeding was stopped by surgical methods. The second, comparative group consisted of 94 women who had postpartum bleeding stopped by organ-preserving operations. The control group consisted of 50 women with uncomplicated course of labor and postpartum period. To determine the quality of life of women who suffered massive bleeding in childbirth, we used a questionnaire-MOS SF-36, consisting of 36 indicators.

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Obstetric bleeding is the main cause of maternal mortality, and the frequency in developing countries is 20-45% (who, 2017), and in our Republic it is 25.8%. Massive obstetric bleeding (MAC) is the main cause of disability in women, as it contributes to the development of various pathological syndromes that persist for a long time – 8-10 years (1,2,3).

In this regard, it is necessary to develop early and late rehabilitation measures and determine the quality of life of women who have suffered obstetric bleeding (6,7,8).

The clinical course of the postpartum period was studied prospectively in 203 three women who suffered massive obstetric bleeding. The first, main group consisted of 109 women whose bleeding was stopped by surgical methods. The second, comparative group consisted of 94 women who had postpartum bleeding stopped by organ-preserving operations. The control group consisted of 50 women with uncomplicated course of labor and postpartum period.

To determine the quality of life of women who suffered massive bleeding in childbirth, we used a modern method—a General questionnaire - questionnaire-Medical Outcomes Study Short Form-36, consisting of 36 indicators. Questionnaires determining changes in the quality of life activity in women of the main and comparative groups were conducted in the early and late rehabilitation period for all patients who underwent MAC. Questionnaires assessing QOL were distributed to patients in the maternity hospital before discharge after delivery 1-4 days, up to 3 months, in long-term periods from 3-6 months to one year, in some cases, follow-up continued for longer periods after receiving traditional or proposed treatment (4,5,7).

In the first group of patients, the nervousness turns into a state of depression, but still no patience: these are the indicators (3.26 ± 0.5 after 2.05 ± 0.32 seconds in the first group). The women in the first group, within seconds, were depressed and distressed (these values were 2.96 ± 0.32 and 1.71 ± 0.3 , $p < 0.05$, respectively). The mean happiness

indicators in the second group were similar (1.1 ± 0.41 points, $p > 0.05$). There are significant differences among women in that psychological adaptation, social, and daily activity measurements are maintained.

Adverse effects based on relationships between women and groups of women who have sex. It was an additional survey. After the complication of pregnancy, the change of the person affects the improvement of sexual adaptation, the patient's self-esteem, which interferes with the normal activity of sexual life. Sexual orientation and duration of bleeding were observed in women aged 19 to 25 years. Fifty-seven percent of patients were sexually

active, compared with 50 percent of young women who remained sexually active. A comparative overall assessment of the specific classification of women's health assessments shown in the diagram. For rice.1. depression, anxiety and fear, vasomotor disorders, women's attractiveness, sexual behavior, insomnia with high rates of cellular disorders, and, accordingly, poor performance of QOL are compared with groups similar to women.

In the diagram, letter D, denotes depressed states, FZ-an indicator assesses physical health, VV, memory and concentration-PC, menstrual function, group 2-MF, anxiety-disorder disorder and disorder

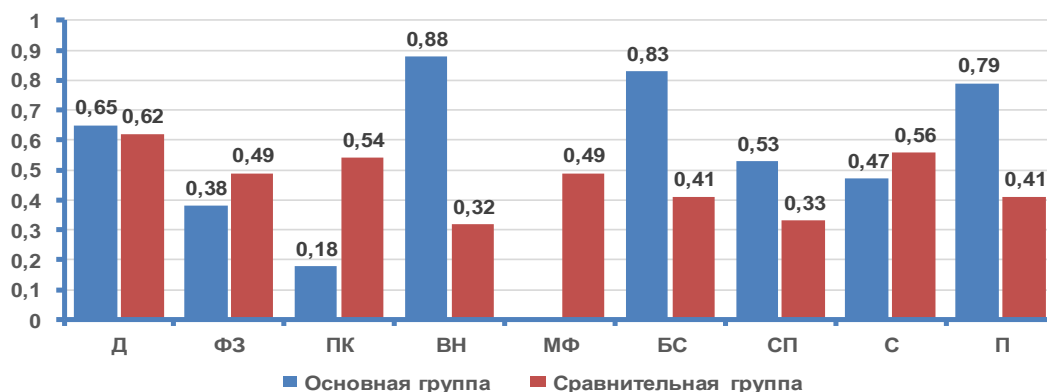


Fig. 1. Comparative descriptions of the average quality of life of women are excluded without bleeding in the range of measurements in the questionnaires.

The physical health (FH) of patients suffering from major bleeding at birth is changing. It is characterized by the appearance of headaches and joint pains, weakness, dizziness, and urinary incontinence. When assessing the physical condition of women, they indicate that the physical condition of the patient is not good. Analyzing the physical health outcomes of patients may have a negative impact on their psychophysiological condition rather than their hepatology. The cost of removal of the products of local VV inpatients from the organs of production is 0.60 points. This figure is 0.31 in undiagnosed inpatients and 0.43 in unhealthy women. Lactation function is a specific indicator for determining and predicting a woman's reproductive health status. The values shown evaluate LF, they are there. This figure is 0.66 during women's transport, indicating that patients in this group had impaired organ function (0.47) and unhealthy patients (0.27, $P < 0.05$).

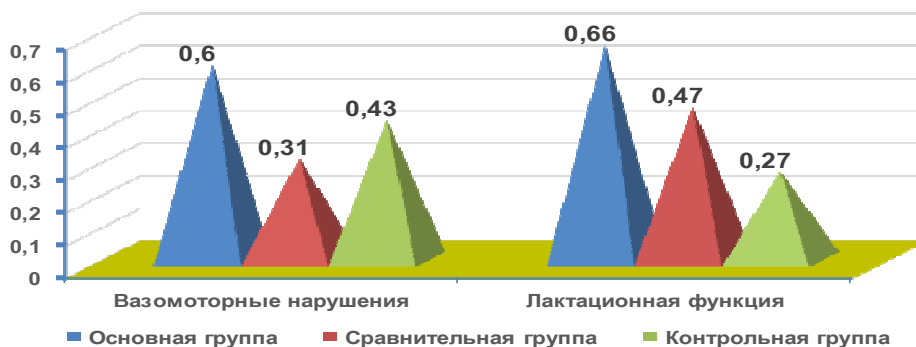


Fig. 2. a mild indicator of lactation function and irregular procedures

Sleep problems in patients (0.56) were not removed organically by the female indicator — 0.55 ($p > 0.05$); but in the second group and in healthy women - 0.44 ($p < 0.05$).

Women in Group 2 did not organize very positive and frequent emotions compared to healthy patients (0.58) on external data (0.45). Patients in the whole group, as they are removed from their body, quickly fall into depression when their body changes, their attractiveness and appearance, when the opinion of others is low. The mean traction activity index in this group was 0.77 points ($p < 0.05$), increases the ability to feel and feel. Recognizing the effects of massive bleeding associated with self-perception and sexual attraction, Physicians need to influence the sexual and psychological well-being of the reproductive organs in the hospital, which requires modern psychological care and high-quality medical care.

Thus, the above indicators of quality of life in patients with massive bleeding and removal of the uterus show that bleeding and removal of the organ leads to more pronounced negative consequences for almost all parameters of QOL in patients who have suffered postpartum bleeding.

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