IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A Historical Case Study On The Post-Partum Haemorrhage PPH Among Delivered Women By LSCS And NVD Of MCH Hospital In GMC Anantnag.

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ABSTRACT: -

In the modern era of materialism, the people have got more focus on painless procedures. People prefer more efficient modes of child birth practices. People are doing the procedures of LSCS more for escaping the pain of labour. Figure conscious people often love to say no to birth, if conceived they often go for LSCS. People due to low physical activity often have high chances to go through the surgery procedure. The lack of exercise and stress relieving techniques lead to weak muscle tone hence low healing causing PPH in women. Besides poor surgical hand is also a cause. The lack of facilities in primary health centres also lead to this condition in women. Lack of comprehensive knowledge in the ASHA etc also is one cause. It is the common cause of death among pregnant women. This is the main cause of suffrage for child and family is death is PPH. PPH leads to the downfall of family along with the social disruption in the child health and growth hence bad development hence suffrage of society.

INTRODUCTION: -

The term post-Partum hemorriage comes from post is Latin word postis means later, hemorriage is from hamimorrhagia means blood burst, hence PPH is after birth blood burst of the uterus. The obstetric disease in which there occur bleeding above the normal value causing complications of shock etc or the death is called the PPH. According to WHO, severe bleeding after childbirth, the blood loss of 500ml following vaginal birth and 1000ml after caesarean section is called PPH. The PPH is divided as early PPH within 24 hrs. and late PPH which ouccar 24 hours to 6 weeks after delivery.

The main causes are uterine atony or lack of effective contraction of the uterus, uterine inversion [uterus turns inside], uterine rupture, tear in uterus, laceration of genital, retained placenta, coagulation placenta, abnormal placentation etc. The global incidence of PPH is 14 million women suffer from PPH and 70000 maternal deaths ouccar. In India it is 2%-4% by NVD and 6% by LSCS death due to PPH. Total death is 19.9% in India. The death in Kashmir is 91 pregnant women annually. The first hour is golden hour to cure it by remembering 4Ts tone, trauma, tissue and thrombin. The rule of 30 refers to 30%fall of haematocrit, 30% decrease in systolic blood pressure, 30% increase in pulse, 30% decrease in HB and 30% blood loss. Knowledge of 4Rs readiness, recognition and prevention, response and reporting and system learning. Recombinant activated factor [rFVIIa]is lifesaving in PPH. This is prevented by active and expectant management, oxytocin is given.

A study was conducted by Saleem[1], Asif[2]and SM Salim[3], titled as Analysis of maternal mortality in Jammu and Kashmir. The total sample under study was standard cases for April 2020 to march 2021. The total of 91 deaths were reported on the said year. The PPH contributed to 50% of deaths in pregnant ladies. PPH and eclampsia were main causes of death in women.

KEYWORDS: - Post partum hemorriage, LSCS, NVD, knowledge score, information booklet, case study.

OBJECTIVES: -

- To determine the percentage of death rate prevalence among pregnant women by PPH and NVD MCH hospital of GMC Anantnag Kashmir.
- To determine the knowledge awareness among pregnant women by PPH in MCH hospital of GMC Anantnag Kashmir.
- To develop information booklet regarding prevention of PPH among pregnant women in hospital of MCH hospital of MCH Anantnag Kashmir.
- To determine the rate of death rate prevalence among pregnant women in govt and private hospital of MCH GMC Anantnag Kashmir.

METHODOLOGY: -

A historical case study research design was used along with quantitate approach was used. The sample of 500 delivered women were studied of LSCS and NVD mode of delivery. The research settings were MCH hospital GMC Anantnag. The through case study was done for the collection of data. The data was collected April 2018-June 2019. The data was analysed by both descriptive and inferential statistics. Reliability was checked. Ethics of research were followed by taking permission from nursing supervisor of hospital.

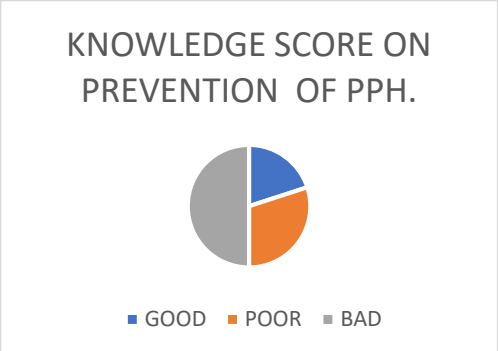
FINDINGS OF THE STUDY: -

The major findings were

The knowledge score of prevention on PPH in pregnant women was good 100[20%], poor 150[30%] and bad 250[50%]. The death rate prevalence among the pregnant women was NVD250[50%], LSCS200 [40%] and miscellaneous50[10%]. The death rate prevalence among pregnant women in Govt 300[60%], private150[30%]and ambigious50[10%]. The percentage frequency of complications by assessment error of 4Ts was tone150[30%], trauma200[40%], tissue100[20%] and thrombin50[10%]. The efficiency of reporting of 4Rs was readiness150[30%], recognition and prevention150[30%], response and reporting100[20%] and system learning100[20%].

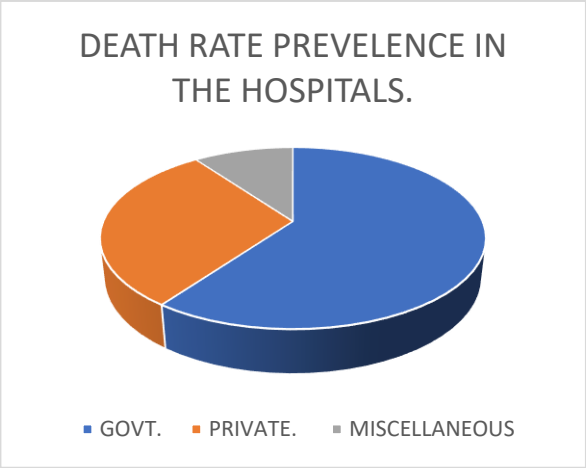
The frequency and pie graph of knowledge score on prevention of PPH are: -

S. No: -	Knowledge score	Frequency
1.	Good	100[20%]
2.	Bad	250[50%]
3.	Poor	150[30%]



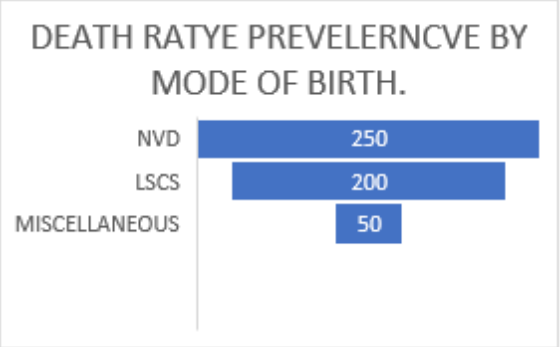
The frequency and pie graph of death rate prevalence among pregnant women with PPH are: -

S. No: -	Death rate	Frequency
1.	Govt.	300[60%]
2.	Private.	150[30%]
3.	Ambiguous.	50[10%]



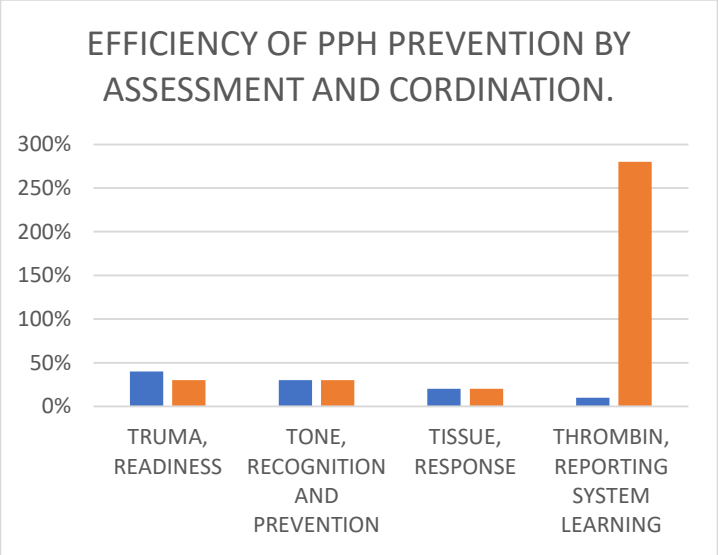
The frequency and funnel graph of the mode of birth are: -

S. No: -	Mode of birth	Frequency
1.	NVD.	250[50%]
2.	LSCS.	200[40%]
3.	Miscellaneous.	50[10%]



The frequency and bar graph of the 4Ts and 4Rs are: -

S. No:	Assessment of complications: 4Ts 4Rs	Frequency:
1.	Trama Readiness	40% 30%
2.	Tone Recognition and prevention.	30% 30%
3.	Tissue Response.	20% 20%
4.	Thrombin Reporting system Learning.	10% 20%



DISCUSSION: -

The study revealed that there is lot of work to be done both at cooperative and individual level to prevent complications, death etc due to PPH. There is need of early recognition of symptoms of PPH and prevention of PPH among the women. The health education and awareness camps are needed for the PPH prevention, early detection etc. There is need of providing of Inservice education and training for the staff to develop skills for the prevention of PPH in labour ward and post operative ward.

The supportive studies are

The study was done by Saleem[1], Asif[2] and SM Salim[3], titled as Analysis of maternal mortality in Jammu and Kashmir [2022]. The study has maternal mothers as study from 2020-2021. A total of 91 deaths of mothers. PPH constituted 50% of deaths.

The study was done by Daniel[1], Yatayal[2] and Likenaw[3], titled as, the magnitude and associated factors of PPH among mothers who delivered at Debre Tabor general hospital. [2018]. The study has 144 mothers under study. The magnitude of PPH was 7.6%, CI [chi square 6.2, 9.8]. The response rate was 100%.

LIMITATIONS OF STUDY: -

There is limitation posed by the limited sample, settings, placebo, lack of interest, cooperation, time, short stay of mothers. The other research designs and approaches can be used. The time and economy were limited. The working load at the setting also lead to disruption.

CONCLUSION: -

The study found that preventive knowledge was bad.

The study concluded that there is need to develop the system of proper management on PPH and training facilities for the proper management of complications due to PPH and staff development trainings for the staff, doctors etc in both Govt and Private system. There is proper need of developing the communication system for proper management of the PPH related complications. There is need of developing the facilities in sub centres, PHC, CHC etc. The health education on the recognition and management of the PPH must be made public. It must be declared level I obestric complication with first choice of management. The education on 4TS and 4RS must be made compulsory for the obestric doctor, nurse etc.

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