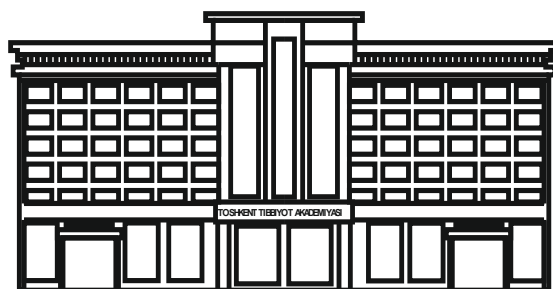


ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ  
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**ANALYSIS OF THE MAIN CAUSES OF ATONIC BLEEDING**

Israilova Z.F., Babadjanova G.S.

**АНАЛИЗ ОСНОВНЫХ ПРИЧИН АТОНИЧЕСКИХ КРОВОТЕЧЕНИЙ**

Исраилова З.Ф., Бабаджанова Г.С.

**ATONIK QON KETISHINING SABABLARINING TAHLILI**

Isroilova Z.F., Babadjanova G.S.

*Toshkent tibbiyot akademiyasi*

**Цель:** выявление основных дородовых причин атонического кровотечения и классификация их по группам риска. **Материал и методы:** исследование, которое проводилось в больнице третьего уровня в 2021-2024 гг., включало 40 женщин с атоническим послеродовым кровотечением. Ретроспективно изучены данные из медицинских карт пациенток. **Результаты:** к группе высокого риска относят ся случаи предлежания плаценты, наличие в анамнезе послеродовых кровотечений, кровотечений на момент поступления женщины; к группе среднего риска: применение индукции родов, возраст матери (моложе 18 лет или старше 35 лет), хориоамнионит, введение сульфата магния, наличие крупной миомы матки; низкие риски включают анемию, гиповитаминоз, эндометрит и стресс. **Выводы:** выявление групп риска позволяет разработать более эффективные профилактические мероприятия, которые помогут снизить частоту и тяжесть атонических кровотечений, улучшить прогноз для женщин в послеродовом периоде.

**Ключевые слова:** атония матки, послеродовое кровотечение, факторы риска.

**Maqsad:** atonik qon ketishining asosiy prenatal sabablarini aniqlash va ularni xavf guruhlariga ajratish. **Material va usullar:** 2021-2024 yillarda uchinchi darajali shifoxonada o'tkazilgan tadqiqotda tug'ruqdan keyingi atonik qon ketishi bilan og'rigan 40 nafar ayol ishtirok etdi. Bemorlarning tibbiy yozuvlari ma'lumotlari retrospektiv tarzda o'rganildi. **Natijalar:** yuqori xavf guruhiga platsentadan oldingi holat, tug'ruqdan keyingi qon ketish tarixi va qabul paytida qon ketishi kiradi; o'rtacha xavf guruhiga: tug'ruq induksiyasini qo'llash, onaning yoshi (18 yoshgacha yoki 35 dan yuqori), xorioamnionit, magniy sulfatini yuborish, katta bachadon miomasining mavjudligi; Kam xavflar orasida anemiya, gipovitaminov, endometrit va stress mavjud. **Xulosa:** xavf guruhlarini aniqlash bizga atonik qon ketishining chastotasi va og'irligini kamaytirishga va tug'ruqdan keyingi davrda ayollar uchun prognozni yaxshilashga yordam beradigan yanada samarali profilaktika choralarini ishlab chiqishga imkon beradi.

**Kalit so'zlar:** bachadon atoniyasi, tug'ruqdan keyingi qon ketish, xavf omillari.

A tonic postpartum hemorrhage (PPH) remains a significant cause of maternal mortality and morbidity worldwide, accounting for a substantial proportion of all postpartum hemorrhage cases. PPH is defined as excessive blood loss of more than 500 ml following vaginal delivery or 1000 ml after cesarean section, occurring within 24 hours after childbirth. Atonic PPH occurs when the uterus fails to contract properly, leading to ongoing bleeding. This failure of uterine contraction is often the result of uterine overdistension or the use of medications such as magnesium sulfate. Atonic PPH is particularly dangerous, as it can lead to severe complications, including shock, organ failure, and even death if not managed in a timely manner. Despite advances in obstetric care, the incidence of atonic PPH remains high, particularly in low-resource settings. Several risk factors have been identified that increase the likelihood of developing this condition, and recognizing these factors is crucial for preventing and managing PPH.

The aim of this study is to examine the primary risk factors for atonic PPH, assess their relationship to uterine atony, and explore strategies for prevention and treatment. The study's findings will contribute to understanding how early detection and management can mitigate the adverse outcomes associated with this condition.

**Purpose of the study**

To identify the main antenatal causes of atonic bleeding and classify them into risk groups.

**Materials and methods**

The study was conducted at a tertiary hospital from 2021 to 2024 and included 40 women who experienced atonic postpartum hemorrhage. The study followed a retrospective design, with data collected from patient medical records. The inclusion criteria for the study were women who delivered at the hospital and were diagnosed with atonic PPH, while the exclusion criteria involved women with bleeding disorders, anticoagulant therapy, or incomplete medical records.

Data collected from the medical records included maternal age, parity, delivery method (vaginal or cesarean), duration of labor, and any history of cesarean sections. Additionally, the study focused on maternal comorbidities such as hypertension, diabetes, obesity, and conditions like polyhydramnios or multiple pregnancies.

Special attention was given to uterine overdistension caused by factors like polyhydramnios, macrosomia, and multiple pregnancies, as well as the use of magnesium sulfate during labor, which can contribute to uterine relaxation and increase the risk of atonic PPH.

Descriptive statistics were used to assess the frequency and distribution of these risk factors. Multivariate logistic regression analysis was conducted to identify the independent risk factors for atonic PPH.

**Results**

The study sample comprised 40 women diagnosed with atonic postpartum hemorrhage between 2021

and 2024. The average age of the participants was  $30 \pm 5$  years, with 29% of participants being older than 35 years. The data revealed that 27% of the women had a previous cesarean delivery, and 22% had experienced multiple pregnancies.

Among the most significant risk factors identified were polyhydramnios (21%), prolonged labor (26%), and magnesium sulfate use during labor (13%). Uterine overdistension due to polyhydramnios was found to be significantly associated with atonic PPH ( $p=0.02$ ). Additionally, prolonged labor (defined as lasting more than 12 hours) was a strong predictor of atonic PPH ( $p=0.03$ ).

The multivariate logistic regression analysis revealed that polyhydramnios ( $p=0.01$ ), multiple pregnancies ( $p=0.03$ ), and magnesium sulfate use ( $p=0.04$ ) were the most significant independent risk factors for atonic PPH. Maternal age and prior cesarean sections were also associated with atonic PPH.

### Discussion

The findings of this study underscore the significance of several key risk factors associated with atonic PPH, particularly uterine overdistension, magnesium sulfate use, and maternal characteristics such as age and prior cesarean sections.

1. **Uterine Overdistension:** Polyhydramnios, multiple pregnancies, and macrosomia contribute to uterine overdistension, which compromises the uterus's ability to contract effectively post-delivery. The presence of polyhydramnios, found in 21% of the participants, was a significant predictor of atonic PPH. This result aligns with previous studies indicating that excessive amniotic fluid increases the risk of uterine atony by overstretching the uterine muscle [1].

2. **Magnesium Sulfate Use:** Magnesium sulfate is commonly used to prevent preeclampsia but can relax the uterus, thereby increasing the risk of atonic PPH. In this study, 13% of the women received magnesium sulfate, and its use was associated with a significantly higher risk of PPH ( $p = 0.04$ ). This finding supports existing literature suggesting that magnesium sulfate may contribute to uterine atony, particularly in the post-delivery period [3].

3. **Multiple Pregnancies:** Multiple pregnancies have been shown to significantly increase the risk of atonic PPH due to the excessive uterine stretching required to accommodate more than one fetus. The study found that women with multiple pregnancies had a significantly higher risk of atonic PPH ( $p=0.03$ ). This finding is consis-

tent with previous research that emphasizes the role of multiple gestations in increasing the likelihood of uterine atony [2].

### Conclusion

1. Atonic hemorrhage is a major contributor to maternal mortality, emphasizing its importance in obstetric care. Recognizing risk factors, such as high-risk conditions like multiple pregnancies, uterine abnormalities, and moderate or low-risk factors including prolonged labor and anemia is crucial for prevention. Early identification of at-risk women enables prompt interventions, reducing the occurrence and severity of atonic hemorrhage. Strengthening preventive strategies and management practices is vital for enhancing maternal health and ensuring safer postpartum recovery.

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### ANALYSIS OF THE MAIN CAUSES OF ATONIC BLEEDING

Israilova Z.F., Babadjanova G.S.

**Objective:** To identify the main antenatal causes of atonic bleeding and classify them into risk groups. **Material and methods:** The study, which was conducted in a tertiary hospital in 2021-2024, included 40 women with atonic postpartum hemorrhage. Data from the medical records of patients were retrospectively reviewed. **Results:** The high-risk group includes cases of placenta previa, a history of postpartum hemorrhage, bleeding at the time of admission of the woman; the medium-risk group includes the use of induction of labor, maternal age (younger than 18 years or older than 35 years), chorioamnionitis, administration of magnesium sulfate, the presence of large uterine fibroids; low risks include anemia, hypovitaminosis, endometritis and stress. **Conclusions:** The identification of risk groups allows us to develop more effective preventive measures that will help reduce the frequency and severity of atonic bleeding, improve the prognosis for women in the postpartum period.

**Key words:** uterine atony, postpartum hemorrhage, risk factors.

