

**PREVENTION OF MATERNAL MORTALITY DUE TO BLOOD LOSS**

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In the systematic analysis of global causes of maternal mortality, WHO noted that bleeding is the leading cause of maternal loss worldwide (27.1% of total maternal mortality).

An effective health care system is required to prevent mortality due to obstetric bleeding. It should include family planning services, technical attitude, and availability of comprehensive examination for all pregnant women.

The main causes of death associated with bleeding before and during childbirth are premature placental abruption, placenta previa, and uterine rupture.

These categories include measures to improve the health of the expectant mother. Before or during gestation, special attention is paid to the correction of anemia, treatment of infections.

In the overall strategy to reduce mortality due to obstetric hemorrhage, a key aspect is to reduce the number of cases of inappropriate caesarean section. Operative delivery causes an increased risk of bleeding both during the current pregnancy and during subsequent ones. This is due to the possible rupture of the uterus, pathological placenta accreta and the need for a repeat caesarean section.

Placenta previa occurs in approximately five cases per 1000 pregnancies. The clinic is manifested by scarlet painless bleeding, which can be profuse. A characteristic sign is also a high position above the entrance to the small pelvis of the presenting part of the fetus or its abnormal position.

Bleeding due to separation of a normally located placenta is manifested by persistent abdominal pain, without bloody vaginal discharge. Tension of the uterus can be determined on palpation. Extensive placental abruption is associated with massive bleeding and coagulopathy. Preventive strategies for obstetric hemorrhage include a wide range of organizational, social and clinical measures., weekly or daily additional intake of iron in pregnancy with and without folic acid helps to reduce the risk of anemia. Additional intake of folic acid before pregnancy helps to reduce the risk of placental abruption. It is known that iron deficiency is the most common cause of anemia. That is why pregnant women are advised to follow a diet with sufficient folate and iron. Given the effectiveness of tranexamic acid, the use of this drug for prophylactic or therapeutic purposes in postpartum hemorrhage.

The advantage of tranexamic acid is its effect on the process of fibrinolysis, and not on the contractility of the uterus. Due to this property, it can be effective in both hypotonic and traumatic hemorrhage. The drug can be used to prevent hemorrhage in women with a high risk of its development during vaginal delivery and cesarean section.

Obstetric hemorrhage is the most common cause of maternal mortality in the world. Their occurrence is often acute, unpredictable and requires rapid, coordinated and effective action to prevent a fatal outcome. The main causes of death of a woman from bleeding in the antenatal period are placental abruption, placenta previa and uterine rupture. Preventive measures include preconception administration of additional folic acid, treatment of arterial hypertension, early diagnosis of placenta previa and careful use of uterine stimulants. Prevention of postpartum hemorrhage consists of routine active introduction of the third stage of labor. Treatment of bleeding that develops in the postnatal period includes rapid sequential administration of invasive interventions until the bleeding stops.