

Post Partum Hemorrhage Scenario in India

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For mother and her son, the target of every birth is a stable outcome; however, the pace of maternal mortality and morbidity has expanded worldwide. Maternal mortality is the death of a woman while pregnant or within 42 days of the end of her pregnancy from any cause linked to or caused by the pregnancy or its management, according to the World Health Organization (WHO-2017). Around half a million women die worldwide due to multiple pregnancy and childbirth complications. In low and middle income countries, nearly all (99 percent) of these deaths occur. Postpartum bleeding is said to be responsible for one-quarter to one-third of obstetric deaths. Postpartum hemorrhage causes 127,000 deaths worldwide annually, as per WHO, and is the primary cause of maternal mortality. Postpartum hemorrhage (PPH) is a common complication of childbirth and is characterized as blood loss in excess of 500 ml (WHO) after the birth of the baby. It is a clinical conclusion that involves excessive blood loss from various locations, including the uterus, cervix, vagina and perineum, after the birth of the baby. Hemorrhage is regarded as primary postpartum hemorrhage during the initial 24 hours after delivery, whereas hemorrhage is referred to as late or secondary postpartum hemorrhage from 24 hours to 6 weeks after delivery. Either placental or extra-placental bleeding is often known as primary postpartum hemorrhage.

Incidence: More than 585,000 women die annually from pregnancy and labor-related difficulties worldwide. Nonetheless, the World Health Organization (WHO), the United Nations (UN), the International Children's Fund of the United Nations, the United Nations Population Fund, and the World Bank Group report that about 303,000 maternal deaths occurred in 2015, with 99% of global maternal deaths accounted for by the developing world.

PPH scenario in India: Despite the fact that it has just 16 per cent of the total population, India alone reports more than 20 per cent of worldwide maternal deaths. Eight Millennium Development Goals (MDGs) were set by the United Nations; by 2015, the fifth target (MDG-5) stated a 75 percent reduction in the maternal death rate. In India, the rate of MMR has decreased from over 750 in the sixties to around 400 in the nineties. Furthermore, it decreased from 254 in 2004-06 to 212 in the 2007-2009 bulletin. Despite the fact that countries such as Bolivia, Brazil, China, Egypt, Morocco and Peru have gained great ground in achieving MDG-5, India is still facing the problem of achieving the objective.

Jammu & Kashmir (J & K) at a glance: The (MMR) is 212 according to the latest India 2011 bulletin, but 91.68 (94 maternal deaths/102525 live births) are in the state of J & K MMR. Of the 94 deaths, 53.19 percent died due to hemorrhage and about 21.27 percent of the total deaths were accounted for by PPH. Within the first 24 hours of admission, almost every PPH died. Most women came from far-away countries, resulting in delayed action, and many at the time of admission were in poor general health. The accessibility and proper functioning of blood donation centers at all first referral units (FRUs) are required. Despite adequate antenatal consideration, PPH persists as atony can not always be foreseen and even with regular active management of the third stage of labor. Funded reductions could be feasible if excellent obstetric care were rendered available to all women today by an arrangement of expert reference to maternity care and referral hospital care in terms of political obligation and health care provider transparency.

Postpartum hemorrhage is a risky condition and a poor dream of an obstetrician. It remains a big explanation for maternal morbidity and mortality worldwide. In the developing world, it is still a relevant problem. In India, the prevalence of postpartum hemorrhage is 23

percent. The most generally accepted cause for postpartum hemorrhage is uterine atony, in around 75 - 90 percent of cases. The interventions needed to deal with postpartum hemorrhage, such as emergency referrals, obstetric treatment, blood transfusion, and surgery, are just unattainable for most women in developing countries, where most births occur in homes or local clinics. Increased mortality and morbidity was correlated with delayed diagnosis and inadequate postpartum hemorrhage management.

During the diagnosis and treatment of PPH, there are three delays that are commonly associated with a greater incidence of maternal mortality. A greater understanding of the factors associated with maternal mortality during PPH will help health care professionals quickly identify and provide adequate care for women at the highest risk of dying [1-11].

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