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Comparative assessment of the quality of life of women who suffered obstetric hemorrhage during childbirth with hysterectomy

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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.

203 та массив акушерлик қон кетган аёлларда туғруқдан кейинги давр клиник кечиши проспектив ўрганилди. Биринчи, асосий гуруҳ қон кетиши жарроҳлик усуллари билан тўхтатилган 109 нафар аёлдан иборат бўлди. Иккинчи, қиёсий гуруҳ туғруқдан кейинги қон кетиши органсакловчи операциялари томонидан тўхтилган 94 та аёллардан иборат бўлди. Назорат гуруҳи туғруқ ва туғруқдан кейинги давр физиологик кечган 50 нафар аёлдан иборат бўлди. Туғруқда массив қон кетган аёлларнинг ҳаёт сифатини аниқлаш учун 36 кўрсаткичдан иборат анкета- MOS SF-36дан фойдаландик.

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).

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-Medcal 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 patients of the first group, irritability often transformed into a state of depression to such an extent that, despite all efforts, nothing could cheer up the patient: the indicators of this parameter were as follows (3.26±0.5 in the first group and 2.05±0.32 in the second group, $p<0.05$). Women of the first group, more than in the second, felt discouraged and sad (the score was 2.96±0.32 and 1.71±0.3, respectively, $p<0.05$). Happiness indicators in the first and second groups were similar (1.1±0.41 points, $p>0.05$). There were significant differences between women with organ removal and with its preservation on the scales of psychological maladaptation, social and daily activity.

We studied the negative impact of bleeding on the sexual well-being and sexual behavior of women in the study groups, based on age aspects. This was done using an additional questionnaire. Changes in the body, after an obstetric complication, affect the level of mental maladaptation, the patient's self-esteem decreases, which hinders the normal activity of sexual life. Bleeding was the reason for the rejection of sexual life and a significant decrease in sexual activity was often observed among young women aged 19 to 25 years. Compared to older age groups, where 77% of patients remained sexually active, only 50% of young women had an active sexual life. A comparative summary assessment of the questionnaire of various thematic scales specific to the assessment of women's health is shown in the diagram. For rice.1. it is clearly seen that on the scales of depression, anxiety and fear, vasomotor disorders, attractiveness of women, sexual behavior, sleep disorders with organ removal had higher scores, and, consequently, worse QOL characteristics compared to similar groups of women.

In the diagram, the letter D denotes the level of depressive States, FZ-an indicator that evaluates physical health, vasomotor disorders are indicated by-VN, memory and concentration-PC, menstrual function, which is observed only in women of the 2nd group-MF, anxiety or fear-BS, impaired attractiveness-P, and SP-changes in sexual behavior and sleep disorders are indicated by the letter C.

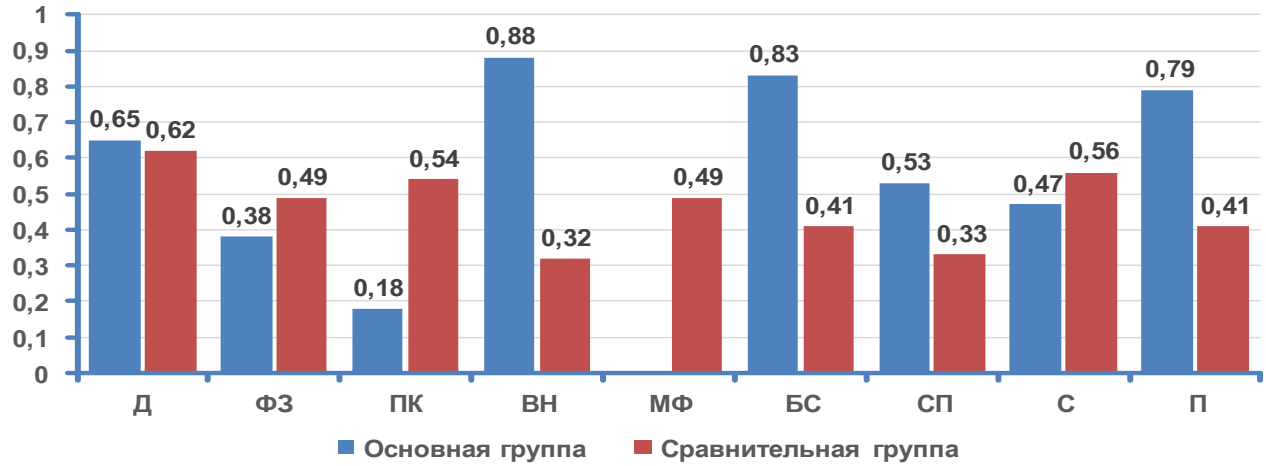

Fig. 1. Comparative characteristics of the average quality of life of women of fertile age with organ removal and women without organ removal with bleeding in the long term according to the questionnaire scales.

The following set of questions was used to study changes in the physical health (FH) of patients who had suffered massive bleeding during childbirth. This was characterized by the presence of headaches and joint pain, weakness, dizziness, and impaired urination. When assessing the physical condition of women, it was considered that the higher the indicator, the less often the patient felt physically unwell. Analyzing the results of the physical health of the patients, we can

confidently assume that the removal of the organ has a negative impact primarily on the psychological state of the patient, not on the physical one. The degree of VN demonstrates that against the background of dominant symptoms, women with organ removal also note significant symptoms of "high tide"for them. The assessment of VN in patients with removal of the reproductive organ is 0.60 points. In patients without organ removal, this indicator is 0.31, in healthy women it is 0.43 points. Lactation function is a specific indicator that can be used to assess and predict the state of women's reproductive health. The higher the indicator that evaluates LF, the more problems there are. This indicator among women with organ removal was 0.66, which indicates that dysfunctional disorders in this group are more significant than in patients with preserved organ (0.47), in healthy patients (0.27, P<0.05).

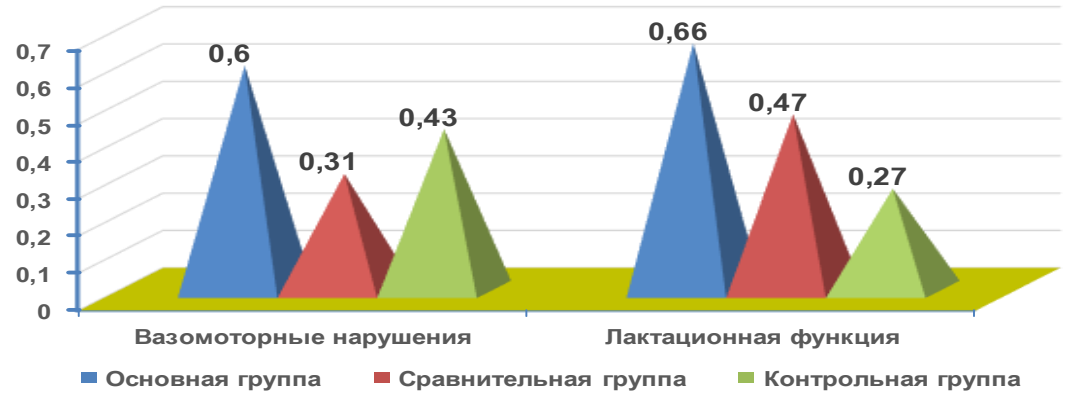

Fig. 2. indicators of the scale of lactation function and vasomotor disorders

Problems related to sleep were comparable for the surveyed patients (0.56) with the indicators of women without organ removal-0.55 (p>0.05); but more significant in the second group, and in healthy women – 0.44 (p<0.05).

Women in group 2 without organ removal are much more positive and unemotional in their assessment and opinion of their own external data (0.45) compared to healthy patients (0.58). Patients of the main group, with the removal of the organ, react strongly to the slightest change in their body, attractiveness and appearance, with a low opinion of others, they quickly fall into depression. Indicators of the attractiveness scale on average in this group is 0.77 points (p<0.05). And so, the analysis of scales shows that the final way to stop postpartum bleeding-removal of the reproductive organ negatively affects the patient's self-esteem, self-perception, increases the state of anxiety and fear, affects the level of satisfaction and interest in sexual relations. Recognizing the serious impact of massive bleeding with the removal of an organ on self-perception and sexual attractiveness, doctors should be well aware that the removal of a reproductive organ deeply affects the sexual and psychological well-being of the patient, requires timely psychological support and high-quality, modern medical services.

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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