RESOLUTION OF

Teleconference «Obstetric Hemorrhaging: Modern Look at an Old Problem»

June 15, 2021
Tashkent (the Republic of Uzbekistan)

Almost 4 000 health care specialists have registered to participate in the Teleconference «Obstetric Hemorrhaging: Modern Look at an Old Problem» that took place on June 15, 2021. The doctors from Ukraine, Uzbekistan, Tajikistan, Kyrgyzstan, Kazakhstan, Moldova, Georgia and Azerbaijan were among registered participants.

Teleconference agenda consisted of several topical units of reports:

- New trends in treatment of massive obstetric blood loss.
- Anaesthetic management of placental previa.
- Postpartum hypotonic hemorrhages: everlasting relevance.
- Prospects for better care and rehabilitation in obstetric hemorrhages.
- Own experience in management of patients with PAS spectrum.
- Caesarean section in the second stage of labor when the head is deep in the birth canal – frequency, consequences, management.

Conclusions and decisions based on discussion of reports:

1. Complications related to placental previa resolve into perioperative hemorrhages, mandatory hysterectomy, transfusion of blood, high risk of thromboembolic complications and high risk of perinatal disease and mortality rate.

2. Modern technologies of anaesthetic management:
   - low-volume restrictive intravenous infusion with well-balanced crystalloids to prevent development of polycompartment syndrome;
   - pre-infusion with hyperosmolar polyelectrolyte solutions 15-20 minutes prior to anesthesia;
   - selection method of neuraxial anesthesia in case of unstable haemodynamics with its further conversion into General Multi-agent Anesthesia through ALV;
   - the protocol of massive hemotransfusion with proper doses of Tranxenamic acid is used to prevent development of evident DIC syndrome.

3. Today the combination of oxytocin and misoprostol is used to prevent postpartum hemorrhages during the active 3rd stage of labor. Preventive medication with oxytocin and Tranxenamic acid is also possible depending on the risk factors. Tranxenamic acid in the amount of 1,0 g intravenous prior to operative intervention or in labor is prescribed:
   - to patients refusing blood transfusions;

- to patients taking medication doses of anticoagulants;
- in case of fused placenta or placental previa.

4. More frequent cases of Caesarean section when the cervix opens to the full dilation result in significant long-term psychological and physical diseases of mother and child. Further examination has to be conducted to determine optimal methods of delivery when the cervix opens to the full dilation and their disease and mortality rates.

5. Obstetric hemorrhaging management includes:
   - antenatal correction of anemia by infusion of iron saccharate that has proven to be an efficient and the most safe agent, the dose is calculated individually according to Ganzoni formula,
   - prescription of Tranxenamic acid 1 g, in particular to women at risk of massive blood loss prior to Caesarean section,
   - control and, if there is a need, recovery of Hb level after delivery with iron parenteral drugs.

6. In the case of massive obstetric haemorrhages the following is important: the assessment of the patient's gravity, timely beginning of infusion-transfusion therapy, sufficient speed and volume of injectate, the selection of solution qualitative and quantitative composition, the selection of proper surgical approach. It is also important to remember that large volume infusion of crystalloids may result in pulmonary edema, large volume infusion of isotonic sodium chloride may result in development of hyperchloremic metabolic acidosis. It is appropriate to apply low volume infusion therapy with well-balanced hypertonic crystalloid solutions. Intravenous infusion of Rheosorbilact in the volume of 5-6 ml/kg provides positive hemodynamic effect within 2-3 hours — facilitates the transition of the hypokinetic type of blood circulation into the eukinetic one by means of the redistribution of extracellular fluid into the vascular channel and has no adverse effect on systolic-diastolic function of left ventricular myocardium.

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