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Intrauterine balloon tamponade is an effective method for treating severe PPH

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Postpartum haemorrhage (PPH) is the leading cause of maternal mortality worldwide and accounts for approximately a quarter of all maternal deaths today. The implementation of balloon intrauterine tamponade during postpartum hemorrhage after cesarean section appears to be safe and effective, which contributes to the reduction of both invasive procedures and the frequency of transfusions.

Objective of the study. To evaluate the effectiveness of the complex treatment of severe postpartum hemorrhage and bleeding with placental abruption or placenta accreta during cesarean section by using intrauterine balloon tamponade to prevent periportal hysterectomy.

Methods. An analysis of 30 cases of postpartum bleeding, which were treated with intrauterine balloon tamponade (IBT), and ended with effective conservative treatment without hysterectomy, was conducted.

Results. Parity of childbirth is important as a risk factor for the occurrence of hypotonic bleeding. A stretched uterus due to a large fetus was present in 4 (13.3%), twins - in 3 (10%), polyhydramnios - in 2 (6.6%), that is, every third woman had such a risk factor for bleeding. Massive obstetric bleeding was more than 1.5% of the weight in 3 (13.6%) women, up to 1.5% in 17 (77.2%), up to 1% in 2 (9.2%). Intrauterine balloon tamponade was performed for the treatment of PPK after ineffective first-line measures. According to our data, finding an intrauterine balloon gradually stopped the bleeding. After 6 hours of VBT being in the uterus, the bleeding was stopped and the volume of circulating blood was restored.

Conclusions Thus, women who have a history of massive postpartum bleeding, multiparous women, pregnant women with a stretched uterus due to a large fetus, multiple pregnancy are the risk group for the occurrence of postpartum bleeding. Intrauterine balloon tamponade is an effective method of conservative treatment of postpartum bleeding, which should be widely used in obstetric practice.

Key words: postpartum bleeding, risk factors, intrauterine balloon tamponade.