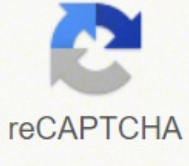




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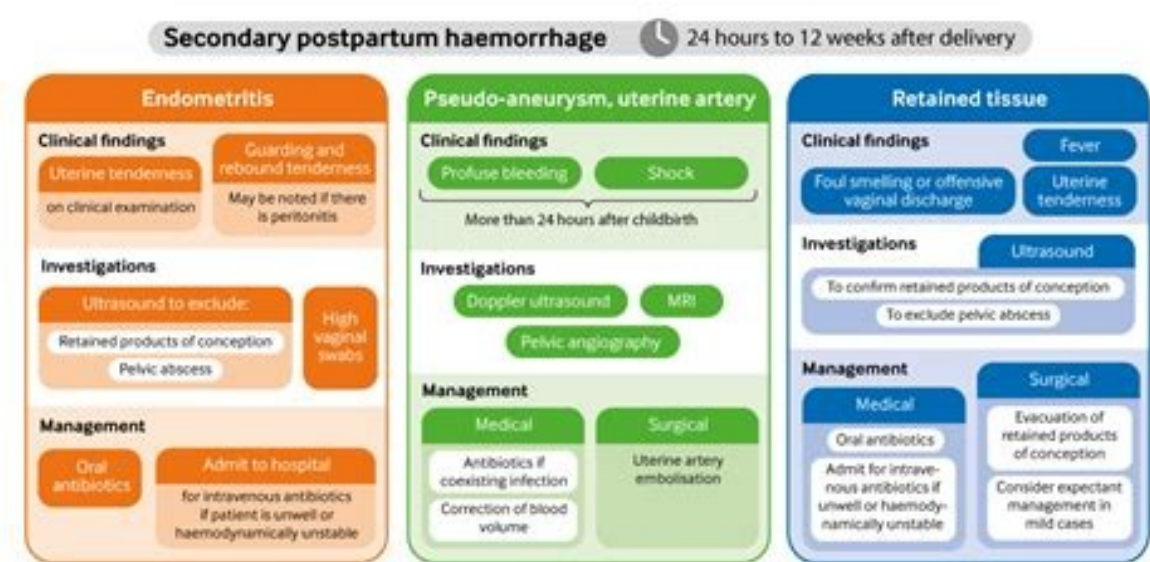
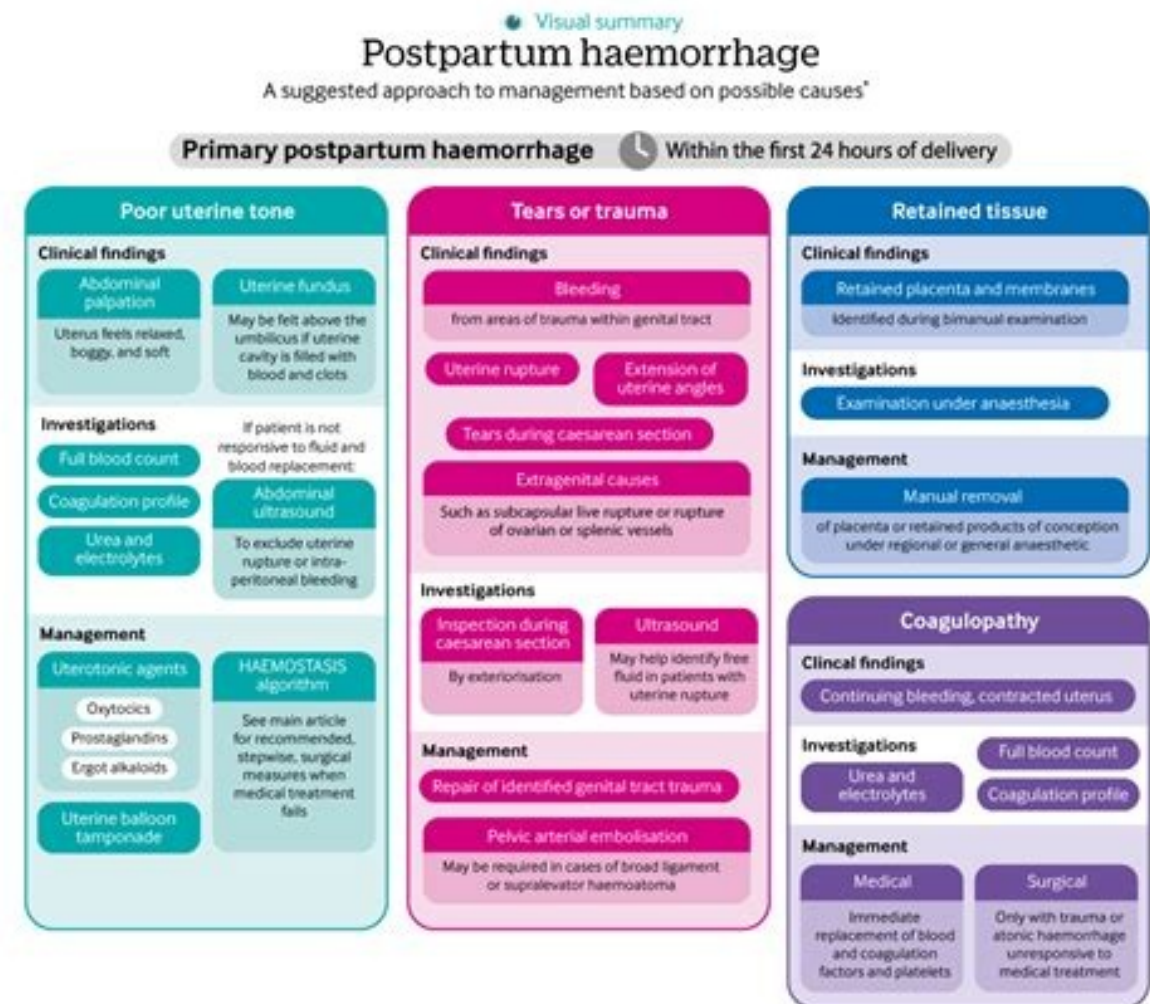


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Causes of antepartum hemorrhage pdf

Visual summary
 A suggested approach to management based on possible causes*



*Adapted from RCOG Green-top Guidelines on postpartum haemorrhage
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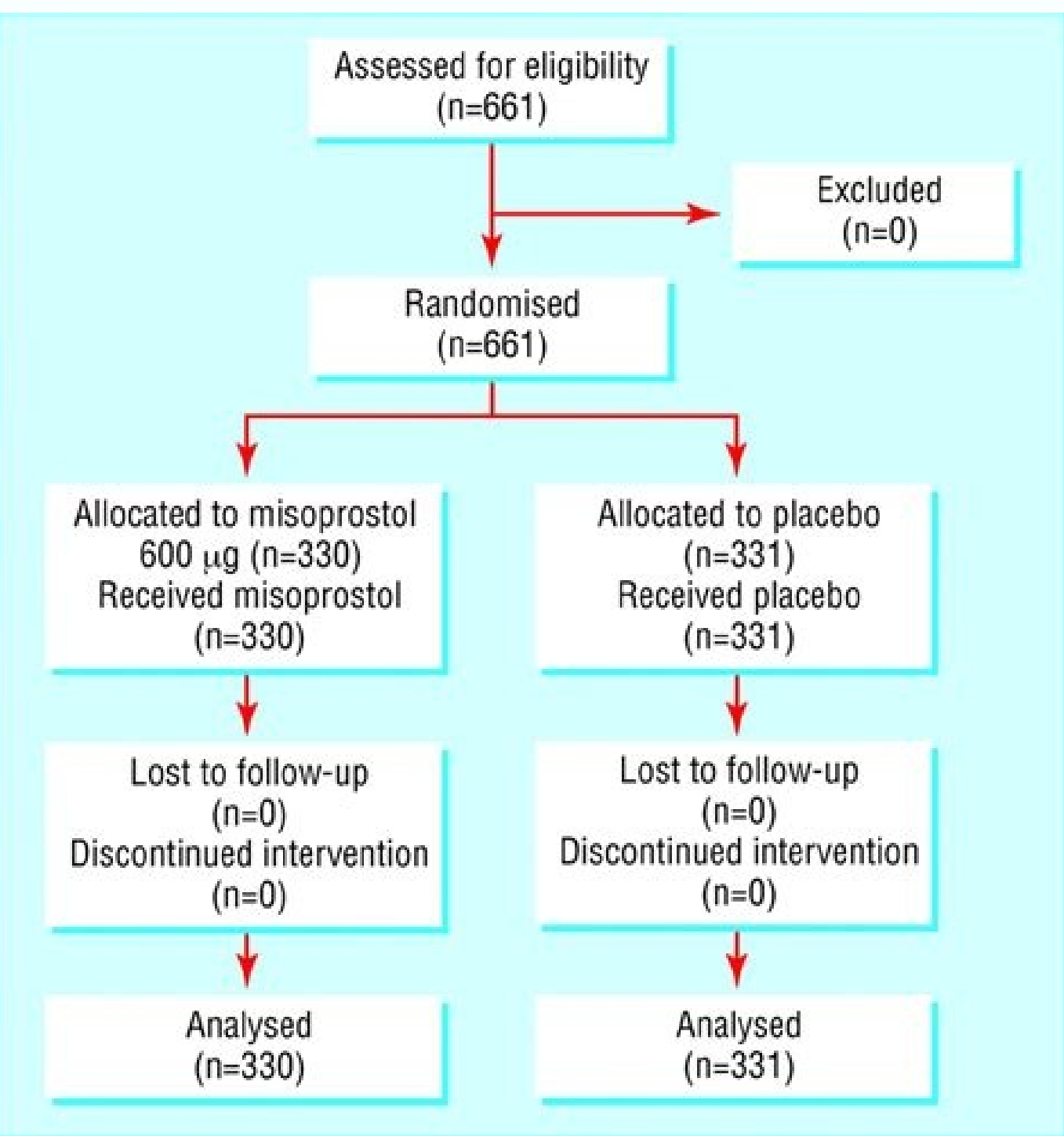
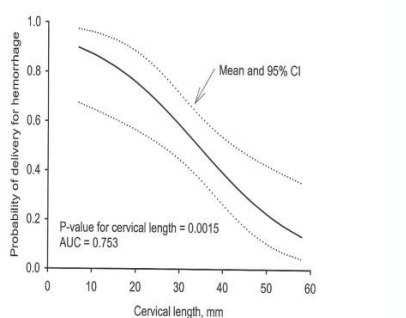


Figure 1. Probability of delivery by haemorrhage according to cervical length in women with placenta praevia



Antepartum Haemorrhage (APH)

Dr Mayuramana

Causes of antepartum hemorrhage management. What are the causes of antepartum haemorrhage. Causes of antepartum hemorrhage pdf. Common causes of antepartum hemorrhage. How to prevent antepartum haemorrhage. Causes of antepartum hemorrhage slideshare. Causes of antepartum hemorrhage ppt. Most common cause of antepartum hemorrhage.

AOR, probability ratio adjusted; APH, antepartum hemorrhage; ANC, antenatal care; CI, confidence interval; CS, Cesarean section; O, probability ratio; Prom, premature membrane abruption; SPSS, statistical package for social science. References 1. Therefore it is necessary to identify the risk factors associated with antepartum hemorrhage to help obstetricians in diagnosis and early treatment. The risk of adverse maternal and newborn outcomes, including mortality maternal mortality perinata and the low birth weight superior among APH cases in the university-specialized hospital Jimma compared to other countries. The tables and charts were also used for the presentation of data. The incidence of Placenta Previa increases linearly with the increasing number of previous Cesarean sections.2,6,12 The results of this study also confirmed another reported risk factor associated with Antepartum Hemorrhage A was the previous history of abortion. The risk of placenta after A piA high in pregnancy immediately after cesarean section. 2. SakornBut E, Leeman L, Fontaine P. Previous History of Obstetrics: Previous History of Antepartum hemorrhage, Prior Cesarean section, Previous Termination of pregnancy Curettage, Previous Pregnancy-induced hypertension. Naiknaware Sv. Source population All papers of mothers who gave birth to Suhul General Hospital. Univ J Public Health. 2014; 22(2): 62. Dr. Sonal Arya Study of Antepartum Emorrhage and its maternal and perinatal result. Thanks The authors are grateful to the University of Mekele for providing ethical permission to undertake this study. Associations between antepartum hemorrhage and socio-demographic and obstetric factors have been explored using bivariate and multivariate logistical regression. The size sample Calculation, techniques and procedures Sample size was determined from two population proportions by EPI-INFO 7 using 95% CI, 80% power and a SN ODDS ratio of 2,443 taken from a study conducted at a Akintola University of Technology (LAUTECH) Teaching Hospital, southwestern Nigeria, which showed that unbooked mothers were significantly more likely to have hemorrhages before childbirth, 66.7% (OR=2,443, 95% CI=1,030A*5,794), and in the control group, those at a significantly higher risk of having Prepartum haemorrhages were 42.9% (OR=2,443, 95% CI=1,030A*5,794), a 1:2 ratio between cases and controls. 2016;75 (8):1199A*1206. 3. Funding Ethiopian Ministry of Education funded this study. Wolfson J. A study at the Medical College in Mysore, India has shown that despite many improvements in antenatal care and intrapartum surveillance, prepartum haemorrhage has not decreased. Disclosure The authors declare that they have no competing interests, financial or otherwise. Gynecologist's filling, bleeding late in pregnancy. The quality of the data was ensured during the collection, coding, input and analysis of the data. Nagapurkar S, Tale A, Ranjwan B. Data collection procedure, period and quality control The data were collected from 1 August to 30 September 2016 using the mother's medical records through a structured data collection checklist developed by several publications. J Med Sci. APH, regardless of the causes, increases prenatal morbidity and mortality, so the disease requires thorough investigation and careful management.8 Effective management of vaginal bleeding in late pregnancy requires the recognition of potentially serious conditions, accurate identification and timely management of vaginal bleeding. Women with a history of APH are at increased risk of adverse perinatal outcomes including small fetuses for gestational and limited growth, therefore initiation of serial ultrasound is recommended.10 This study, conducted at specialized hospital of UniversityA by Jimma, it focused only on maternal adverse reactions and Results of the Placenta and Placenta Previa obstruction and complications of APH rather than finding the risk factors that contribute to AFH, which A very important to identify high-risk mothers to develop Antepartum hemorrhage. 2007; 75(8): 1199 - 1206. It still remains an important part of obstetric hemorrhage.1 Antepartum (APH) A hemorrhage very serious and one of the most frequent obstetric emergencies and A the most common preventable cause of maternal death, responsible for 25 *60% maternal death itA . Chufamo n, signs h, alemayehu yk. 2014; 4(2): 2250 - 3153. Information sheet incomplete: card that did not have complete information about the mother's pregnancy condition and past obstetric history (when one or more variables used in the study were lost). 13. Table 1 Socio-demographic characteristics of mothers who gave birth to Suhul General Hospital which had APH and had no APH during the period of 2013 - 2016 (N = 420) Obstetric characteristics of mothers who gave birth to Suhul APH General Hospital and APH had no APH during the period of 2013 - 2016 among women who had Antepartum hemorrhages (cases), 58 (41.43%), and between controls, 49 (1) 7.5%) were great siparables. The use of secondary data limits the study variables of socio-demographic characteristics such as religion, ethnicity, educational status, income and employment. 12. Physicians famm. Risk factors for Ante Partum bleeding: a hospital-based study. The results of multiple logistic regression in this study showed that those mothers whose age were in the range of 35 A* 44 years were significantly 4 times more probability to present with antipartum hemorrhage with respect to the mothers in the age range equal to 15 A* 24 years. This is in agreement with studies done in India (Maharashtra Medical College Jodhpur), Nigeria, Iran and Pakistan, who revealed that the maternal for 35 years A was found a risk factor for the ANTOPARTUM the ANTOPARTUM Yrotsih Suoiverp is Dah Ohw Nemow OT Derapom SA HPA Poleved OT Yromil Erom Semit-2 Erew NoitoBob Fo Yrotsih Suoiverp a Htiw Nemow Tabt Detacindi Siht 040.6002.PB / 7055.01. Iod .egahrrrrmm Muttrapetna: Elbarav Thedneped Selbarav Yuduts .dem Pap Demoib .a Ayruam .724A *a e e 604 .) 6 (1: 4102. 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