




Obstetriska blödningar

Styrelsen SFOAI

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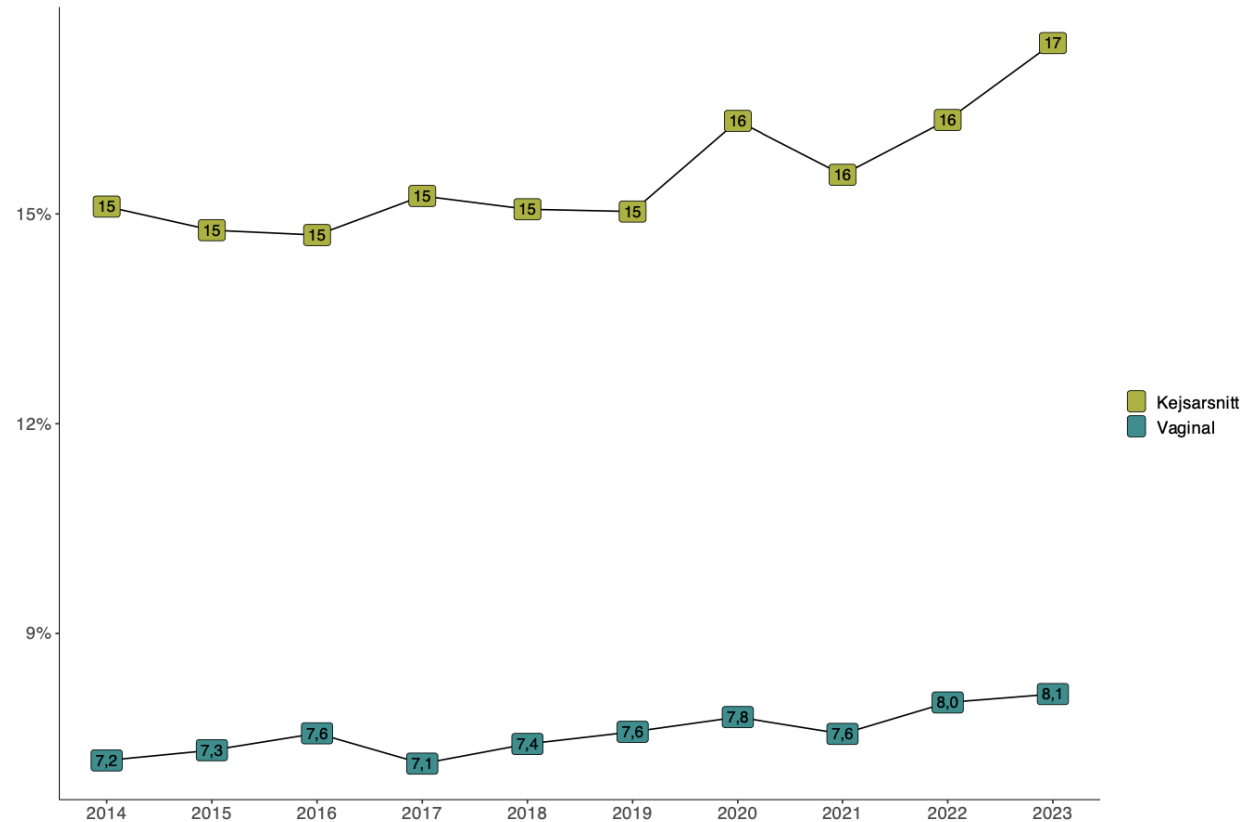
A close-up photograph of a person's hand and forearm against a dark background. The hand is heavily injured and treated. There are several lacerations, some of which are sutured. The skin is covered in various medical treatments, including blue antiseptic ointment, white gauze, and red antibiotic ointment. The injuries appear to be from a traumatic event. The text is overlaid on a white rectangular box in the upper left quadrant of the image.

Blödning är den ledande
orsaken till maternell död i
världen!

Post Partum Hemorrhage (PPH) är ledande orsak till maternell mortalitet i världen

- Definieras *ofta* som > 1000 ml + symptom inom 24 h efter partus
- Ökar även i höginkomstländer

Diagram 108: Andel (%) med blödning ≥ 1000 ml vid kejsarsnitt respektive vaginal förlossning, riket 2014-2023



Maternal, Newborn and Infant Clinical Outcome Review Programme



Saving Lives, Improving Mothers' Care

Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22

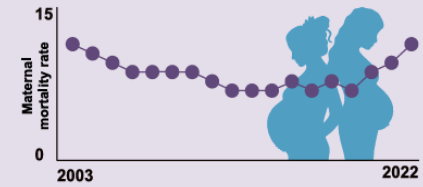
Compiled report including supplementary material



Key messages from the report 2024



275 women died during pregnancy or up to six weeks after pregnancy in 2020-2022
13.56 women per 100,000 died during pregnancy or up to six weeks after pregnancy



Causes of women's deaths



The national risk assessment tool must be evidence-based, clear and accurate



Consider the effects of vomiting, dehydration, immobility and other symptoms that can increase risk



Risk happens early - define pathways so women who need medication to prevent blood clots can access it when they need it, including in the first trimester

Blood clots 16%

COVID-19 14%

Cardiac disease 13%

Mental health conditions 11%

Sepsis 9%

Epilepsy and stroke 9%

Other physical conditions 7%

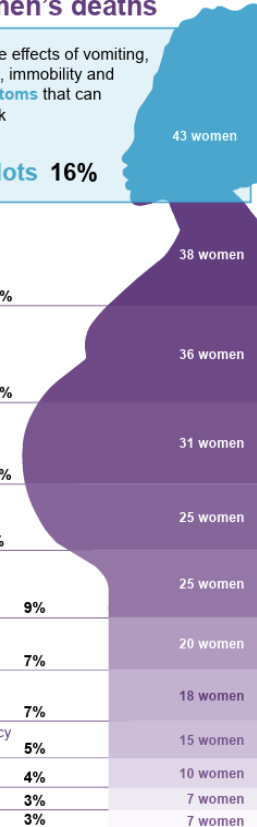
Obstetric bleeding 7%

Early pregnancy disorders 5%

Other direct causes 4%

Cancer 3%

Pre-eclampsia 3%



Inequalities in maternal mortality

3x Higher risk

Black women
35.10 per 100,000 maternities

2x Higher risk

Asian women
20.16 per 100,000 maternities

2x Higher risk

Most deprived areas
21.28 per 100,000 maternities

3x Higher risk

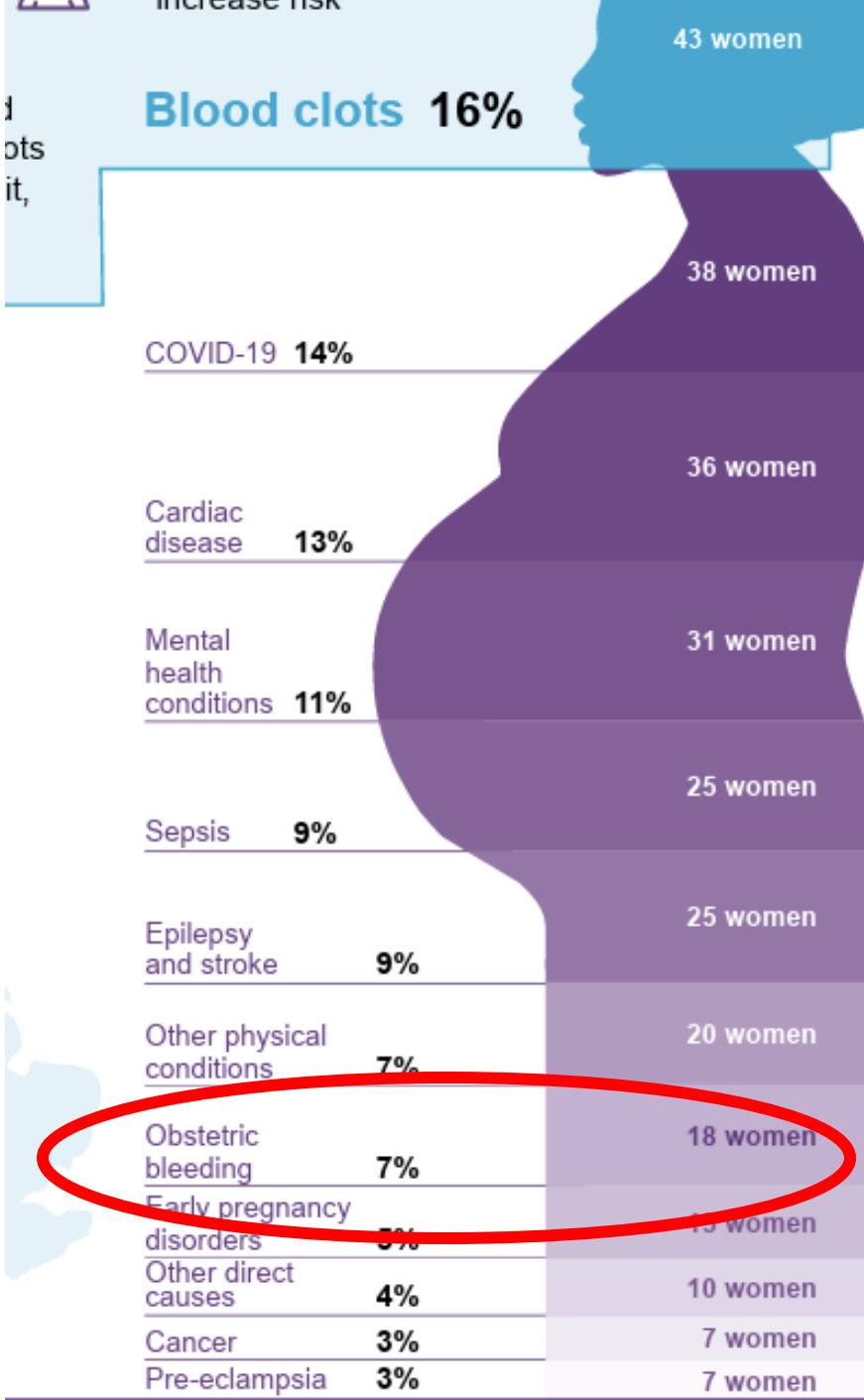
Age 35 and older
22.01 per 100,000 maternities

64%

Overweight or obese
177/275 women

9%

Multiple disadvantages
26/275 women



Hospital/Provider factors

(associated with severe postpartum hemorrhage)

- public, non-teaching hospital
- oxytocin administration >10 minutes after PPH diagnosis
- manual examination of uterine cavity >20 minutes after PPH diagnosis
- calling for additional assistance from senior OB and anesthesiologist > 10 minutes after PPH diagnosis

SFOAI

- * Post Partum Hemorrhage (PPH) i Sverige och i Världen
- * Generell eller Regional Anestesi vid PPH?
- * Blodtransfusion, viscoelastiska metoder inkl fall

Frågor