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**The methods used in the prevention and treatment of postpartum hemorrhage in Sierra Leone**

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**Introduction.** Sierra Leone is among the countries with the highest maternal mortality in the world. 1,360 mothers dying per 100,000 live births. Resent estimates from 2015 revealed that one in every seventeen mothers has a lifetime risk of death associated to childbirth. Postpartum hemorrhage - blood loss of up to 500ml and above within the first 24 hours to 12 weeks after delivery; due to uterine atony, uterine inversion, placental abruption, blood clotting disorders, uterine, cervical or vaginal lacerations are the leading causes of mortality and morbidity among women with vaginal delivery in the country. 70% of postpartum hemorrhage occurred amongst patients that delivered outside the hospital (home deliveries). There are few well trained medical doctors in large cities. Physician Assistants, Midwiferies, or unskilled birth attendants and herbalists are the primary healthcare providers in the rural areas.

Aim: To analyze the methods of postpartum hemostasis used by childbirth attenders, or midwiferies and untrained herbalists at health clinics in the rural communities of Tonkolili District.

**Materials and methods.** This study included 23 cases of women who had vaginal delivery aged 17 to 38 years admitted at the Yoni health clinic from July 2017 to August 2017. The following methods are used: Administration of misoprostol, ergometrine, or oxytocin for the prevention of postpartum hemorrhage, in the active management of the third stage of labor. Less than 3% of primary healthcare workers have knowledge about the use of these medications. Manual and Bimanual massage of the uterus to stimulate uterine contractions, abdomen aorta compression, the use of gauze packs as tamponade, and application of condom catheter as tamponade for intrauterine pressure are the methods used.

**Results.** Postpartum hemostasis in the third stage of labor: • 3 cases with the use of misoprostol medication in one of the clinics, (600-800 mcg rectally or sublingually, 200mcg per tablet) • 4 cases with bimanual uterine massage. • 5cases with combination of manual uterine massage and intrauterine balloon tamponade introduction. • 11 cases with the application of condom catheter as tamponade for intrauterine pressure. Thecondom is inflated with 300-500ml of normal saline. The condom catheter is kept 12-48 hours. Followed by antibiotic therapy.

**Conclusion.** A postpartum hemorrhage is the leading cause of maternal mortality and morbidity in Sierra Leone. Due to the underdevelopment of the rural communities of the country, medications like misoprostol, ergometrine, and oxytocin are not available in rural community health clinics. Primary health providers in rural health clinics lack the knowledge, skills and the ability to accurately assess the risk factors and blood loss during delivery. Antenatal care is limited in rural communities.