premature detachment of the placenta, surgical treatments were used immediately. Surgical hemostasis included: internal iliac artery ligation, the imposition of compression sutures on the uterus by B-Lynch. In group I surgical haemostasis was formed in 55.6 % of cases, performance of which was at the rate of 80 %, which indirectly gives evidence of the fact that blood loss may be controlled by us. Group II surgical haemostasis was formed in 91.7 %, and in 16.7 % of which a combination of ligation of the internal iliac arteries and compression seam B-Lynch were held, and hemostasis efficacy was at the rate of 90.9 %. At birth vaginally only in 10.3% of women in childbirth went to surgery in the first group, 3.4 % of patients in the second group , which demonstrates the effectiveness of active management of the third stage of labor. 8 of parturients after cesarean section in 12.5 % of cases developed intraoperative hypotonic bleeding, surgical hemostasis was undertaken immediately after suturing of the uterus.

Conclusions. According to the frequency the first place is taken by hypotension uterus in the early postpartum period. The highest figure was in group II (75 %); second place occupies the pathology placentation from 8.4 % to 55.6 % , soft birth canal injury took third place for reasons of early postpartum hemorrhage and was 5.6 %. An important factor in controlling blood loss from any cause is its adequate replenishment depending on the amount of blood loss. In our study, blood loss was 1500 ml filled through crystalloids and colloids using the minimum amount of fresh frozen plasma. Thus, ligation of the main arteries of the pelvis due to massive blood loss is very effective surgical procedure in the complex of therapeutic measures to stop uterine bleeding. A small additional amount of blood loss and the possibility of prophylactic use should be noted as its benefits. Ligation of the internal iliac arteries should be regarded as the method of choice in terms of preservation of reproductive function in young women.

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TRADITIONAL OBSTETRIC CARE IN AFRAM PLAINS-GHANA

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Introduction: Access to quality maternal health services mainly depends on existing policies, regulations, skills, knowledge, perceptions, and economic power and motivation of service givers and target users. Maternal mortality is high in most African countries, particularly in rural areas like Afram Plains where access to formal health care is limited. The sociopolitical and economic environment complicates the medical factors directly responsible for this high rate. Three quarters of deliveries in Ghana are still attended by untrained personnel, including traditional birth attendants (TBA's), and maternal mortality remains high. Most TBA's in rural Ghana are elderly illiterate engaging in farming and other traditional occupation perculiar to their districts. Since the 1970s many African countries have addressed this problem by training TBAs in health promotion and in the basics of safe delivery and referral. Reasons for referral refusal frequently cited by TBAs include financial limitation or lack of transportation and the patients fear of disrespectful or unprofessional treatment from medical personnel, cost of delivery and accesscibility to health care. In the rural environment, the trained TBA's greatest contribution to lower maternal mortality rates may lie in the area of health promotion rather than disease intervention. To respond to this challenge, the Millennium Development Goal 5 (MDG 5), which aims to improve maternal health was developed. The target is to reduce by three-

quarters the MMR between 1990 and 2015 and achieve universal access to reproductive health care by 2015. Ghana's MMR continues to be unacceptably high despite efforts made in an attempt to meet MDG 5. The Ministry of Health has been called on to treat maternal mortality as a national emergency. Critics question policy recommending involvement of TBAs in emergency obstetric care (EmoC) services in developing countries.

Material and methods: Fifty women (TBA's) in the various communities who attend to pregnant women in the district. Fifty TBAs were identified from several villages in 2010, interviewed and observed on their knowledge and practice in relation to EmoC. Quantitative and qualitative techniques were used for data collection and analysis depending on the nature of the information required

Results: Among all 50 TBAs approached, 74.3% were aged 50+ years while 85% had no formal education. Assisting mothers to deliver without taking their full pregnancy history was confessed by 67% of all respondents. Having been attending pregnant women with complications was experienced by 71.2% of all respondents. Only 38% expressed adequate knowledge on symptoms and signs of pregnancy complications. Lack of knowledge on possible risk of HIV infections while assisting childbirth without taking protective gears was claimed by 22.8% of the respondents. Sharing the same pair of gloves between successful deliveries was reported to be a common practice by 21.1% of the respondents. Use of unsafe delivery materials including local herbs and pieces of cloth for protecting themselves against HIV infections was reported as being commonly practiced among 27.6% of the respondents. Vaginal examination before and during delivery was done by only a 10.8% respondents.

Conclusion: TBAs in Afran Plains Ghana are still consulted by people living in rural areas. Unfortunately, TBAs' inadequate knowledge on EmoC issues seems to have contributed to the rising concerns about their competence to deliver the recommended maternal services. Thus, the authorities seeming to recognize and promote TBAs should provide support to TBAs in relation to necessary training and giving them essential working facilities, routine supportive supervision and rewarding those seeming to comply with the standard guidelines for delivering EmoC services.

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ROLE OF THROMBOPHILIA IN THE GENESIS OF UNSUCCESSFUL ATTEMPTS IN VITRO FERTILIZATION

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Introduction. Genetic and acquired forms of thrombophilia (TF) lead to unexplained infertility and may be the cause of early preembrionical losses due to defects in the implantation of a fertilized ovule.

The aim of the study was to identify the etiologic factors and the role of thrombophilia in the genesis of unsuccessful attempts In Vitro Fertilization (IVF) among women of reproductive age.

Material and methods. We examined 55 women with diagnosed genetic or acquired thrombophilia with infertility. IVF program was applied among all women. Patients were divided into two clinical groups : group № 1 consisted of 35 women with a failed IVF attempt , group № 2 included 20 pregnant after IVF .Laboratory diagnosis of