



questionnaires with problems of sexual function of women after hysterectomy has not shown the reliable differences in libido changes depending on hysterectomy volume. At the same time there has been noted the connection between these indices with the fact of removal or conservation of ovaries, especially during the first year after operation. It is necessary to notice that in the structure of disturbances of sexual function in women after hysterioovariectomy during the first year libido reduction prevailed, and during the second year – dyspareunia and anorgasmia.

Conclusions. The received results testify that frequency and a degree of manifestation of sexual disturbances in women after hysterectomy does not depend on operation volume (an extirpation or supravaginal uterectomy), and are stipulated by peculiarities of sexual life before operation, a level of sexual education, age of the woman, her personal characteristics and psychoemotional state, the fact of removal of ovaries.

Plugina A.A.

OBSTETRICAL BLEEDINGS: CONTRIBUTION TO PROBLEM RESOLUTION

Kharkiv national medical university, Kharkiv, Ukraine

Department of Obstetrics and Gynecology №1

Introduction: Maternal mortality is the most tragic page in the obstetric service. Unfortunately, in 2012 the massive obstetric hemorrhage took the first place among the causes of maternal mortality in Ukraine ahead of severe somatic pathology, which confirms the necessity of scientific research and practical application of innovative approaches to this problem.

Aim: To analyze the effectiveness of therapeutic interventions prior to ligation of the main vessels, study the effectiveness of ligation of the main vessels, show the need for ligation of the great arteries in the prevention of major bleeding with the aim of conserving surgery.

Materials and methods: The real work was done in the Kharkiv regional perinatal center at the Department of Obstetrics and Gynecology №1. We have analyzed 36 cases of postpartum hemorrhage. All women were retrospectively divided into three groups depending on the volume of blood loss. Group I included nine women with blood loss up to 1500 ml, group II consisted of 12 women, blood loss exceeded 1500 ml and group III included 15 women with blood loss less than 500 ml.

Results. In group I 30 % comprised caesarean section about placenta previa, 22.3 % comprised premature births and were completed by urgent caesarean section in connection with the premature detachment of placenta, 44.5 % comprised term vaginal delivery path. In group II, more than a half of cases (75%) were associated with bleeding uterine hypotonia, 16.7 % comprised injuries of soft birth canal, 8.3% were diagnosed with placenta adhaerens; 16.7 % comprised premature delivery, and delivery of 8.3% was operative. In group III, all acts of delivery were urgent and conducted vaginally with active management of the third stage of labor. Part multiparous groups ranged between 58.3 % to 66.7 % and had no significant differences. With the development of hypotonic bleeding initial treatment was conservative and designed to increase the tone and contractility of the uterus, while filling the circulating blood volume. In case of continuous bleeding, surgeons took measures concerning operational activities. In case of massive bleeding caused by placenta previa or



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.

Selby Daniel

TRADITIONAL OBSTETRIC CARE IN AFRAM PLAINS-GHANA

Kharkiv national medical university, Kharkiv, Ukraine

Department of Obstetrics and Gynecology №1

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 peculiar 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 accessibility 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-



EFFECTIVENESS OF DIFFERENT METHODS OF TREATMENT BY ISTHMIC-CERVICAL INSUFFICIENCY	154
Orlova Maryna, Gradil Oksana	155
ANTIOXYDATIVE MELATONIN'S EFFECT IN THE OVARIAN FOLLICLE	155
Palamarchuk V.V., Pashkova N.A., Saenko V.P., Kolisnyk A.I.	156
PSYCHOEMOTIONAL ASPECTS IN WOMEN WITH A SYNDROME OF SURGICAL MENOPAUSE.	156
Plugina A.A.	157
OBSTETRICAL BLEEDINGS: CONTRIBUTION TO PROBLEM RESOLUTION	157
Selby Daniel	158
TRADITIONAL OBSTETRIC CARE IN AFRAM PLAINS-GHANA	158
Tarawneh D.Sh., Nikulochkyna A.I.....	159
ROLE OF THROMBOPHILIA IN THE GENESIS OF UNSUCCESSFUL ATTEMPTS IN VITRO FERTILIZATION	159
Tkachenko V. A., Nikitin R. A., Boyeva O. N., Andrus A. M., Mekesha M. S.	160
ASSESSMENT OF THE STATUS OF FETAL HEMODYNAMICS IN PREGNANT WOMEN WITH PREECLAMPSIA	160
Tzybulnik V.A.....	161
RELATIONSHIP BETWEEN Ω3-UNSATURATED FATTY ACIDS INTAKE AND ENDOTELIN EXPRESSION IN PLACENTA	161
Vygovskaya L. A., Blagoveshchenskiy E. V., Demidenko A. D., Vorona A. S., Mironchuk E. I., Dyakova I. V.....	162
LAPAROSCOPY AS A METHOD FOR DIAGNOSIS AND TREATMENT OF GYNECOLOGIC ABNORMALITIES	162
Vygovskaya L. A., Rogachova N. Sh, Reznik M. A., Vygovskiy O. O., Malyar O. V., Sribna P. V., Solyanik V.A.	163
POSTOVARIECTOMIC MENOPAUSE COURSE PECULIARITIES.	163
PEDIATRICS	165
Adeyemi Ayodeji Alexander ^[1] , Shevchenko Irina Gennadyevna ^[2]	165
RARE CONGENITAL DISEASES IN PEDIATRIC PRACTICE	165
Balushchak I.A., Kondratova I.U.	166
EFFICIENCY OF APPLICATION NONINVASIVE ARTIFICIAL PULMONARY VENTILATION IN CHILDREN OF WEIGHT OF A BODY <1500 G	166
Chernenko L.N., Senatorova G.S., Shypko A.F.	167
CONTENT OF IL-1β AND TNF-A IN INDUCED SPUTUM IN CHILDREN WITH BRONCHOPULMONARY DYSPLASIA	167
Dryl I.S., Kolibaeva T.F. *, Muratova K.G. *, Yakymenko N.A.*	168
THE CARDIAC AND RENAL CHANGES IN CHILDREN WITH PROGRESSIVE CHRONIC KIDNEY DISEASE	168
Feofanova E.Y., Boychenko A.D.	169
CARDIOVASCULAR SYSTEM CONDITION IN NEWBORNS SUFFERED FROM ASPHYXIA	169
Khomenko M.A., Strelkova M.I, Omelchenko O.V	170
RARE CLINICAL CASE:SYNDROME HHH	170
Koval V.A., Tsymbal V.N., Makeeva E.A.	171
PHYSICAL DEVELOPMENT AND ADAPTATION OPPORTUNITIES OF CARDIOVASCULAR SYSTEM TO PHYSICAL ACTIVITY OF TEENAGERS	171
Kryvorotko D., Bendzar O.	172