**RISK FACTORS FOR MASSIVE OBSTETRIC HAEMORRHAGE AND THE EFFECTIVENESS OF CONTROLLED UTERINE BALLOON TAMPONADE**

**L. A. Martynova**

*Research supervisor: Assistant, M. Yu. Akhmetova*

*Department of obstetrics and gynecology with the course of children and adolescents gynecology*

*Irkutsk State Medical University, Irkutsk, Russia.*

**Relevance.** Postpartum bleeding remains one of the leading causes of maternal mortality and accounts for 25-30% of all deaths (WHO, 2020). Surgical hemostasis is still one of the main methods of their treatment. However, today it is possible to consider alternative methods of stopping bleeding. Controlled balloon tamponade (UBT) is one of the modern technologies that allow us to control postpartum bleeding and avoid hysterectomy (Artymuk N. V. et al., 2021). Accurate assessment of blood loss, identification of risk factors, and timely recognition of postpartum bleeding are the main problems in obstetrics.

**Aim.** To evaluate the risk factors for massive obstetric haemorrhage and the effectiveness of the UBT as a method of their treatment.

**Materials and methods.** We conducted a retrospective analysis of 58 medical cards of women who were delivered in 2020 at the Irkutsk City Perinatal Centre. Criteria for inclusion in the study: the presence of early postpartum bleeding, full-term gestation. The volume of blood loss was estimated by the gravimetric method. Exclusion criteria: physiological blood loss in delivery. Statistical data processing was carried out using the application software package "STATISTICA 10.0". Statistically significant differences were determined using the nonparametric Pearson test χ2 at p <0.05.

**Results.** The average age of all patients was 29 years. The main causes of bleeding in the early postpartum period: hypotension of the uterus – 91.4%, delay of placental parts – 1.7%, and a combination of causes – 6.9%. When we analyzed the group of hypotonic bleeding, we found that massive blood loss was diagnosed (more than 1500 ml at a time, or 2500 ml or more in 3 hours) in 37.9% of women. We found that the fact of multiple pregnancies and the use of assisted reproductive technologies (ART) during pregnancy were the risk factors for massive postpartum bleeding (relative risk 2.86 and 1.83, respectively). At the same time, there was no significant dependence of the risk of massive bleeding on the parity of labor.However, this complication was significantly more often diagnosed in women with programmed labor (70% and 39%, p = 0.03). The effectiveness of the UBT during delivery through the natural birth canal was 89.3%, which is 2.45 times higher than in operative delivery (36.4%). In the case of early postpartum bleeding in patients after cesarean section, surgical hemostasis with relaparotomy remained effective. In 1.7% of cases, a hysterectomy was performed. In women with a combination of diabetes mellitus and overweight, UBT was ineffective in 50% of cases, and surgical hemostasis was performed.

**Conclusion.** Significantly more often massive obstetric bleeding in the early postpartum period may occur during programmed delivery. Multiple pregnancies and the use of ART techniques are also risk factors. The effectiveness of UBT in patients delivered through the natural birth canal reaches almost 90%. This method of treatment allows doctors to avoid surgical manipulations, including hysterectomy.