产后出血109例临床分析及产后出血病因分析

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摘要 目的:观察产后出血临床治疗效果并探讨产后出血发病机制。方法:回顾我院收治的109例产后出血病例,观察临床治疗效果,根据临床观察分析产后出血的原因。结果:109例产后出血患者全部治愈,在所有产后出血病患中,宫缩乏力所致产后出血56例,胎盘滞留所致产后出血3例,软产道撕裂所致产后出血47例,凝血功能障碍所致产后出血3例。结论:观察产后出血临床治疗后发现,产妇分娩后发生出血主要分为三个时段,产后1h内发生产后出血最为常见,各期出血导致产妇生命体征危险的影响因素不同,在所有产后出血病因中,宫缩乏力是造成产后出血的主因。

关键词:产后出血;临床观察;致病机理

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Clinical and Etiological Analysis on 109 Cases of Postpartum Hemorrhage

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ABSTRACT Objective: To observe the clinical efficacy of postpartum hemorrhage and to discuss the pathogenesis of postpartum hemorrhage. Methods: 109 cases of postpartum hemorrhage were analyzed retrospectively. The clinical effects were observed. The factors that lead to postpartum hemorrhage were analyzed according to the clinical observation. Results: All 109 cases of postpartum hemorrhage were cured. In all these cases, 56 cases were caused by uterine inertia, 3 cases were caused by retained placenta, 47 cases were caused by soft birth canal laceration, and 3 cases were caused by blood coagulation dysfunction. Conclusions: By observing the clinical efficacy of postpartum hemorrhage, it has been found that postpartum hemorrhage can be divided into three periods. Postpartum hemorrhage generally occurs within one hour. The factors leading to postpartum hemorrhage which may endanger the parturients' health differ from time to time. Among all the factors, uterine inertia is the main reason for postpartum hemorrhage.

Key words: Postpartum hemorrhage; Clinical observation; Pathogenesis;

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前言

产后出血是分娩过程中最为严重的并发症之一[1],救治不及时或处理不善会产生危及生命的二期并发症,因此在产妇分娩前后运用各种有效的干预措施,能有效减少产后出血发生率从而改善产妇分娩预后状况。产后出血发生率约占我国产妇总数的2%-3%,卫生部2008年预期将产后出血发生率稳定在0.37‰以下,由于医疗技术水平限制和对产后出血认识不足,这一目标还远未实现,产后出血仍是我国产妇分娩死亡的首要原因[2,3]。从世界范围看,产后出血引起的死亡病例每年高达25万人,而在发展中国家这一数字所占比例更是惊人[4,5]。为了更深入研究产后出血进而降低产后出血发生率,本文将根据我院收治的109例产后出血病患进行临床观察分析,比较各时段产后出血发生情况,并详细阐述产后出血的致病机制。

1 临床资料

1.1 一般资料

2009年2月至2012年2月对来我院住院分娩的109例产后出血产妇进行临床观察,按《中华妇产科学》要求将分娩后24 h内出血量大于500 ml定义为产后出血,109例所选病例产后出血量均大于500 ml,19例患者出血量600 -1000 ml,3例患者出血量大于1000ml;患者平均年龄27岁;剖腹产63例,自然分娩27例,吸引器助产11例,臀牵引8例;其中软产道撕裂性出血47例,宫缩乏力性出血56例,胎盘残留性出血3例,凝血障碍性出血3例。

1.2 治疗方法

产后出血治疗现今主要采用三种基本方法:按摩子宫法即按摩子宫底同时挤出子宫腔内积血使子宫变硬,这是宫缩乏力引起产后出血最简单有效的方法[5];药物治疗即使用可使子宫节律性收缩或强制性收缩的药物,如缩宫素、米索前列醇等,也可用使血管痉挛血液凝固的药物,如垂体后叶素、血管加压素等;手术治疗即采用浸泡有凝血酶的无菌棉纱布塞入子宫腔内止血或运用改良B-Lynch缝合术缝合止血[6]。

1.3 产后出血观测

临床运用目测估计法、容积法等方法判断出血量,现今采用较为简单准确的容积法来评估,评估出血量关系到判断病因和选择治疗方法[7],所以尤为关键。

2 结果

2.1 一般情况

109例产后出血患者平均妊娠时间283.6天;产后0.5-1h

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内出血量最多，最多达到 3000mL，最少达到 560mL，平均达到 800mL；产后出血经治疗后未发生产妇死亡病例；具体不同时段产后平均出血量见表 1。

表 1 不同时间段平均出血量和大于 500mL 出血量的病例

Table 1 The cases of average bleeding volume and bleeding volume over 500mL

时段 Period	平均出血量 Average bleeding volume(n=109)	出血量≥ 500mL Bleeding volume≥ 500ml	
		n	比例(%)
分娩前 0.5h(Ante partum 0.5h)	67.82	2	1.64
胎盘娩出时(Expulsion)	160.77	9	8.26
产后 0.5h (After delivery 0.5h)	347.09	40	36.69
产后 0.5-1h(After delivery 0.5-1h)	284.31	53	48.62
产后 1-3h(After delivery 1-3h)	79.68	5	4.58

2.2 产后出血原因分析

目前公认的产后出血四个重要影响因素分别为：胎盘滞留、宫缩乏力、软产道撕裂、凝血功能障碍[8,9]，根据这四个重要主要影响因素，分析 109 例患者中造成产后出血的最主要因素，具体见表 2。

表 2 产后出血影响因素分析结果

Table 2 Analysis of the causes of postpartum hemorrhage

Causes	Cases number	Percentage
Uterine atony	71	65.14
Placenta remnants	33	30.27
Injury of birth canal	3	2.75
Disfunction of blood clotting	2	1.63

表 2 中可见，宫缩乏力是最主要的诱因，改善宫缩乏力的治疗方法较多，可采用子宫按摩、药物治疗、手术治疗等方法，分析主要诱因为今后提高产后出血治愈率指明了方向[10,11]。

3 讨论

3.1 产后出血临床治疗方法

本文产后出血临床治疗的主要方法有子宫按摩、药物治疗、手术治疗等方法[12]，由于产后每个时段出血量不同，临床治疗时选择的治疗方法也有所差别，在产前 0.5h 和产中出血，可采用子宫按摩方法；产后 1h 内出血可采用药物治疗和手术治疗结合的方式，如果出血情况不是特别严重可注射短效缩宫药物缩宫素[13]，观察给药后出血情况，出血状况没有改善的情况下，改由注射强效持久的缩宫药物米索前列醇和垂体后叶素或直接采用手术缝合[14]；产后 1-3h 内出血量较大时，直接手术缝合联用缩宫药物能快速有效止血。

3.2 产后出血病因

产后出血临床观察和救治不及时，会造成产妇失血性休克，严重的还会引起死亡。产后出血的影响因素众多，归纳起来主要有四点：胎盘滞留、宫缩乏力、软产道撕裂、凝血功能障碍，而在四个主因中宫缩乏力、软产道撕裂又是重中之重[15]。做好产前分娩教育和定期围产检查对避免产后出血能起到良好效果。一方面要消除产妇紧张情绪，紧张情绪会使产妇体内儿茶酚胺分泌增多，继而出现宫缩乏力，另一方面产中要观察宫缩情况，提前做好输液、输血准备，做到早发现早处置。

综上所述，产后出血在不同时间段出血量不同，在临床治疗中要根据不同时间段的特点，采用有针对性的疗法进行治疗，同时也要考虑产后出血的诱因所在，诱因不同治疗方法也有所差别，综合考虑以上两方面的因素，对于临床治愈产后出血有重要的参考价值。

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