International Journal of Current Advanced Research
ISSN: O: 2319-6475, ISSN: P: 2319 – 6505, Impact Factor: SJIF: 5.438
Available Online at www.journalijcar.org
Volume 6; Issue 2; February 2017; Page No. 2209-2210

Research Article

POSTPARTUM HAEMORRHAGE-NON INFLAMMATORY ANTI SHOCK GARMENT-REVIEW ARTICLE

M.Saranya

Sree Balaji College of Nursing, Bharath University, Chrompet, Chennai-44

A R T I C L E I N F O

Article History:

Received 29th November, 2016
Received in revised form 19thDecember, 2016
Accepted 24th January, 2017
Published online 28th February, 2017

Key words:

Postpartum Haemorrhage, Antishock garment, Uterine atony, Uterine Inversion

A B S T R A C T

NASG is not a definitive treatment the woman will still need to have the source of bleeding found and definitive therapy performed. The NASG can remain in place during any vaginal procedure and the abdominal segment can be opened for surgery. Removal of the NASG occurs only when the source of bleeding is treated, the woman has been haemodynamically stable for at least two hours, and blood loss is less than 50 mL/hour.

INTRODUCTION

Postpartum haemorrhage (PPH) is a common obstetric complication. The World Health Organization (WHO) defines postpartum haemorrhage as blood loss of 500 ml or more. The diagnosis is based on a clinical estimate of blood loss. WHO states that the loss of 500 ml of blood should be considered an alert, after which the health of the woman may be endangered. In many parts of the world, the loss of 500 ml of blood can be a serious threat to health due to the high prevalence of severe anaemia

Definition

Post partum Hemorrhage is defined as the loss of more than 500 ml of blood during the first 24 hours postpartum (WHO,2003).

Incidence

PPH poses a particular risk in Bangladesh, where only 15% of birts occur in health facilities and where 48% of pregnant women receive no antenatal care from a medically trained provider (NIPORT *et al*., 2009)

Causes

5 'T's

- Tone-Uterine atony
- Tissue-Retained placenta and/or membranes
- Trauma-Injury to vagina, perineum and uterine tears at caesarean section
- Thrombin- Clotting disorder
- Traction-Uterine inversion

Management of niasg

Oxytocin

- 5 units IV bolus
- 20 units per L N/S IV wide open
- 10 units intramyometrial given transabdominally

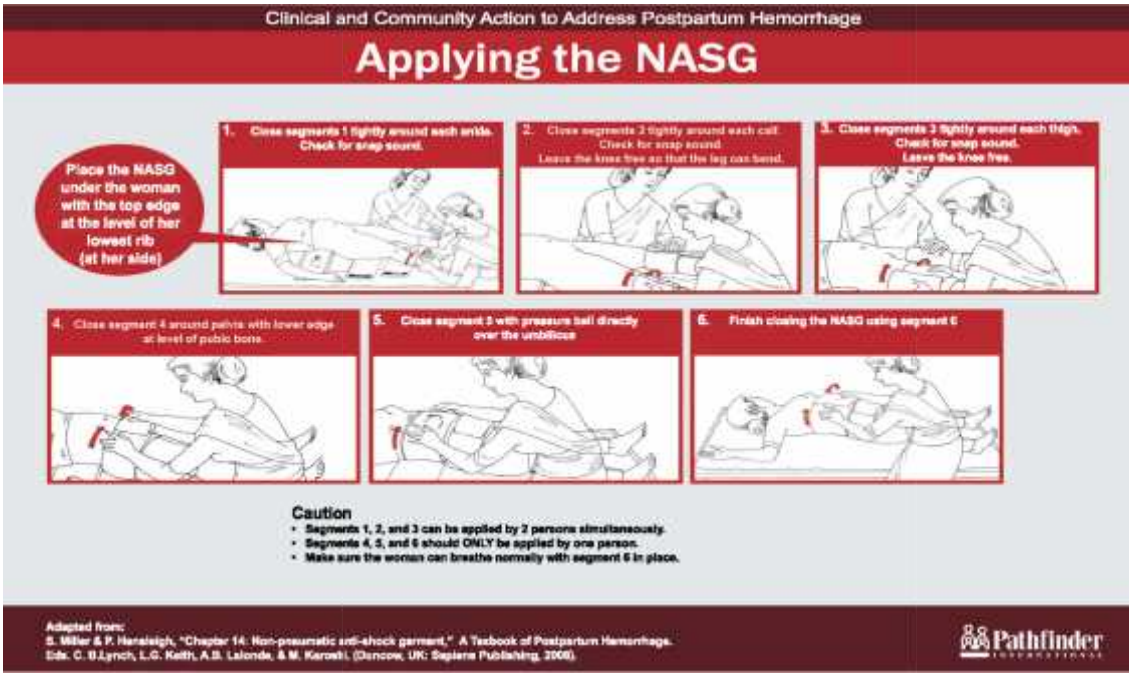
Historical Devolapment of Niasg

- The garment was developed in 1971 by **Dr Ralph Pelligra** of the National Aeronautics and Space Administration/Ames Research Centre (NASA/Ames).
- In 1991 the NASG (Zoex Corporation, Ashland, OR, USA) received a US Food and Drug Administration 510 (K) medical device regulations number.

Non-pneumatic anti-shock garment

The non-pneumatic anti-shock garment (NASG) is a first-aid compression garment device made of neoprene and hook-and-loop fastener. The NASG is applied to women experiencing hypovolemic shock secondary to obstetric haemorrhage, who can then be transported to a higher-level facility or, if already in such a facility, survive delays in obtaining blood and surgery.

It comprises lower-extremity segments, a pelvic segment, and an abdominal segment, which includes a foam compression ball that goes over the uterus9. The NASG reverses shock by compressing the lower-body vessels, shunting blood from lower extremities to the core organs, including the heart, lungs and brain. It also compresses the diameter of pelvic blood vessels, thus decreasing blood flow.



Uses of Nasg

1. Stabilizes patient while evaluating, transporting, or preparing for definitive surgical treatment.
2. Can be safely and comfortably used up to 48 hours.
3. May arrest bleeding and avoid surgical intervention.
4. May decrease need for or number of blood transfusions
5. During delays, such as waiting for interventional radiology

References

1. Brees C, Hensleigh PA, Miller S, Pelligra R. (2004). A non-inflatable anti shock garment for obstetric hemorrhage. *Int J Gynaecol Obstet*, 87 (2), 119-124, 2004.
2. Miller, S, Hamza, S, Bray E, Gipson R, Nada, K, Fathalla, M, Mourad, M. *et al.* First Aid for Obstetrical Hemorrhage: The Pilot Study of the Non-pneumatic Anti-Shock Garment (NASG) in Egypt. *British Journal of Obstet Gynaecol*, 113(4): p. 424-9, 2006.
3. Miller, S, Ojengbede A, Turan J, Ojengbede O, Butrick E, Hensleigh, P. Anti-Shock Garments for Obstetric Hemorrhage. *Current Women's Health Reviews*, 3(1), 3-11, 2006.
4. WHO. WHO guidelines for the management of postpartum haemorrhage and retained placenta. *Geneva*: WHO, 2009.
5. AbouZahr C. Global burden of maternal death and disability. *British Medical Bulletin*. 2003 December 1, 2003;67(1):1-11.
6. Khan KS, Wojdyla D, Say L, Gulmezoglu AM, Van Look PF. WHO analysis of causes of maternal death: a systematic review. *Lancet*. 2006 Apr 1;367(9516):1066-74. PubMed PMID: 16581405. Epub 2006/04/04. eng.

****