DETERMINATION OF RISK FACTORS OF POSTPARTUM HEMORRHAGE AMONG WOMEN BAMYAN IN AFGHANISTAN

By

Mastora Shafahi

© 2019 Mastora Shafahi

Submitted in Partial Fulfillment of the Requirements for the Degree of
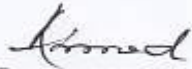
MSc in Rehabilitation

Science 2017-2018

Bangladesh Health Professional Institute (BHPI) Faculty of Medicine
University of Dhaka

SUPERVISER'S STATMENT

As supervisor of Ms. Mastora Shafahi, M.Sc. Thesis work, we certify that we consider her thesis "**Determination risk factors of postpartum hemorrhage among women living of Bamyan province in Afghanistan** " to be suitable for examination.

Dr.Kamal Ahmad

Associate Professor

IHT, Mohakhali, Dhaka

(Supervisor)

Date: 17/06/2019

We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this thesis entitled, "**Determination risk factors of Postpartum Hemorrhage Among women in Bamyan Province, Afghanistan**" submitted by **Mastora-Shafahi**, for the partial fulfillment of the requirements for the degree of M.Sc. in Rehabilitation Science.
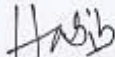
Dr. Kamal Ahmed

Associate Professor, IHT

Mohakhali, Dhaka

Md. Julker Nayan

Associate professor,

Department of Occupational Therapy

BHPI, CRP

Mohammad Habibur Rahman

Former Associate Professor of Physiotherapy,
BHPI, CRP.

Shamima Islam Nipa

Lecturer, Department of Rehabilitation

Science, BHPI, CRP

Date approval.........................

DECLARATION FORM

- This work has not previously been accepted in substance for any degree and is not concurrently submitted in candidature for any degree.

- This dissertation is being submitted in partial fulfillment of the requirements for the degree of MSc in Rehabilitation Science.

- This dissertation is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by giving explicit references. A Bibliography is appended.

- I confirm that if anything identified in my work that I have done plagiarism or any form of cheating that will directly awarded me fail and I am subject to disciplinary actions of authority.

- I confirm that the electronic copy is identical to the bound copy of the Thesis.

Signature:…………………………………………………………………………………

Name:…………………………………………………………………………………..

Date: …………………………………………………………………………………..

ACKNOWLUDEGEMENTS

TABLE CONTENTS

CHAPTER1-INTRODUCTION

LIST OF FIGURS

LIST OF TABLES

LIST OF APPENDIX

ABBREVIATIONS

AFG: Afghanistan.

BHC: Basic health center.

CHC: Community health center.

IM: Intramuscular.

IV: Intravenous.

MMR: Maternal mortality rate.

N: number.

PPH: Postpartum hemorrhage.

QCA: Qualitative content analysis**.**

RF: Risk factor.

SC: Caesarean section.

SPSS: Statistical Package for social science.

WHO: W5orld Health Organization.

ABSTRACT

Post-partum hemorrhage (PPH) is a clinical problem that mothers blood loss more than 500 - 1000ml after one hour of delivery within 24hour or 6 weeks. There are two clinical types of PPH. Primary postpartum hemorrhage and secondary postpartum hemorrhage. Primary postpartum hemorrhage is diagnosed as blood loss more than 500 ml within 24 hour after delivery. Secondary postpartum hemorrhage: bleeding occurs after 24 hours of the delivery up to 6 weeks after delivery is called secondary postpartum hemorrhage, usually it happen between 10-14 day. In Afghanistan postpartum hemorrhage happen to every one after delivery. According to the health organization in every 100 women, 20 women live in the consequence of death from domestic infection which is results of home births by local midwives. In Afghanistan generally mortality rate are 400 per 100,000 live births. Our aim of this study to find the risk factors of postpartum hemorrhage among women pregnant and non- pregnant in Bamyan, Afghanistan. With the above aim and objective a cross sectional, descriptive study design was used to collect a sample of 200 women pregnant and non-pregnant with experience postpartum hemorrhage. These information were collected from hospital Agha-Khan, health center CHC Shahidan and community of Bamyan province in Afghanistan. Face to face interview was conducted with study subjects. Data were analyzed by SPSS using descriptive inferential statistics to identify percentage and relationship between different variable and PPH. For determination risk factors of PPH, correlation and crosstab has been done to find out the relationship between delivery at home and PPH($P<0.05$ or $P=0.019$ it means problem PPH related to delivery at home because there no facility and health care for delivery mother. Relationship between visit of mother pregnant midwife and PPH ($r=-0.0134$ relationship are negative, it means if visit mother become increase in that case PPH will decrease). This study found that most of respondents were illiterate (77%).

Key words: Postpartum hemorrhage, risk factors of PPH among women Afghanstan, treatment PPH before delivery and after delivery.

CHAPTER1: INTRODUCTION

1.1 Introduction

Post-partum hemorrhage (PPH) is a clinical problem of indisputable importance to patients; historically PPH was one of the leading causes of maternal death in industrialized nations up to the Second World War. It is still a leading cause of maternal death in the rest of the world today. Postpartum hemorrhage(PPH) is commonly defined as blood loss 500ml or more within 24 hours after delivery and sever PPH is loss of 1000ml or more within the same timeframe. PPH affects approximately 20% of all women who given birth.

There are two clinical types of postpartum hemorrhage: Primary postpartum hemorrhage, Secondary postpartum hemorrhage and Primary postpartum hemorrhage is defined as bleeding that occurs within 24 hours of the delivery. In secondary postpartum hemorrhage, bleeding occurs after 24 hours of the delivery of placenta up to 6 weeks after the delivery is called secondary postpartum hemorrhage. Usually between 6 and 14 days, and typically on the 10 day(Hazem E1-Reffaey, Charles Rodeck,2003).Postpartum hemorrhage in Afghanistan can happen to anyone women pregnant , so generally in Afghanistan was mortality ratio of 400 per 100,000 live births(Jaime Haver et al,2016 feb5).Postpartum hemorrhage is the world leading cause of maternal mortality, responsible for an estimated 127000 deaths annually according to the WHO(2015).Postpartum hemorrhage is the most common type of obstetric hemorrhage and accounts for the majority of the 14 million cases that occur each year. According to the world health organization, in every 100 women, 20 women live in the consequence of death form domestic infections, which is the result of home births by local midwives (Harsha Kumar Sanghvi, Nasratullah Ansar et al, 2010). Determent every year almost more than 15% cases die in Bamyan, Afghanistan that is a big problem (Annual report Afghan Ministry public health, 2015).

1.2 JUSTIFICATION

Postpartum Hemorrhage is not the end of life process for women of Bamyan province in AFG. Problem postpartum hemorrhage has many ways to prevention and safe health of mother. So this research will mention several problem of PPH for analysis, discussion and decrease mortality rates of mothers. PPH is the leading causes of maternal mortality rates, which mother blood, lose more than 500 or 1000 ml for 28h delivery or for 6 weeks after delivery.

There are many barriers that women faced during the delivery, like lack of awareness, attitudinal barrier, environmental barrier, lack of access to health services, illiteracy, policy and traditional barrier in community of Bamyan. In the fact it is necessary to recognize those responsible factors along with possible changes and modification to help the women's pregnant with problem PPH. Postpartum hemorrhage in Afghanistan happens to every woman during the delivery, especially for rural women's. it is very important to identify it, that which factors have more effective to severity of PPH for example: birth at home, environmental factors, economic factors and social perceptions about PPH. in Afghanistan generally mortality ratio are 400 per 100,000 live births (Jaime Haveret al.,2016 feb5) also in Afghanistan to every100 women, 20women living with consequence death of domestic infections, which is the result of home births by local midwives(Harsha Kumar Sanghvi,Nasratullah Ansari,Ndola,et al ,2010).and also almost more than 15% cases of die are in Bamyan province every year that is big problem(Annual report Afghan ministry of public health,2015).

So my research target was women are pregnant and women had experience problem PPH in Bamyan province. In Afghanistan PPH can happen to every mother specially women's. It is necessary to identify risk factor of PPH, like severity of PPH, environmental factors and social perceptions about PPH. therefore, implementation guide through this research will help service providers create programs that reach the most vulnerable population of women-those who live in rural areas and how are unable to access a skilled birth attendant to assist with delivery, also to identify the risk factors of PPH among women's of Bamyan community.

1.3 Research Questions:

What are the risk factors of postpartum hemorrhage among women's in Bamyan province, Afghanistan?

1.4 Operational definition

Postpartum haemorrhage

Postpartum haemorrhage (PPH) is commonly defined as blood loss 500ml or more within 24 hours after delivery and severe PPH is loss of 1000ml or more whiten the same timeframe. PPH affects approximately 2% of all women who give birth: there are two clinical types of postpartum haemorrhage:

Primary postpartum haemorrhage is defined as bleeding that occurs within 24 hours of the delivery.

Secondary postpartum haemorrhage: bleeding that occurs after 24 hours of the delivery of the placenta up to 6 weeks after the delivery is called secondary postpartum haemorrhage, Usually between 6 and 14 days, and typically on the 10 day(Hazem El-R efaey and aCharles Rodeck, 2003).

LITERATURE REVIEW

2.1 Risk factor of postpartum hemorrhage (RF-PPH)

Post-partum hemorrhage(PPH) is a clinical problem of indisputable importance to patients, historically PPH was one of the leading causes of maternal death in industrialized nations up to the second world. According WHO declarations PPH is defined the leading cause of morbidity and mortality. And other challenge of maternal mortality rate in Afghanistan is the deprivation of living and lack of access to health services for delivery. We can say that 50% of Afghan women suffer from illiteracy suppose the Taliban ruled Afghanistan from 1996-2001 under the Taliban, women and girls were banned from going to school or studio, banned from leaving the house without a male chaperone and banned from showing their skin in public. Also, they were banned from accessing delivered by men (as women weren't allowed to work this mean health care was not available to women) (AMNESTY SHOOL SPEAKER NETWORKS2014). Postpartum hemorrhage in Afghanistan can happen to anyone women pregnant so generally in Afghanistan was mortality ratio of 400 per 100000 live births (Jaime Haver et al,2016 feb5).

According to the WHO (2015) Hemorrhage is the world's leading cause of maternal, responsible for an estimated 12700 deaths annually. Postpartum hemorrhage is the most common type of obstetric hemorrhage and accounts for the majority of the 14 million cause that occur each year. According to the world health organization, in every 100 women, 20 women live in the consequence of death from domestic infections, which is the result of home births by local midwives (Harsha Kumar Sanghvi,Nasratullah Ansari et al, 2010).

Postpartum hemorrhage is commonly defined as blood loss 500ml or more within 24 hours after delivery and severe PPH loss of 1000ml or more within the same timeframe. It affects approximately 2% of all women who give birth, there are two clinical types of postpartum hemorrhage:

Primary postpartum hemorrhage is defined as bleeding that occurs within 24 hours of the delivery.

Secondary postpartum hemorrhage: Bleeding that occurs after 24 hours of the delivery of the placenta up to 6 weeks after the delivery is called secondary postpartum hemorrhage. Usually

between 6 and 14 days, and also typically on the 10 day(Hazem El-Refaey Charles Rodeck. (December 2003).

WHO recommendations for the prevention and treatment of postpartum hemorrhage this guideline include 31 recommendations for the prevention and treatment of PPH. The ultimate goal of this guideline is to improve the quality of care and health outcomes related to PPH.

Box1:recommendation for the prevention PPH
1.Theuse of uterotionicsfor the prevention of PPH during the third stage of labor is recommended for all birth(strong recommendation, moderate-quality evidence
2. oxytocin(10IU,IV/IM) is the recommended uterotonic drug for the prevention of PPH (Strong recommendation, moderate-quality evidence)
3. In settings where oxytocin is unavailable, the use of other injectable utertonices (if appropriate ergometrine/ methyl ergometrine or fixed drug combination of oxytocin and ergometrine) or oral misoprostol (600mg0 is recommended.(strong recommendation, moderate quality evidence).
4. In stings where skilled birth attendants are not oxytocin is unavailable, the administration of misoprostol (600mg) by community health care workers and lay health workers is recommended for the prevention of PPH (strong recommendation moderate quality evidence).
5. in settings where skilled births attendants are available, CCT is recommended for vaginal births if the care provider and the parturient women regard a small reduction in blood loss and a small reduction in the duration of the third stage of labor as important(Weaker recommendation, high-quality evidence) .
6. In settings where skilled birth attendants are unavailable, CCT is not recommended. (Strong recommendation, moderate- quality evidence).
7. Late cord clamping (performed after 1 to 3 minutes after birth) is recommended for all births while initiating simultaneous essential newborn care. (Strong recommendation, moderate quality evidence).
8. Early cord clamping (<1 minute after birth) is not recommended unless the neonate is asphyxiated and needs to be moved immediately for resuscitation. (Strong recommendation, moderate-quality evidence)
9. Sustained uterine massage is not recommended as an intervention to prevent PPH in women who have received prophylactic oxytocin? (weak recommendation, low- quality evidence)
10. Postpartum abdominal uterine tonus assessment for early identification of uterine a tone is recommended for all women. (Strong recommendation, very low- quality evidence).
11. Oxytocin (IV or IM) is the uterotonic drug for the prevention of PPH in caesarean section.
11. Oxytocin (IV or IM) is the recommended uterotonic drug for the prevention of PPH in caesarean. (Strong recommendation, moderate-quality evidence)

Box2:recommendationfor the treatment of PPH

13. Interventions oxytocin alone is the recommended uterotonic drug for the treatment of PPH.
(Strong recommendation, moderate-quality evidence)

14. If intravenous oxytocin is unavailable, or if the bleeding dose not respond to oxytocin, the use of intravenous oxytocin-ergometrine fixed dose, or a prostaglandin drug sublingual misoprostol, 800mg) is recommended.(strong recommendation, low- quality evidence)

15.The use of isotonic crystalloids is recommended in preference to the use of colloids for the Initial intravenous fluid resuscitation of women with PPH. . . . (Strong recommendation, low-quality evidence)

16. The use of tranexamic acid is recommended for the treatment of PPH if oxytocin and other uterotonics fail to stop bleeding or if it is thought that the bleeding may be partly due to trauma. (Weak recommendation, moderate-quality evidence)

17.Uterine massage is recommended for the treatment of PPH .(strong recommendation, very low- quality evidence)

18. If women do not respond to treatment using uterotonics, or if uterotonics are unavailable, the use of intrauterine balloon tamponed is recommended for the treatment of PPH due to uterine atone. (Weak recommended, very-low quality evidence).

19-If other measures have failed and if the necessary resources are available, the use of uterine Artery embolization is recommended as a treatment for PHH due to uterine a tony.

19. If other measures have failed and if the necessary resources are available, the use of uterine. . (Weak recommendation, very-low-quality evidence)

20. If bleeding does not stop in spite of treatment using uterotonics and other available conservative intervention (e.g. uterine massage, balloon tamponed), the use of surgical interventions is recommended. (Strong recommendation, very-low-quality evidence)

21. The use of bimanual uterine compression is recommended as a temporizing measure until appropriate care is available for the treatment of PPH due to uterine a tony after vaginal delivery.   (Weak recommendation, very-low-quality evidence)

22. The use of bimanual uterine compression is recommended as a temporizing measure until appropriate care is available for the treatment of PPH due to uterine a tony after vaginal delivery. (Weak recommendation, very-low-quality evidence)

23. The use of external aortic compression for the treatment of PPH due to the a tony after vaginal birth is recommended as a temporizing measure until appropriate care is available.   (Weak recommendation, very-low-quality evidence)

24. The use of non- pneumatic anti-shock garments is recommended as a temporizing measure until appropriate care is available. (Weak recommendation, low-quality evidence)

25- The use of uterine packing is not recommended for the treatment of PPH due to uterine a tony after vaginal birth. (Weak recommendation, very-low-quality evidence)

26. If the placenta is not expelled spontaneously, the use of IV/IM oxytocin (10IU) in combination with controlled cord traction is recommended. (Weak recommended. . . (Weak recommendation, very-low-quality evidence)

27. The use of ergometrine for the management of retained placenta is not recommended as this may cause tetanic contractions which may delay the expulsion of the placenta. (Weak recommendation, very-low-quality evidence)

28. A single dose of antibiotics (ampicillin or first- generation cephalosporin) is recommended if manual removal of the placenta is practiced. (Weak recommendation, very-low-quality evident

---

Box3: organization of care

29. The use of formal protocols by health facilities for the prevention and treatment of PPH is Recommended. (Weak recommendation, moderate-quality evidence)

30. The use of formal protocols for referral of women to a higher level of care is recommended for health facilities. . (Weak recommendation, very-low-quality evidence)

31. The use of simulations of PPH treatment is recommended for pre-service and in- service training programmers. (Weak recommendation, very-low-quality evidence)

32. Monitoring the use of uterotonics after birth for the prevention of PPH is recommended as process indicator for programmatic evaluation. (Weak recommendation, very-low-quality evidence)

Reference: © World Health Organization 2012

Recommendations of drug regiments for prevention and treatment of PPH

PPH prevention prophylaxis options

PPH treatment option

Oxytocin: first line
Prophylaxes is 10 IU or ml IM or 5 IU slow IV push within the first minute after delivery

Oxytocin: 10 IU IM or 5IU slow IV push, or 20-40 IU or IV fluid infusion

If prophylactic oxytocin or ergometerine is
Is unsuccessful, all additional
Treatment options can be used, except
Misoprostol

Or

Warning: Ergot alkaloids
(Ergometrine or methyl ergometrine)
Are contraindicated for women with high
Blood pressure, cardiac disease, preeclampsia
Because the increase blood pressure.

Ergometrine or Methyl Ergometrine: 0.2 mg IM within the first minute after delivery

Misoprostol: 800mg sublingually (4x200mg table)

Or
NB if one of the listed treatment options
Is not effective, another can be administered
Depending on the severity of the hemorrhage
And non-pharmaceutical interventions need to be
Considered.

Misoprostol: if oxytocin is not available or cannot be used 600mg orally within the first minute after delivery.

Ergometrine or methyl or ergometrine: 0.2 mg IM, can repeat every 2-4 hours with maximum of 5 doses (1mg) per 24 hour

Syntometrine (combination of oxytocin 5IU and ergomerine 0.5mg) give one ampoule

Carbetocin: 100mg IM or IV over 1 minute

(International journal of gynecology and abstracts, 2012, p (108-118) or
(Journal homepage: www.elsevier.come).

Carboprost: 2.25mg IMq15 minutes (maximum 2mg)

Fertility rate total(birth per women) in AFG										
1190	2000	2008	2009	2010	2011	2012	2013	2014	2015	2016
7-8	7-8	6-2	6	5-8	5-4	5-3	5-2	5	4-3	44-3
Fertility rate total(births per women) in Bangladesh										
4-3	3-1	2-1	2-2	2-1	2-1	2	2	2	2	2

(Fertility rate, total (births per woman) | Data - World Bank

https://data.worldbank.org/indicator/SP.DYN.TFRT.IN)

Indicators	Statistics	Year
Population	30552	2013
Number of live births(thousands)	1042	2013
Number of deaths(thousands)	235	2013
Total fertility rate (per women)	4	2013

WHO (2013)

Pregnancy – related mortality by age and timing of death percent distribution of pregnancy-related in the seven years preceding the survey by timing of death, according to age group of women Afghanistan 2010

Age	Deaths during pregnancy	Deaths during delivery	Deaths postpartum	Total	Total pregnancy-related deaths
15-19	3	44	25	1000	40
20-24	44	45	9	1000	55
25-29	38	47	14	1000	49
30-34	44	31	23	1000	39
35-39	41	35	24	1000	31
40-44	49	36	14	1000	30
45-49	28	25	45	1000	12
total	40	40	19	1000	256

- (Afghanistan Mortality Survey 2010 /WHO2011)

- Afghanistan Mortality Survey 2010 -

usaidhttps://www.usaid.gov/sites/default/files/documents/1871/Mortality%20Surv

Cause of maternal deaths percent distribution of maternal deaths in the three years before the survey by cause of death, Afghanistan 2010

Cause percentage hemorrhage	Prolonged or obstructed labor	Other direct causes	Pre-Eclampsia/eclampsia	Sepsis/infection	Indirect causes
55.9	10.7	3.6	19.8	5.0	5.1

(Muhammad Muzzammil Edhi1 and Hafiz Muhammad et al,2009).

The common risk factors of PPH by different studies are given below:

o Remaining placenta.

o Intervention of local midwife.

o Low age.

o Lack of public awareness about delivery.

o Following negative traditional.

o Infection after delivery.

o Lack of antenatal care or poor quality care.

o Lack of labor monitoring with labor curve.

o Lack of monitoring of immediate postpartum.

o Number of pregnancies.

o Trumbo's and tissue.

o Lack of knowledge for use of family planning methods.

o Environmental dependence.

o Wrong beliefs of families.

o Abnormal placentation.

- Prolonged labor.
- Uterine inversion.
- Problem transportation (how can without vehicle go to for delivery to health center).
- Births at home.
- Low level of education.
- Number and type of abortions and PPH history

CHAPTER III

RESEARCH METHODOLOGY

3.1 Conceptual framework

INDEPENDENT

VARIABLE   DEPENDENT VARIABLE

I SOCIO DEMOGRAPHIC VARIABLE

IIHEALTH STATUS AND DISABILITY

Postpartum hemorrhage/PPH

III STATUS ON PREGNANCY AND GIVEN BIRTH

IVDATA ON PREGNANCY CARE / prepartum care and

VDATA ON FORMER PROCESS OF GIVING BIRTH

12
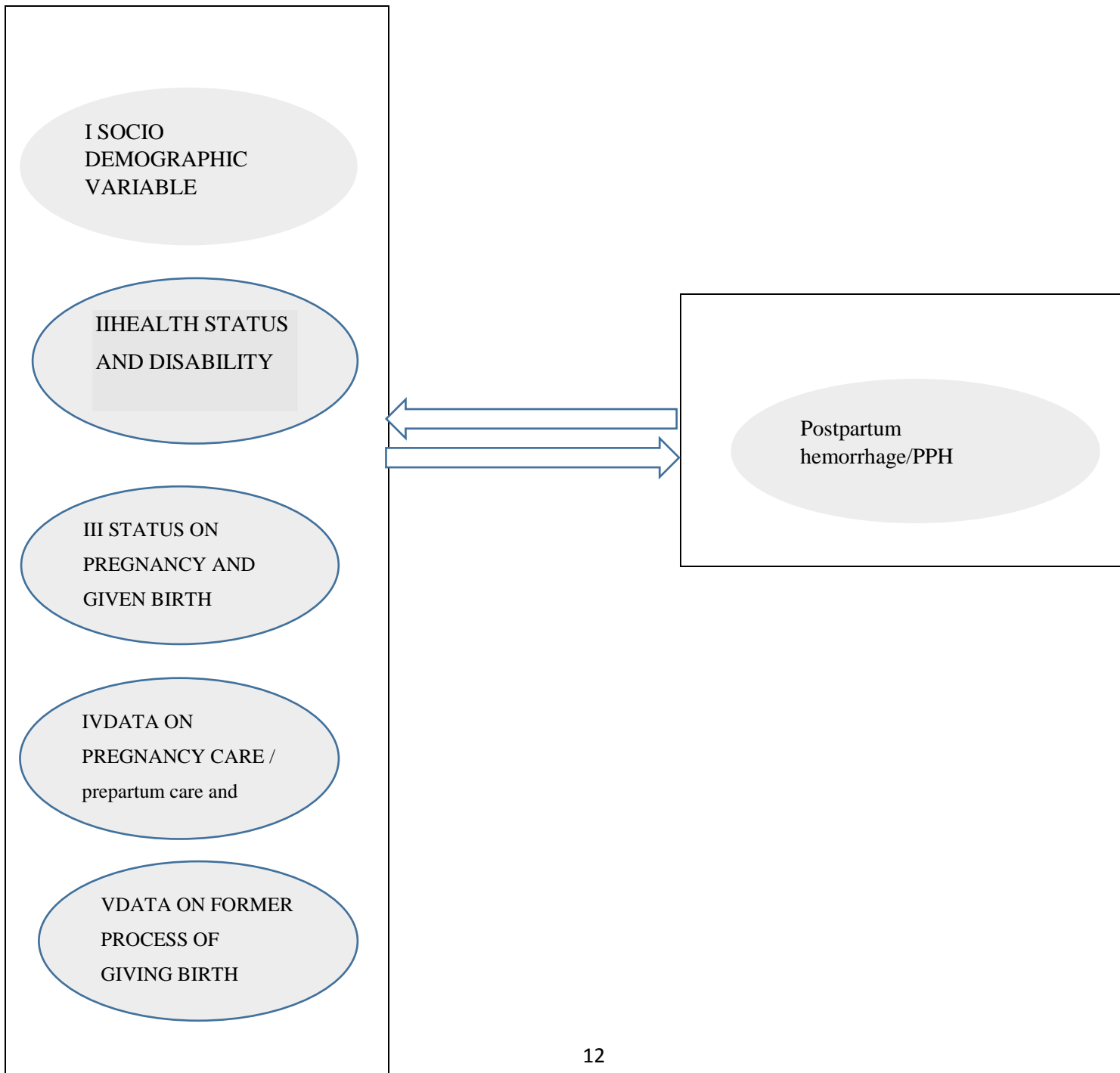
3.2 Objectives

3.2.1 Objective

To find the risk factors of postpartum hemorrhage among women who have experience PPH.

3.3.2 Specific objectives

➢ To explore socio-demographical status.

➢ To identify health status and disability

➢ To identify pregnancy and given birth

➢ To identify prepartum care and information

➢ To identify data from process of delivery.

Research method

Mixed method (qualitative & quantitative) this study was applied to achieve the overall and specific objectives of the current study.

3.3. Study design

A cross-sectional descriptive study design was used to find out different factors to effected mother PPH. It mainly focuses on the finding risk factor of PPH among women of Bamyan in Afghanistan. Therefore cross-sectional and descriptive study was best to collect data. Mixed (Qualitative and quantitative) study was applied to achieve the overall and specific objectives of the study. The investigator identified in-depth information about current problem of PPH. The researcher selected this type of study design because the current study was carried out at one time point over a short period. Participants were asked to provide information about their health, social, knowledge and family thought. Date was collected through interview and questionnaire from individual mothers who were involved mother which pregnant and mothers that had experience PPH. This study was a cross- sectional design because it is effective design to collect quantitative as well as qualitative information about different variable that comes in to play in the study. This study focuses to identifying the changes archived by parents in their health, knowledge and social lives offer implementing awareness program by ministry public health of Afghanistan. Therefor this study provides root cause problem of PPH to health care provider for future planning and resolve this problem.

3.4 Study participation/population:

The study population was women pregnant and woman which had experience of problem PPH. Investigator has used convenient sampling procedure to select the potential participants.

3.5 Study area/site

Data were collected from three health center hospital center of Bamyan , community and CHC Shahidan .

3.6 Study period

The study period was form September 2018 to February 2019.

3.7 Sample size

Sample size calculation

This study was cross sectional and descriptive study design and associated factors needed the calculation. For calculation unknown population sample size we applied this formula

$n = (z * \sigma)/E)^2$

σ=standard deviation of population, z=represented confidence value, regarding the z-score table this study applied, confidence at 95%.

E= margin error , n=sample size, z=1.96., σ= 0.5 and E=0.05

N= (1.96 *1.96) (0.5*0.5)/0.05*0.05=384.16

According to this equation the sample size would be 384 women pregnant and women that had experience of PPH. But this study only covered 200 samples, because time was less and also security not there was good.

3.8. Inclusion and exclusion criteria

3.8.1 Inclusion criteria

o   Both women are pregnant and women's that have experience problem PPH after delivery.
o   All type of PPH (primary and secondary).
o   PPH with infection.
o   Patients diagnosed with local midwifes and community health workers.
o   Caesarian section

o Preterm birth.

o The patient with PPH discharged from health centers or done delivery at home.

3.8.2 Exclusion criteria

o Women with other medical conditions such as diabetes.

o Mental illness.

o Women come from outside of Bamyan

3.9 Sampling technique:

Convenience sampling technique was used to collect data from the participation. It is a non-probability sampling method; include women pregnant and women which had experience delivery.

3.10 Data collection process tools/ materials

This survey questionnaire consisted of 33 questions inquiring about mothers with problem PPH during delivery, The English version of questionnaire was translated to Afghan language, the purpose of study was explained briefly, followed by verbal and written consent, group discussion and face to face interview and discussion.

3.10.1 Data collection tool and materials: The tool study for data collection was questionnaire which developed bused on conceptual formwork and study literature review; it was consisted of 33 questions about respondents.

3.10.2 Demographic characteristic

Demographic characteristics were collected about the participant age, educational, marital status, employment and occupation.

3.11 Data analysis and management

In this study all data was quantitate and qualitative, and researcher was used structured group discussion and questionnaire format to the participation women with problem PPH and post-delivery women with some demographic and process pregnancy factors to investigate the objectives of study. The data for the questionnaire are analyzed using the statistical package for

reduce maternal mortality women. Statistical analysis of the data was done by using SPSS version 16; categorical data were presented in forms of percentage of distribution in the form of charts. Descriptive statistics like percentage and frequency were used to present different result of the study. Chi-square test of independence was used to find degree of association between different variables. A p value of <0.05 was considered as significant

 P-value. A P-value less than 0.05 were considered statistically significant.

3.11.1 Quantitative data analysis

Analyses were done by using Statistical Package for Social Science (SPSS) version 16 and Microsoft Excel spreadsheet. SPSS was used to enter data into variables and analyze statistically. Large data were re-coded to simplify data for easy analysis. For example age was classified in range to get concrete results. Reliability test on SPSS was done to ensure internal validity of the questionnaire.

3.11.2 Qualitative data analysis

Qualitative data will be analyzed by using Qualitative Content Analysis (QCA). This systemic tool will be used to reduce textual data for analysis. Priest et al., 2002 said that QCA facilitates to create a contextual meaning of text from the actual words through the development of emergent theme. The aim of data analysis is to find out actual meaning of information, which will be collected according to the participant's opinion. Data will be analyzed by 3 stages: coding, categorizing and generating themes. First level coding will be started with line-by-line analysis, where phrases, sentences or whole sections will be translated into categories. Then second level analysis will be done by indexing more detail and pieces of codes with similar meaning or insights will be grouped together to form a category. In third level, progressing reduction will be done through a process of interpretation to generate themes.

3.12 Quality control and quality assurance:

The questionnaire used for the study was based on the literature and conceptual formwork items. To ensure and improve the quality of the study, the questionnaire was translated in the native language that was Afghan language.

All data collection was accurate and interpreted carefully according to supervisor guideline. Those methods which have been validated as fit for the purpose before use the test was ensured. The data collector was trained for proper data collection and proper quality control under statically control. The data collected was reviewed, recorded and entered into the SPSS program in order to reduce the human errors that were likely to occur while entering and analyzing the data.

3.13 Ethical consideration

The proposal were reviewed by the ethically board/committee of CRP and it was approved by BHPI or Dhaka university. Permission was attained the patient records for participant contact address. A written information sheet was provided to participants informing them about the aims and significance of the study and if the participants agree to participate in the study than his or her consent were taken. Participants were free to decline or withdraw in participating from the study and the voluntarily consent for participations in the study was confirmed and no incentives and reward was offered for participation in the study and confidentiality was maintained strictly.

CHAPTER IV

ANALYSIS AND RESULT

This study was done by using quantitative and qualitative method. It was a prevalence survey study of postpartum hemorrhage among women's of Bamyan in Afghanistan to explore the risk factor of PPH after delivery that mother has given birth at home or in the health center, this data set consists of convenience sampling which data were collected from tow health center BHC Shidan and provincial Hospital of Bamyan, so the total number of participation was 200 Mother.

4.1Socio-demographic findings:

4.1.1 Category age of participants

Among 200 respondents, the highest 37.5% (n=75) respondents were found between the age group of 24-34 years, the second highest rate respondents was 34.5 %(n=69) within the age group of 13-23 years. The third highest age was 26% (n=52) within the age group 35-45 years and at the lower rate respondents 2% (n=4) within the age group 46 and above years.

The minimum age range of participants was 13(she was pregnant) and maximum age was 90 (she had experience of PPH) .the mean age of the participant was 28.23, (SD=9.312) years
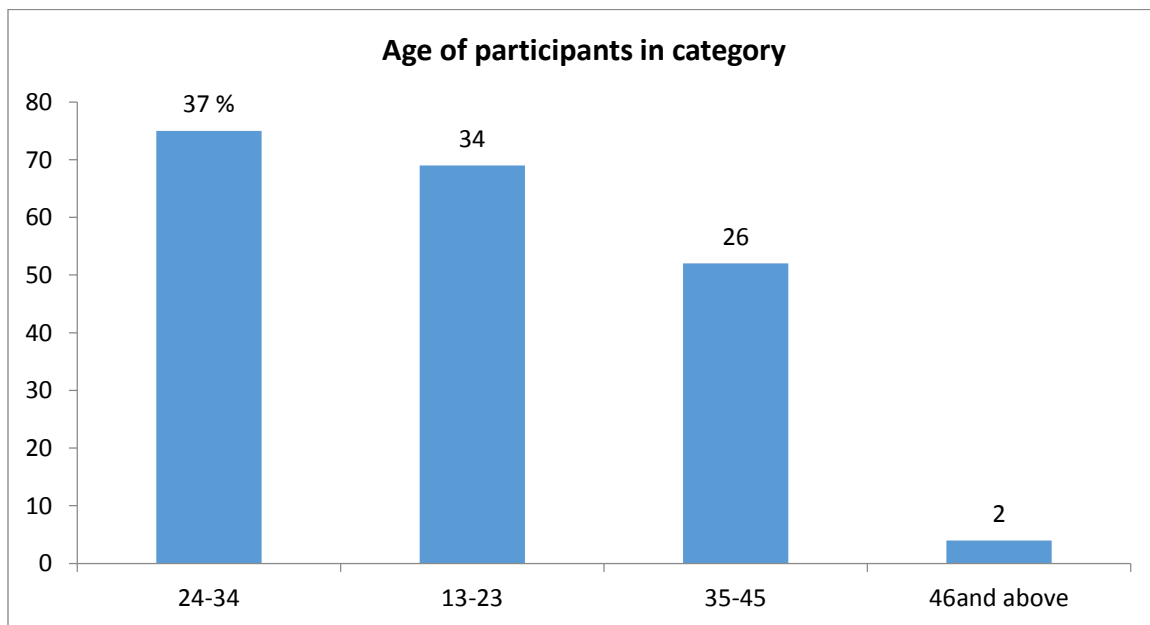
Figure 1: Percentage and category age of participants

4.1.2 Level education of participants

Throughout 200 participants 77% respondents were illiterate, 11% respondents were primary school and 10% respondents didn't had education only they can right and read, So regarding this study we can say that the most of respondents were house wife means illiterate.
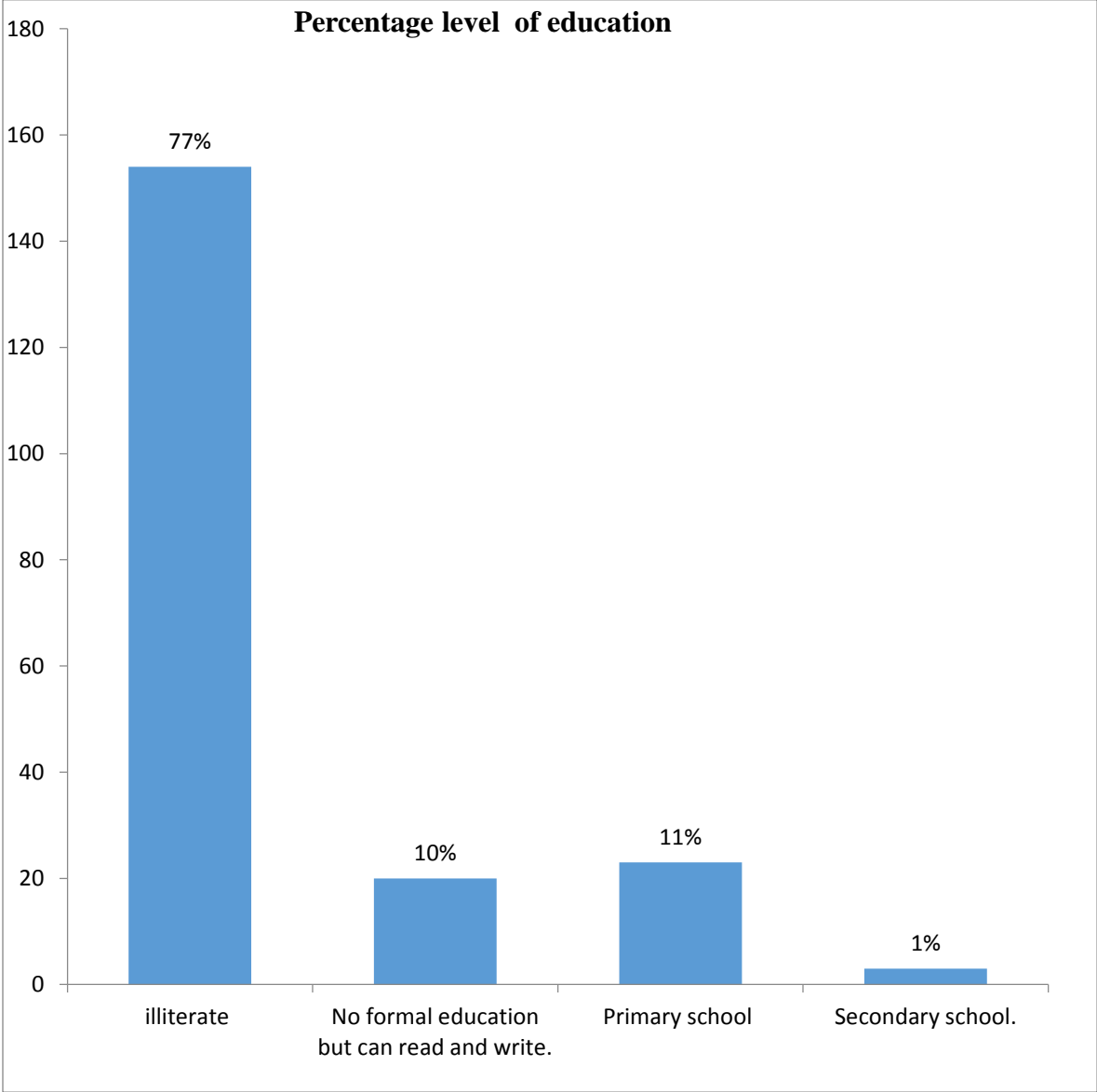
Figure 2: Percentage level of education participants

4.1.3 Living place of participants

Out of 200 respondents 57% (57 cases) participants were from center of Bamyan, 37%(37 cases) were from districts Bamyan province, 5%(5 cases) were from other province of Afghanistan that referred their medication to Hospital of Bamyan and 1 % (1 case) were from rural area (I'm not sure from which district were).

Area which living participant

- Center of Bamyan
- Districts of Bamyan province
- Out of Bamyan
- No sure which district

57%

37%

5%

1%
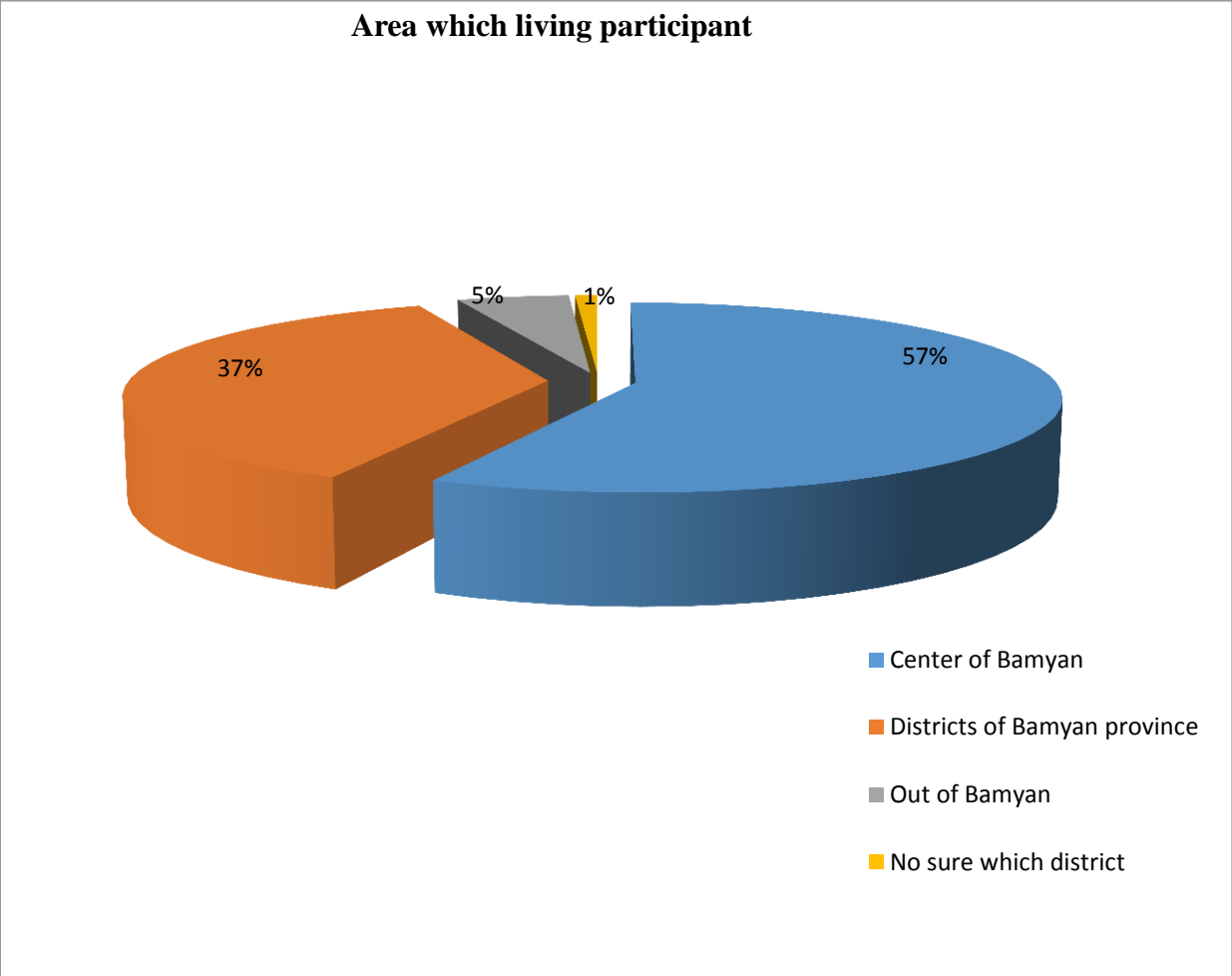
Figure 3: Percentage living place of participant

4.1.4 Married status of respondents

Out of 200 respondent 75% respondent were married, 6 % respondent were divorce and 18 % were widow.

Percentage of marital status

Marital status	Percentage
married	75%
widow	6 %
divorced	18 %
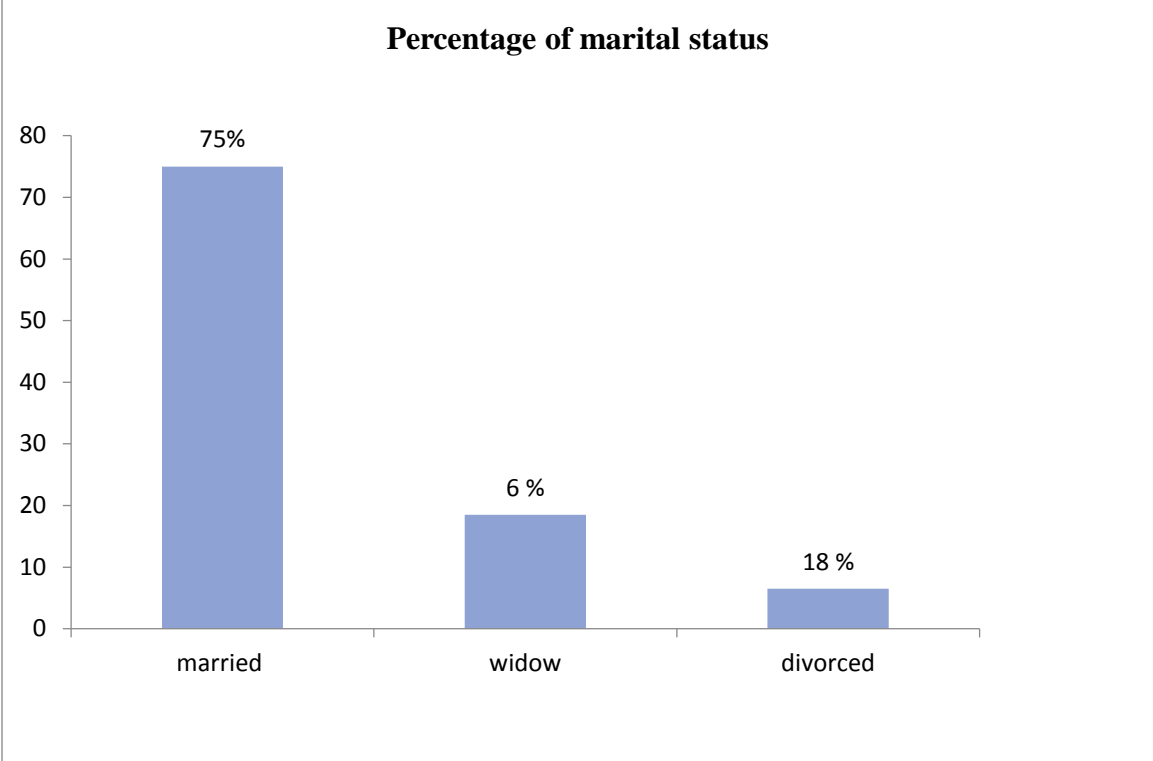
Figure 4: Percentage of marital status respondents

4.1.5 Person which had responsibility mothers during her delivery

Out of 200 respondents, 68% respondents were her husband, 17% were her father,11% were other persons (ministry women) and 3% respondents were her brother.
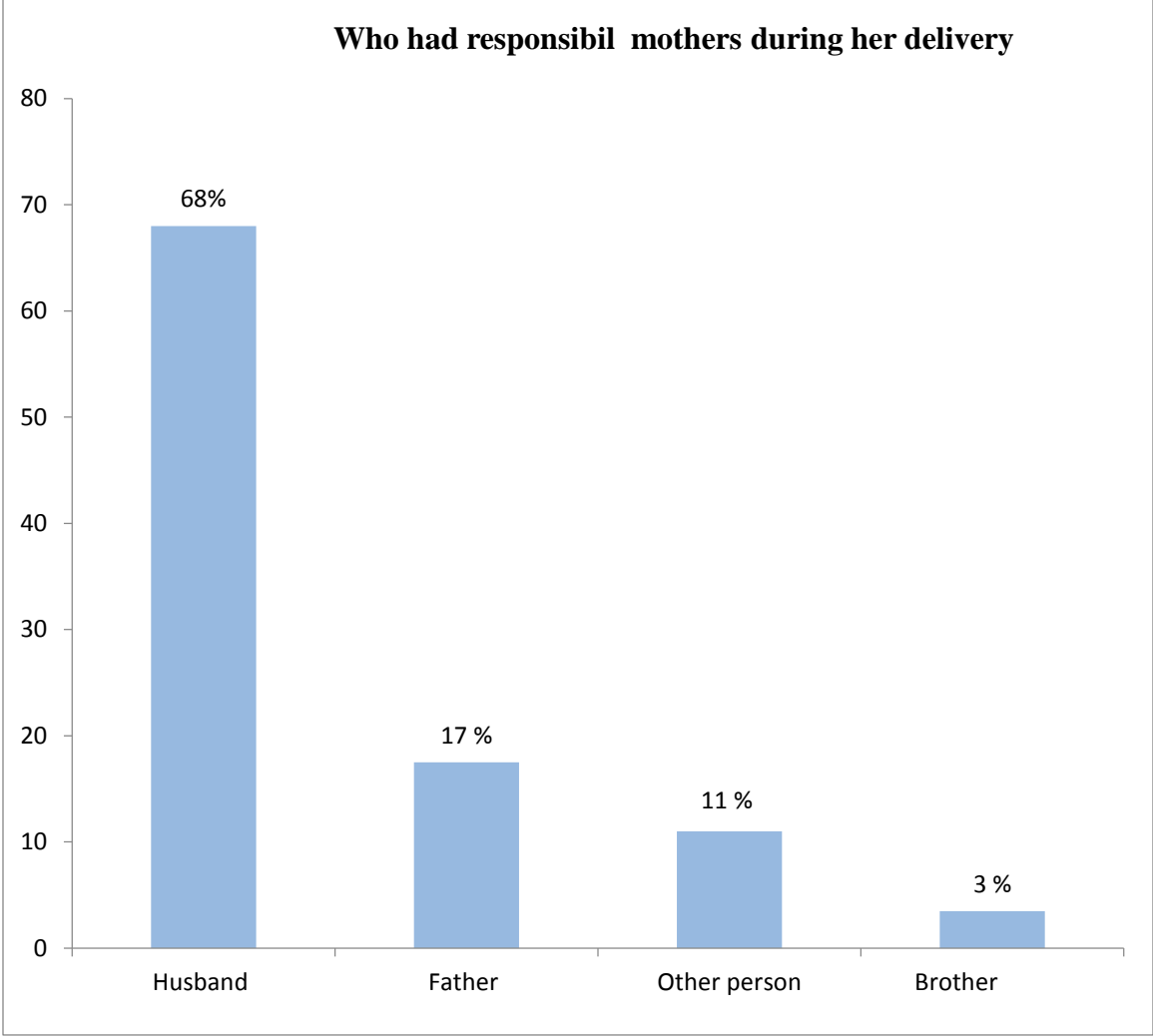
Figure 5: Percentage of responsibility mothers during delivery

4.1.1Table: Social demographic characteristics of women with problem PPH

Characteristics	N	%
Age group		
13-23	69	34.0
24-34	75	37.0
35-45	52	26.0
46 and above	4	2.00
Level education of participants		
Illiterate	154	77.0
No formal education but can write and red	20	10.0
Primary school	23	11.0
Secondary school	3	1.00
Living place of participants		
Center of Bamyan	114	57.0
District Yakawling	20	10.0
District Panjab	9	4.00
District Sighan	7	3.00
District Kahmard	17	8.00
District Vars	21	10.0
Ghor province	6	3.00
prawn province	4	2.00
No sure which district	2	1.00
Marital status		
Married	150	75.0
Divorce	13	6.00
Widow	37	18.0
Who had responsibility mothers during her given birth		
Husband	136	68.0
Father	35	17.0
Brother	7	3.00
Other person	22	11.0

4.2.6. Disease that participants had suffer during delivery

Among 200 participates 24% women had suffer from hypertension and 7% mothers had suffer from mental health disease during or after their delivery.
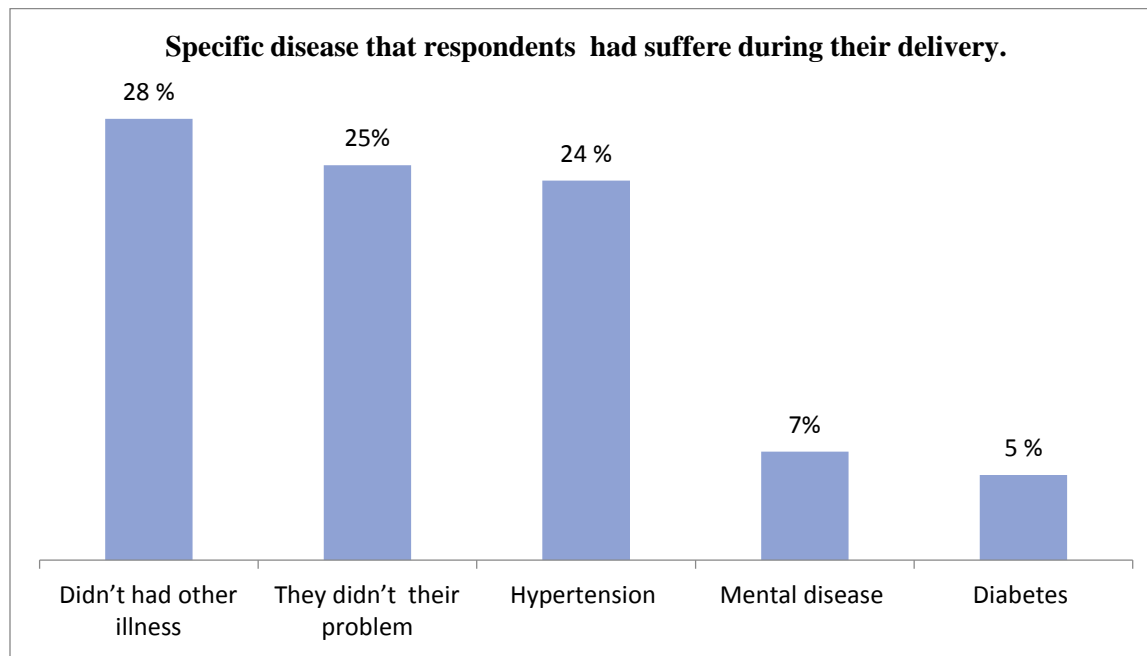
Figure 6: percentage of specific disease, which respondents had suffer during or after their given birth

4.2.2 Table: Diseases that participants had suffer during delivery

Variable	N	%
Didn't had other illness	57	28.5
They didn't their problem	51	25.5
Hypertension	49	24.5
Mental disease	14	7.00
Diabetes	11	5.50
Women disease	8	4.00
Kidney disease	3	1.50
Lung disease	2	1.00
Total	200	100.0

4.2.7 Number of pregnant and non - pregnant participants

 Out of 200 respondents 55respondents were pregnant, 138 were non-pregnant and 7 mothers were not sure about their pregnant.

Number of status pregnancy and non- pregnancy respondents

138

55

7

Non- prgnant   Pregnant   Not- sure abothe their pregnant
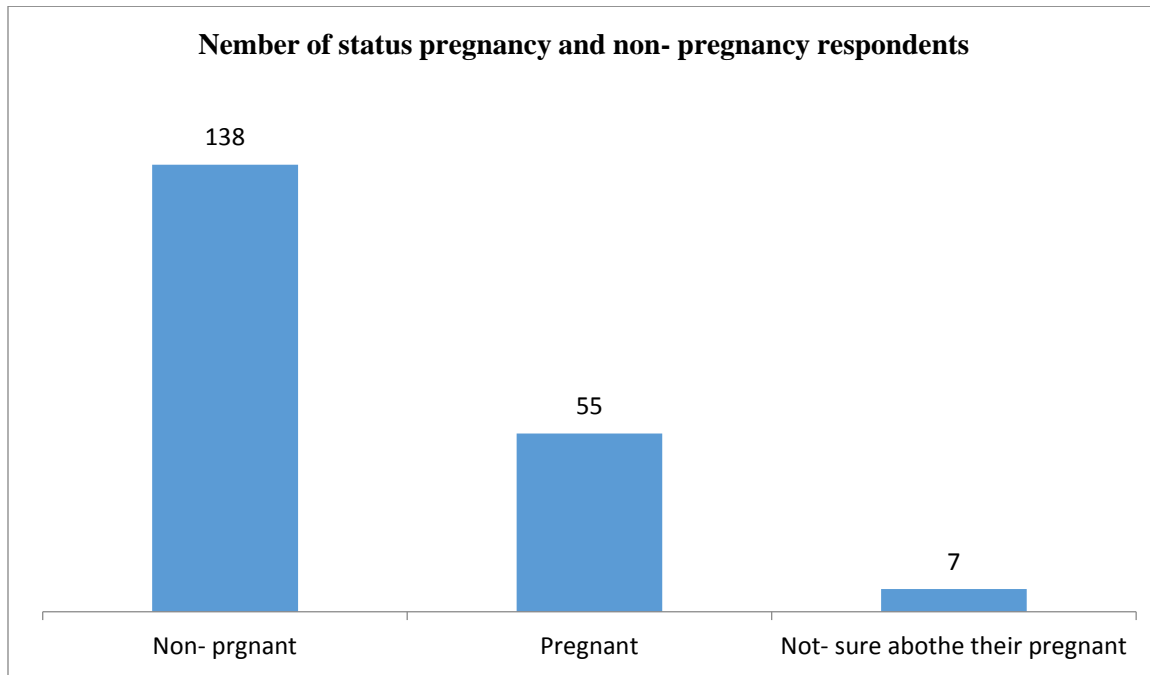
Figure 7: Number of pregnant and non- pregnant of respondents

4.3.8 Age of first given birth

Throughout 200 respondents 85 respondents had experience age of first birth between age group 12-15 years, 66 respondents had experience first birth between age group 15-20 years, 18 mothers had experience first delivery between age group the 12 years and 26 respondents had experience firth delivery between older than 20 years old.
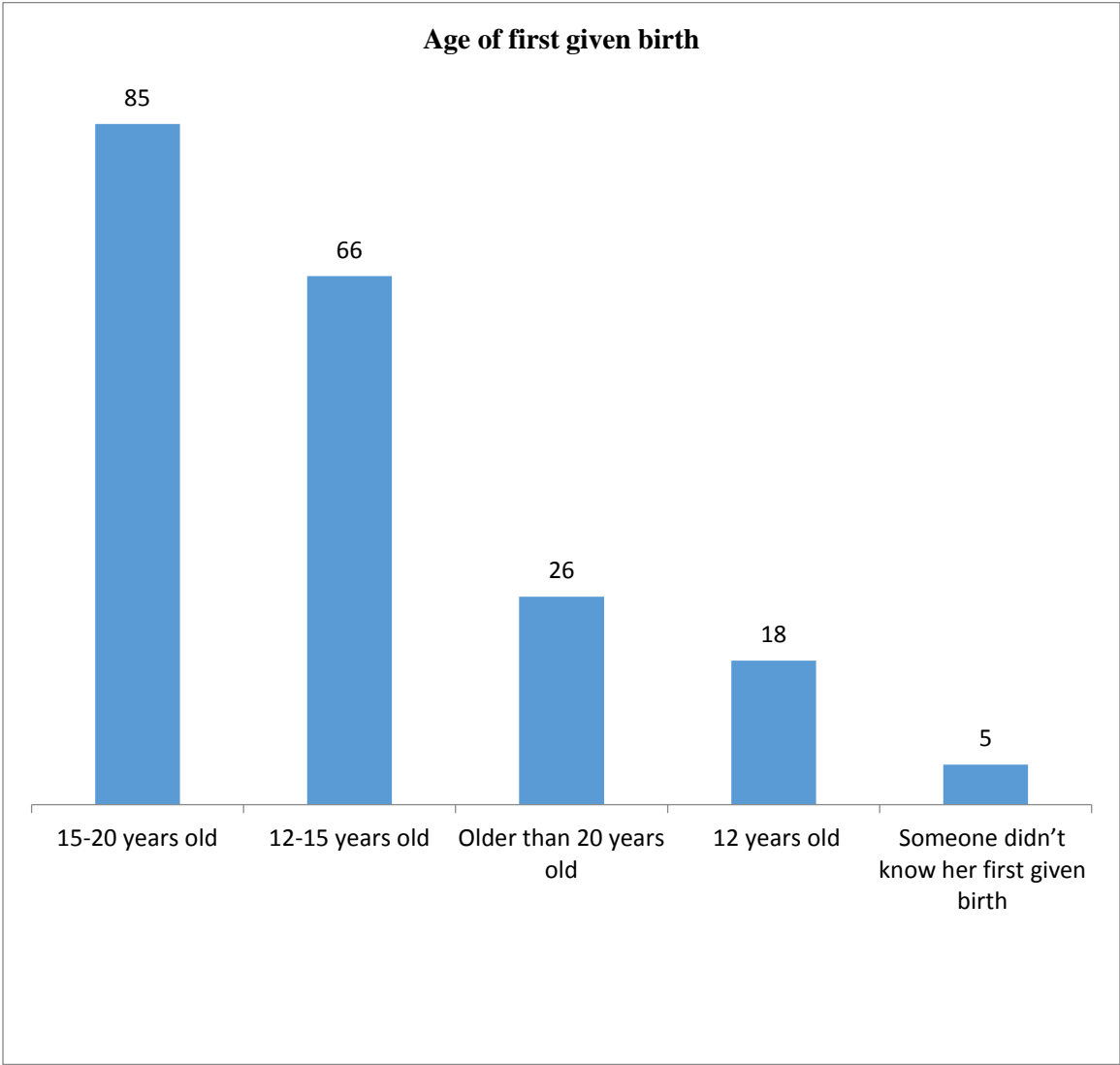
Figure 8: Number age of first given births

4.3.9 Times of visit mothers pregnant with miwife

Among 200 participates 39% mothers didn't visit midwife,13 % women were visit midwife one time and 15% participants visited midwife four times during their pregnant.

In Afghanistan most of women deprived from their right specific health right, so they can't go health center for delivery without permission their family.
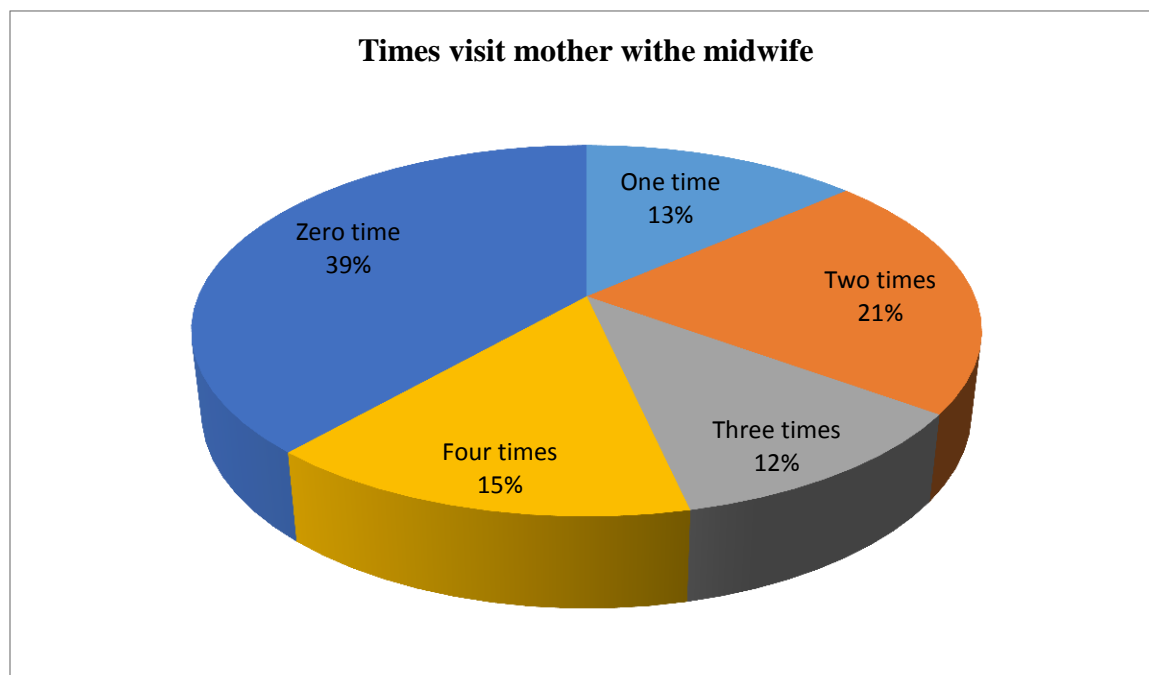
Figure 9: Times visited mother pregnant with midwife

4.3.3.1 Table:Times of visit mothers pregnant with miwife

Variable	N	%
One time	27	13.00
Two times	43	21.00
Three times	23	11.00
Four times	30	15.00
Zero time	77	38.00
Total	200	100.0

4.4.1.10. Who had assist mothers during her given birth?

Out of the 200 respondents for 36 % women pregnant were midwife helped, 26% mothers were delivered by member of their family and 8% women was delivered by own(no body help them).
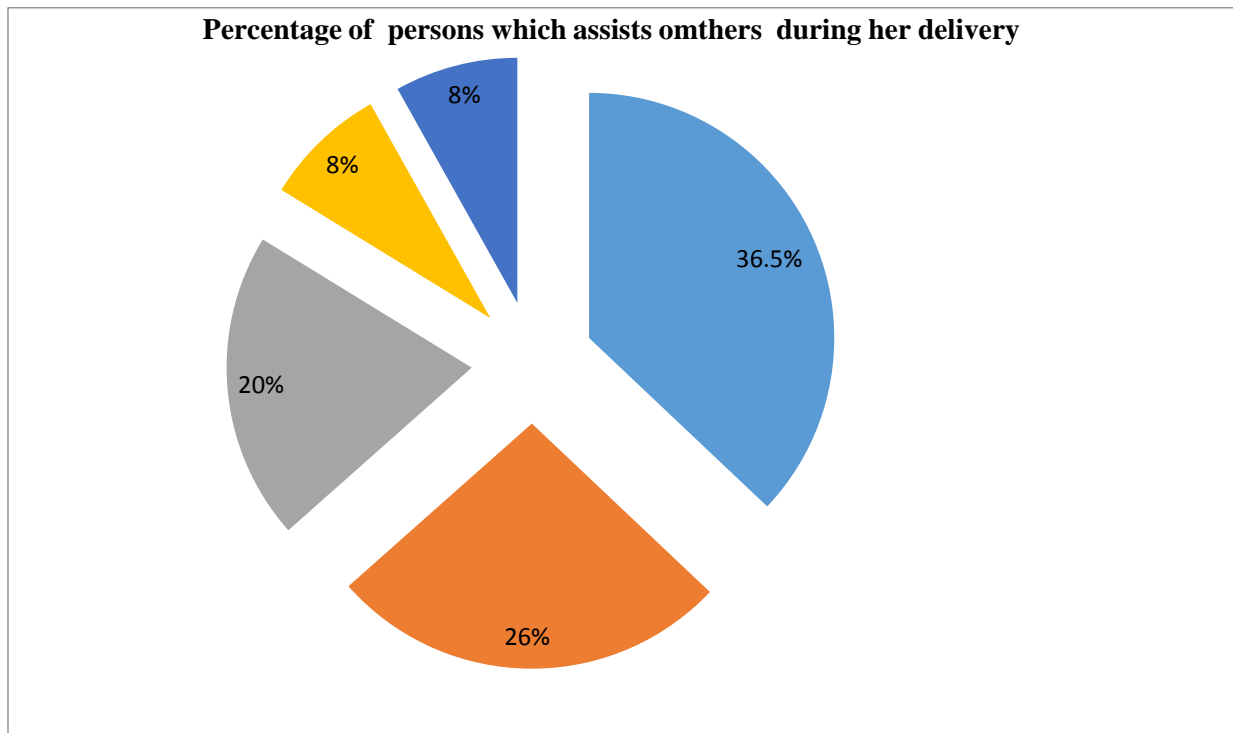
Figure 10: Percentage of persons that assists respondents during delivery

4.4.1.5 Table: Who had assist mothers during her given birth?

Variables	N	%
Official midwife	73	36.5
Other family member(sister, mother, aunt)	52	26.0
Doctor	40	20.0
Husband	16	8.00
No person will assist me	16	8.00
Nurse	3	1.50
Total	200	100

4.5.11. Barriers which mothers were faced for go to hospital because their delivery

Out of 200 respondents 34% of women pregnant were faced with barriers which go to hospital for their delivery because her husband member of family didn't give permission for delivery hospital. 20% were wanted that go to hospital for delivery, but there health centers was so far for them. 13% respondents didn't wanted that go to hospital for delivery, because they like traditional delivery,9 % respondents were wanted go to health center for delivery but they were faced with problem transportation,3% respondents had problem phone that call to ambulance hospital during delivery .
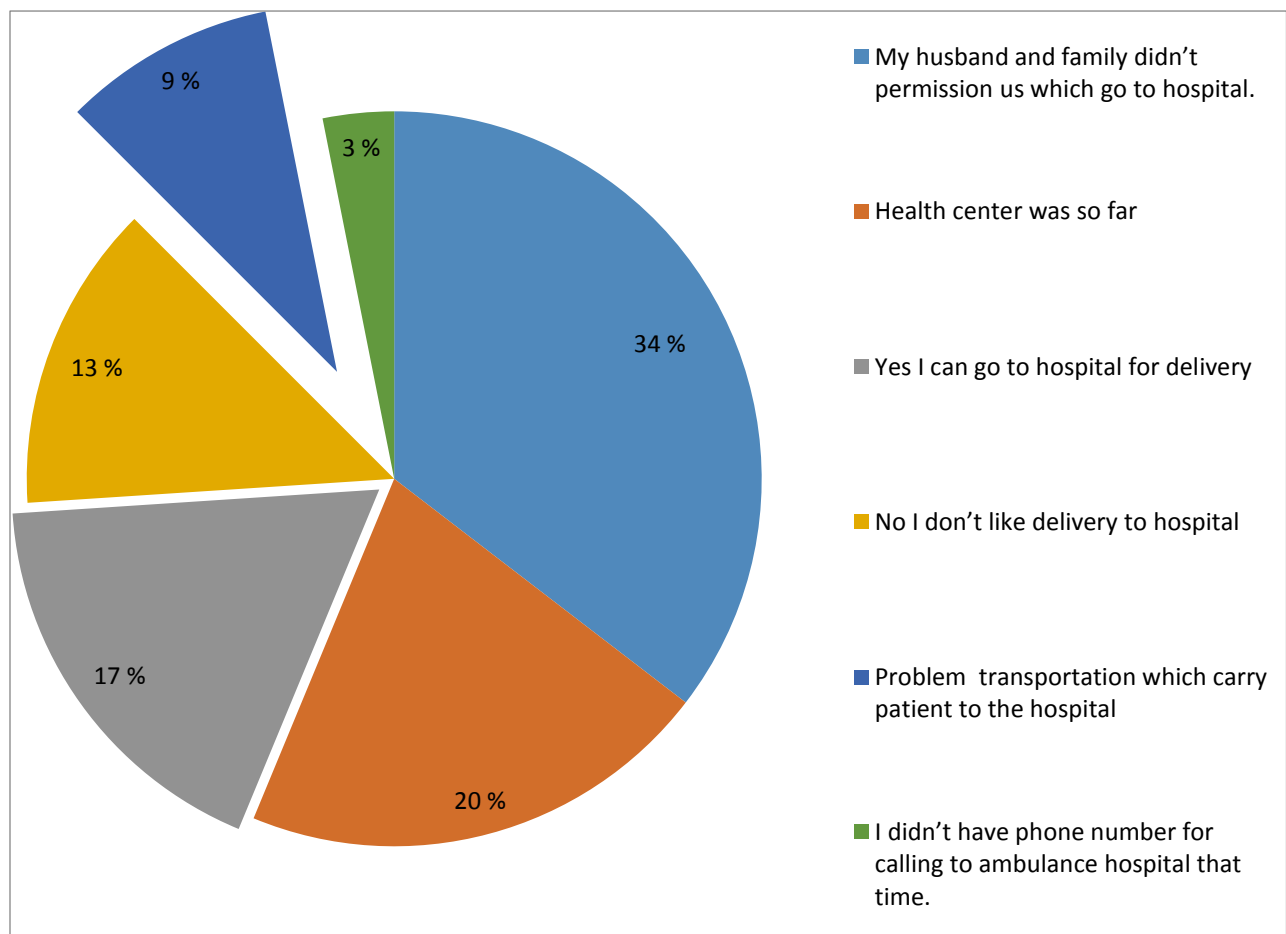
Figure 11: Percentage participants that faced to barrier go to hospital

4.5.12 Risk factors of PPH

Among 200 respondents 36 % participants had experience long process delivery,2% participants had experience didn't careful after delivery,15 % participants had experience problem placenta during their delivery , 10 % participants had experience uterine rapture, 3 % women had experience breach delivery ,10 % participants had experience problem high blood pressure,1% participants had experience problem polly hydro aminus , 2% participants had experience infection after delivery,19% women after delivered didn't have bleeding.
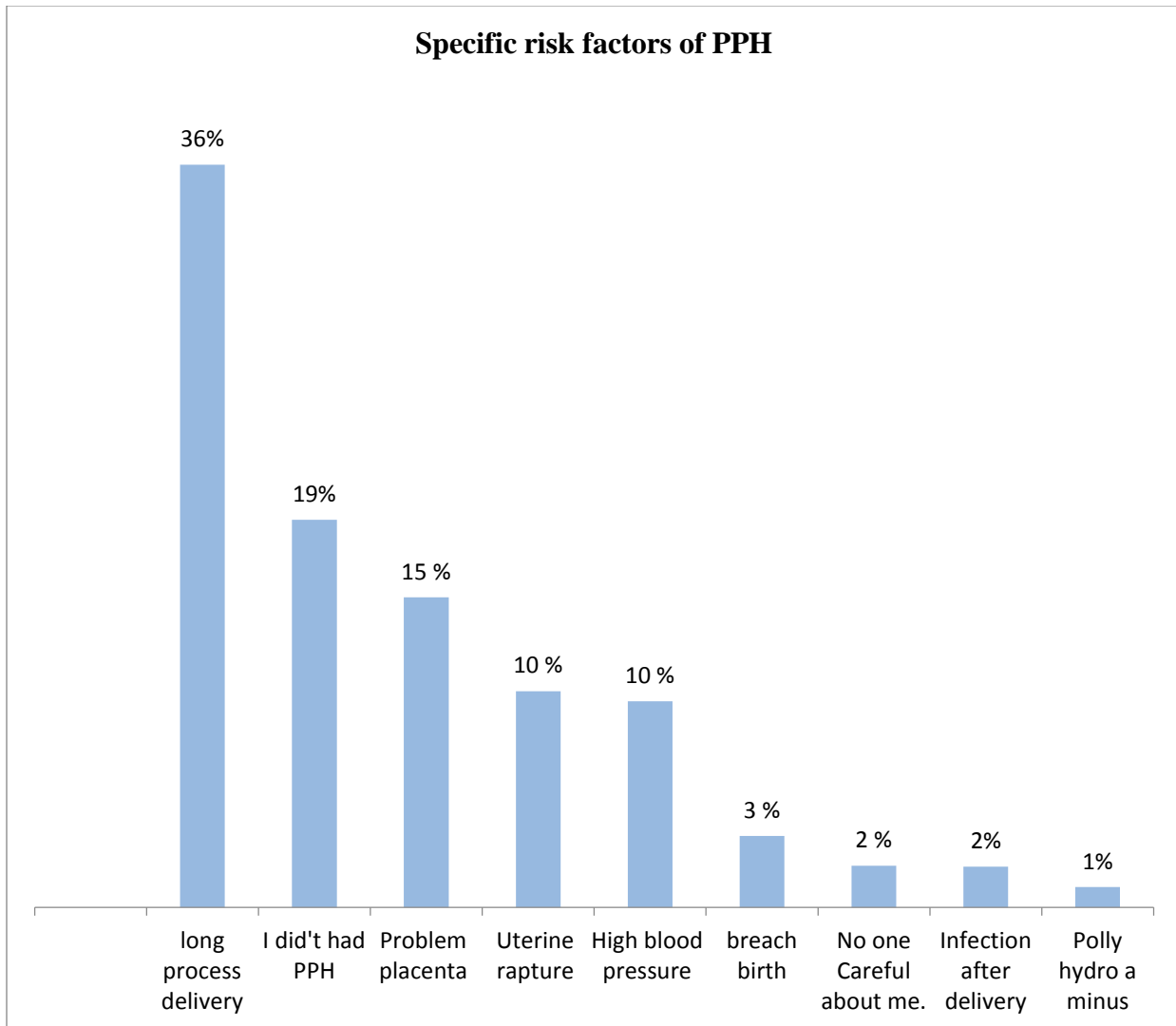
Figure 12: Percentage risk factors of PPH

4.5.1.6 Table: Risk factors of PPH

Name	N	%	SD	Mean
Births process long	72	36.4	2.502	3.67
After birth my child no one Careful about me.	4	2.00	2.502	3.67
Problem placenta	30	15.2	2.502	3.67
Uterine rapture	21	10.6	2.502	3.67
Breach birth	7	3.50	2.502	3.67
High blood pressure	20	10.1	2.502	3.67
Polly hydro a minus	2	1.00	2.502	3.67
Infection after delivery	4	2.00	2.502	3.67
I don't had	36	19.0	2.502	3.67
Total	200	100		

4.5.13 Treatment prevention PPH before bleeding after delivery

Out of 200 participates 20.5% mothers had experience prevention therapy by own. 37.5% participates didn't take anything for prevention before bleeding and 9% women were taken oral prevention treatment by medwife.so here we can say most of women Bamyan didn't take anything for prevention therapy after delivery.
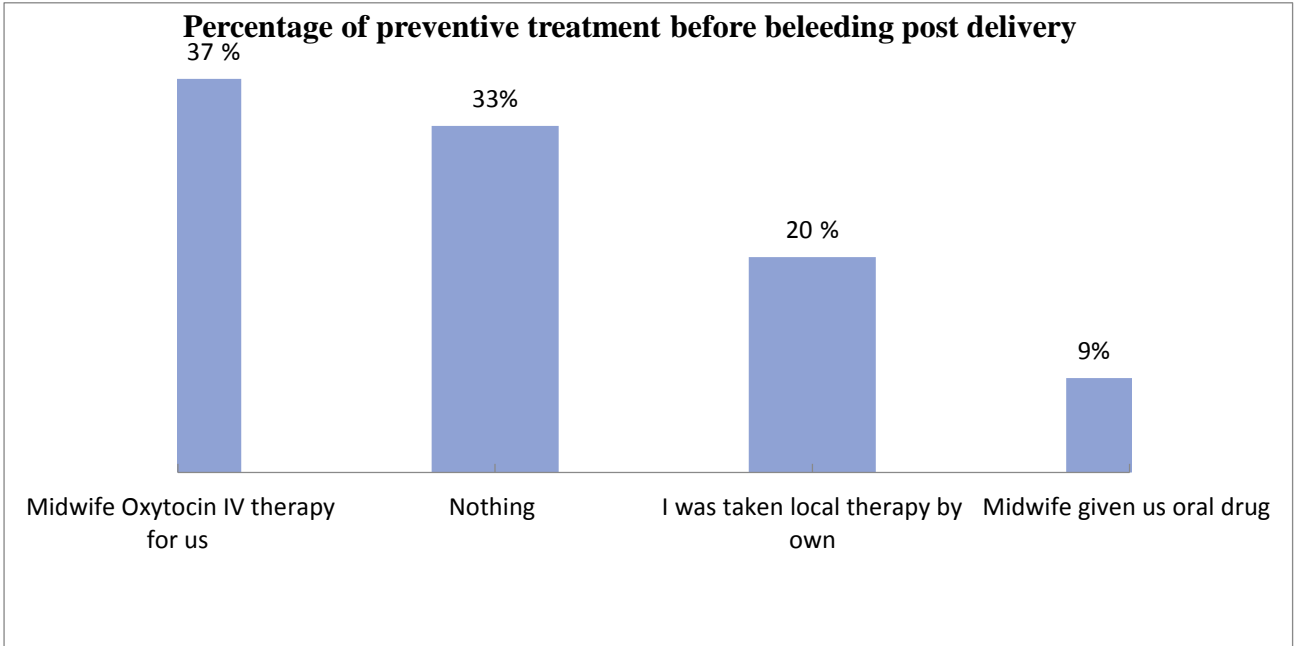
Figure 13: percentage prevention treatment before bleeding after delivery

4.5.2.7 Table: Treatment excessive bleeding after delivery

Variable	N	%
Official midwife were given us oral drug.	70	35.0
IV therapy by Midwife	61	30.5
I were only taken more rest	36	18.0
I were taken some home treatment	18	9.00
I were taken some medicine by own	8	4.00
I were taken local therapy by own	6	3.00
Don't know	1	5.00
Total	200	100

Among 200 participants, 35 %(n=70) participates were treated by midwifes through oral. 30.5 %(n=61) mothers were treated with IV oxytocin by help of midwife. 18 %(n=9) women were treated by home rest medication.5% of participants didn't understood their treatment after deliver. It mentionable that among 200 participants most of them were illiterate, which they got medication by himself.

4.6.1.8 Table: Association between delivery at home and risk factors of PPH

	Have you did all of your babies at home				
Variables	Yes %	Some at home and some hospital.	Delivery to hospital.	Total	**Pvalue**
Normal delivery	4.8	13.2	21.7	23	**0.019**
Experience of long lobar process	38.7	46	21.7	84	
Primary PPH(during 24 hour delivery)	11.3	8	8.7	18	
Experience of secondary PPH	43.5	30.1	21.7	67	
Experience cesarean section	0.0	0.9	13	4	
Experience of problem of placenta	1.6	1.8	4.3	4	
Total frequency	62.0	113	23	199	
Total percent	100	100	100	100	

Out of the 23 participants 13.2% women had experience normal delivery (at home) and 21.7% respondents there were with same experience but they delivered at hospital. Among 84 participants 46%women had experience long lobar process with given birth at home and 21.7% women had same experience at hospital. Among 18 respondents 8% mothers had experience primary PPH (they given birth at home), however 8.7% respondents had same experience in hospital. Out of the 67 respondents 30.1% women had experience secondary PPH which their birth did at home and 21.7% women had experience given birth in hospital and also among 4 respondents 1.8 % mother had experience problem placenta at home and 4.3% women had same in hospital. Therefore regarding the determined of data problem of PPH in the Bamyan of Afghanstan directly had relationship with delivery at home, regarding the SPSS data analysis which found the P=0.019 means some problem PPH related to delivery at home because there is no facility and health care for delivery mother so hospital is best choice for delivery.
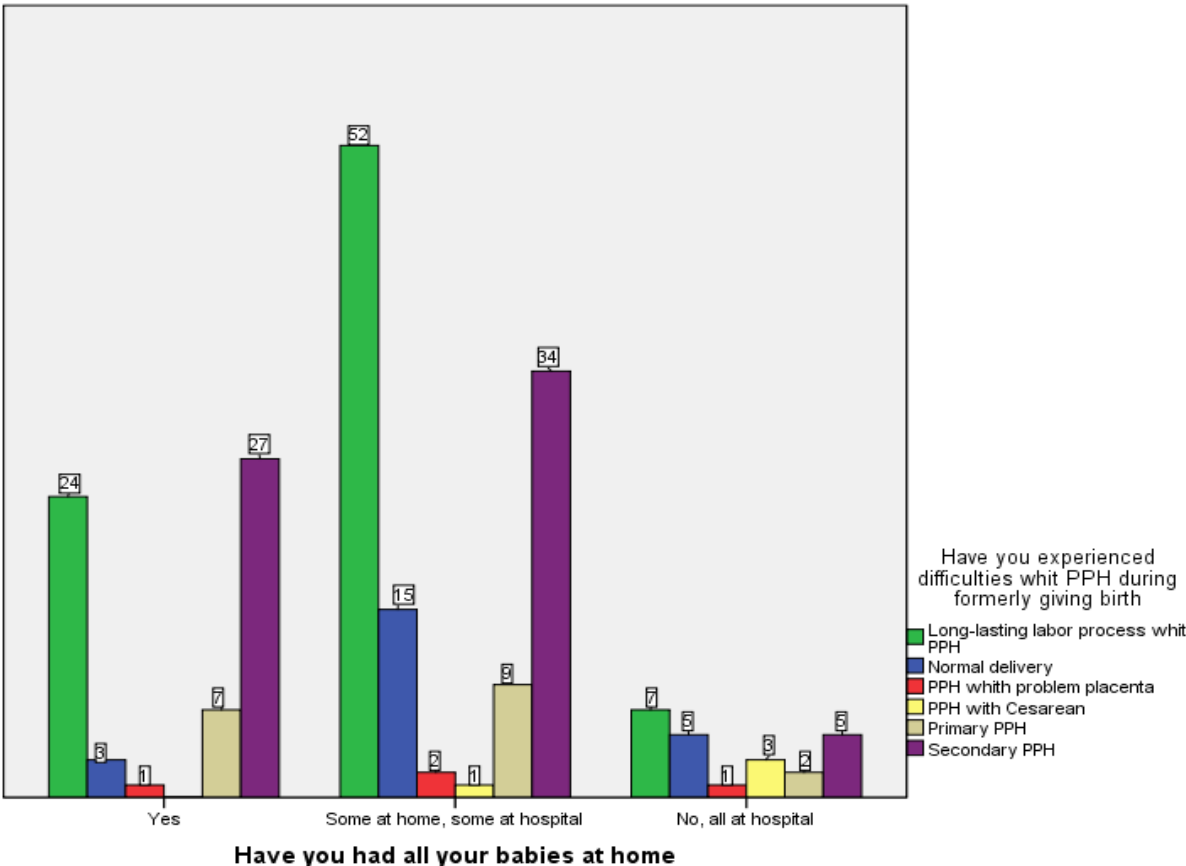
Figure 14: Association between delivery at home and risk factors of PPH

4.6.2.9 Table: Association between official awareness of mothers on breast feeding and risk factors of PPH

Have you had official information about your breast-feeding	Have you experienced difficulties PPH during formerly giving birth						
		Normal delivery	Yes long labor process whit PPH	Primary PPH	Secondary PPH	PPH with Cesarean	Problem placenta with PPH	Total
No, officially information.	5	52	12	35	2	2	108
Yes I had information	18	31	6	32	2	2	91
Total	23	83	18	67	4	4	200.0

Among 200 participants 180 mothers didn't have officially information on breast feeding, which within this group respondents 52 mothers had experience long lobar process and 2 persons had experience problem placenta. Among 200 respondents 91 mothers had official information on breast feeding that within this group 83 mothers had experience prolonged lobar and 4 mothers had experience PPH with cesarean section.

Chi-square χ 2	df	P value
13.441	5	0.02

The result of chi square test for association between breast feeding and PPH were 13.441 with P=0.02 less than 0.05, it means there are relationship between information breast feeding and PPH, so in Afghanistan most of women are illiterate, they didn't have official information about process of breast feeding (breast feeding would have effect to increase or decrease of PPH.
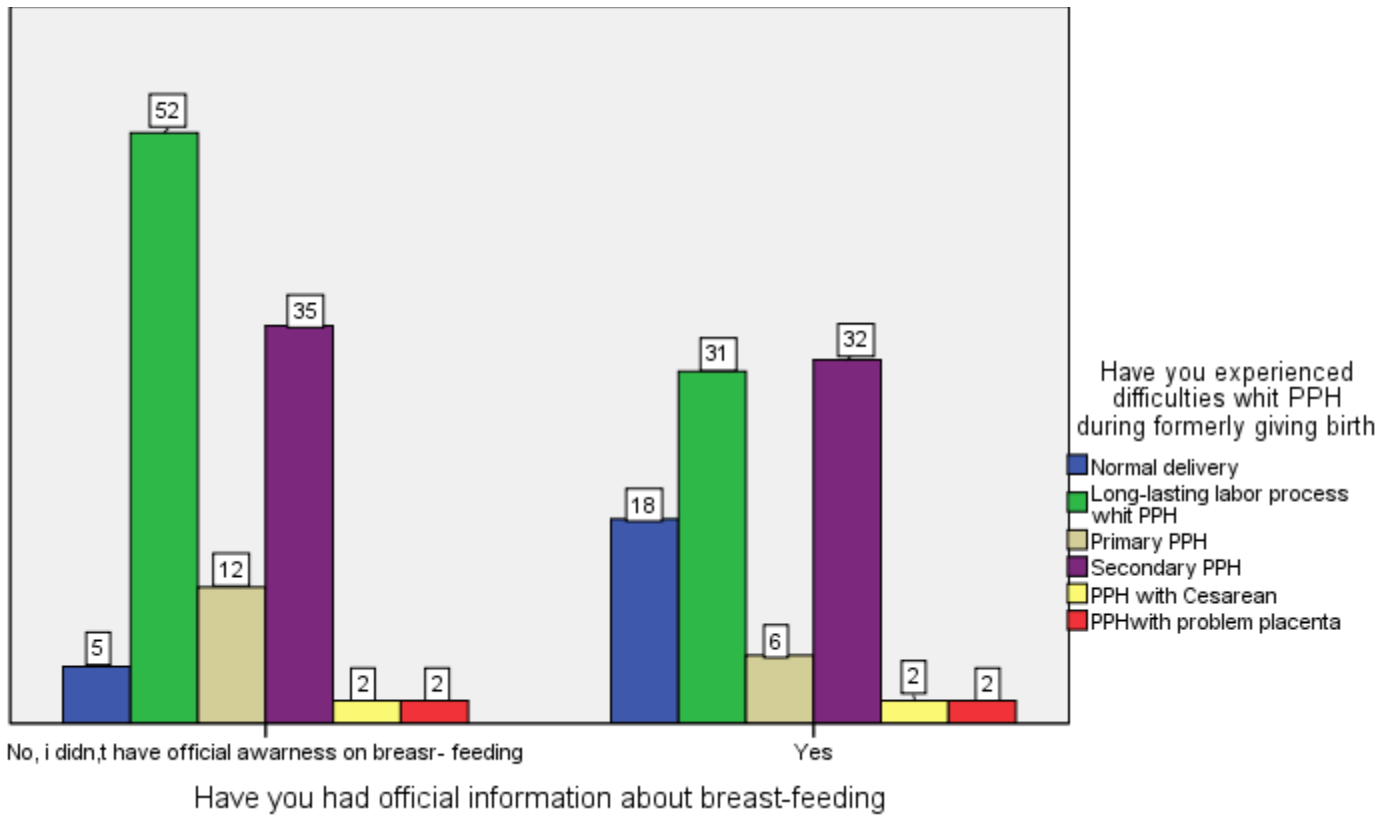
Figure 15: Association between PPH and weariness of official breast feeding by midwife

4.6.3.10 Table: Association between persons who assist mothers during delivery and risk factors of PPH

Chi-square χ 2	df	P value
36.493	25	0.06

Who assist you during your lobar?		Normal delivery	Yes long labor process whit PPH	Primary PPH	Secondary PPH	PPH with Cesarean	Problem placenta with PPH	Total
	Doctor	11.0	16.0	2.0	10.0	0.0	1.0	40
	Nurse	1.0	1.0	0.0	1.0	0.0	0.0	3
	Official midwife	9.0	29.0	7.0	27.0	0.0	1.0	73
	Husband	0.0	5.0	2.0	6.0	2.0	0.0	15
	Other family members	0.0	25.0	5.0	18.0	2.0	2.0	52
	I delivered by own	2.0	7.0	2.0	5.0	0.0	0.0	16
	Total	23.0	83.0	18.0	67.0	4.0	4.0	200

35

Throughout the 200 respondents how were suspected the PPH, about 73 respondents, were delivered by official midwife, within this 73 respondents 7 mothers had experience primary PPH and 27 mothers had experience secondary PPH .Among 200 respondents15 were delivered by their husband ,within this 15 respondents 6 mothers had experience secondary PPH and 2 mothers had experience primary PPH.

It mentionable the result of chi square test for association between persons that assist mother during the delivery with PPH was 36.493, it means p=0.06 was <0.05 there is relation, which related to knowledge and skill of midwife.
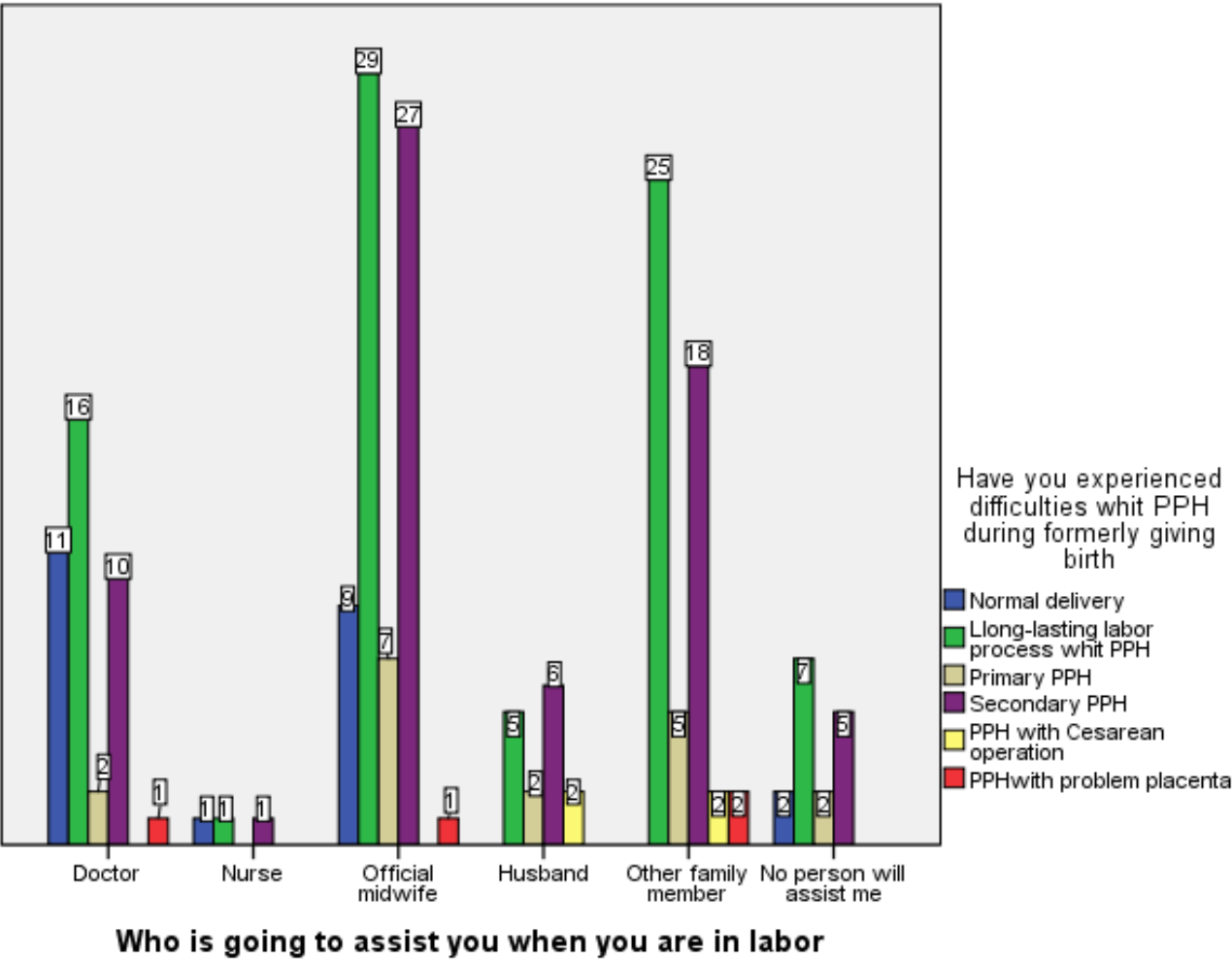
Figure 16: Association between persons which assist mothers and PPH

4.6.4.11 Table: Association between age of participants and treatment excessive bleeding before occur PPH

	Prevention PPH before delivery by midwife						
Respondent's age group.	Given oral drug for stop PPH of mothers.	Stopped PPH by Oxytocin IV therapy	Patient took local medicine by own.	Nothing took just rested	Total	P value	Chi-square χ^2 /df
13-23	6.00	25.00	15.00	23.00	69.00		
24-34	8.00	29.00	12.00	26.00	75.00		
35-46	4.00	21.00	14.00	13.00	52.00	0.736	0.0113
Above 46	0.00	0.00	0.00	4.00	4.00		
	18.00	75.00	41.00	66.00	200.0		
Total	100%	100%	100%	100%	0 100%		

Among 200 respondents who was suspect the PPH, about 69 respondents who had age groups 13-23 treated by midwife, within this age group 25 respondents was took injection Oxytocin by midiwife,23 mothers just took rest and 15 mothers took medicine by own. Among age group above 46 respondents, 4 mothers had experience home treatment or traditional treatment. Throughout the 200 respondents within age group 24-34,about 75 respondents who had experience prevention treatment,29 mothers treated by injection oxytocin, 26 mothers was treated rest means traditional treatments, 12 mothers took drug from outside by own and 8 were treated by midwife that midwife given for them oral drug. Within age group 35-46,about 52 respondents who had experience prevention treatment, which within this age group respondents 13 mothers was treated rest means traditional treatments, 14 mothers took drug from outside by own and 4 mothers were treated by midwife that midwife given for them oral drug.

The result of chi square test for association between age of participants and prevention excessive bleeding of mothers were 0.0133, and also P=0.736 bigger than 0.05, this result shows there is no relationship between Age and prevention treatment excessive bleeding.

4.7.5.12 Table: Association between times visit of mothers with midwife during pregnancy and risk factors of PPH

Level of education			Specific bleeding risk factors									Total	P value	Chi-square χ
			Long lobar process.	After given birth careful	Problem placenta	Uterine rapture	Breach births	High blood	They didn't had bleeding	Polly hydro minus	Infection after delivery			
When you are pregnant typical how many times you visit midwife?		Zero time	26	0	10	8	2.	12	15	1	2	76		
		Four time	9	0	5	4	0	3	6	1	1	29		
		Tree time	6	3	5	4	3	0	2	0	0	23	P= 0.032	0.494
		two	16	1	5	5	0	4	11	0	0	43		
		One	15	0	5	0	2	1	4	0	2	27		
		Total	72	4	30	21	7	20	38	2	4	200		

Throughout the 200 respondents how were suspected the PPH, about 76 respondents, who had not visit official midwife, within this 76 respondents 26 mothers had experience long lobar process, 15 mothers didn't have experience PPH, 12 mothers had experience high blood pressure, 10 mothers had experience problem placenta with PPH, 8 mothers had experience uterine rapture with PPH,2.

Among 200 respondents how were suspected the PPH, about 27 respondents, who were visit official midwife one time, within this 27 respondents 15 mothers had experience long lobar process, 4 mothers didn't have experience PPH, 1 mothers had experience high blood pressure and 5 mothers had experience problem placenta with PPH.

The result of chi square test for association between times visit mother with midwives and chi square was 0.494 with P=0.023,so there relationship is between these two variable because P value is bigger than the 0.05.

38
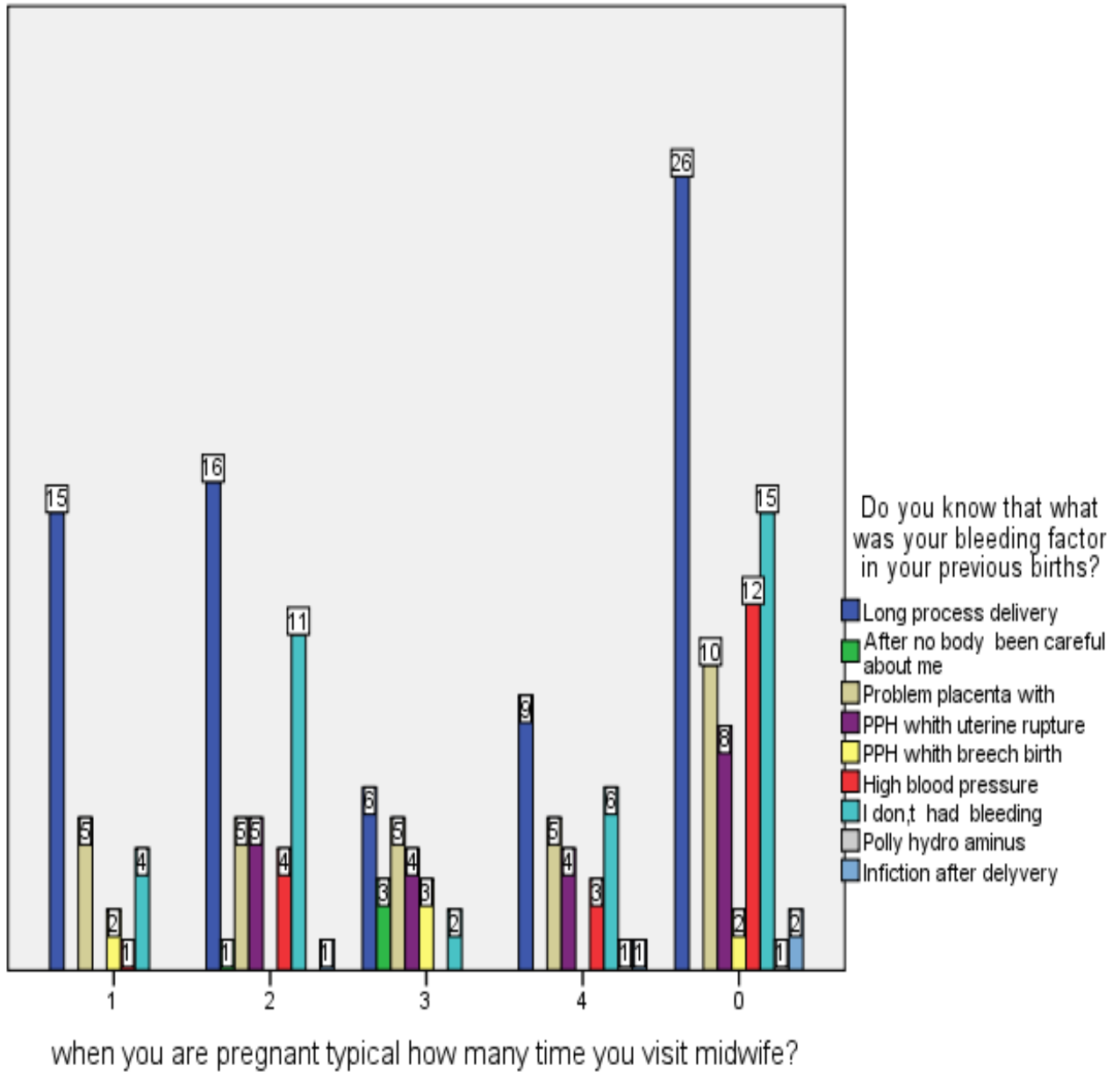
Figure 17: Association between times visit of mothers with midwife during pregnancy and risk factors of PPH

4.6.6.13 Table: Association between first given birth and primary and secondary risk factors of PPH

Variables	Younger than 12 years		12-15 years		15-20 years		Older than 20 years		Total		P value
	%	N	%	N	%	N	%	N	%	N	
Experience Normal delivery.	11.1	2	13	3	56.5	13	17.4	4	100	22	
Experience Long process delivery.	61.1	11	38.5	25	39.8	33	42.8	11	100	83	
Experience primary PPH.	16.7	3	61.1	11	22.2	4	0	0	100	18	P=0.159
Experience Secondary PPH.	5.6	1	33.8	22	47.8	32	42.3	11	100	67	
Experience Cesarean section.	0	0	50	2	50	2	0		0	100	4	
Experience Problem placenta.	25	1	50	2	25	1	0		0	100	4	
Total	9 100%	18	32.7 100%	65	42.7 100%	85	13.1 100%	26	100 100%	199 100%	

Most of respondents Out of 32 women who were between group age 12-15years, 61.1% experienced problem with placenta. However, 33.8 % women under the same age reported problem with secondary PPH. Among 25 respondents there were 22.2% respondents between age group 15-20 with problem primary PPH which 47.8% mothers had experience secondary PPH between same group age . Among 67 respondents who were between age group older than 20 years, 42.3% women experienced problem secondary PPH .however 0% participates between same age no reported experience problem primary PPH. Therefore cross table determined the regarding collected data that women with postpartum hemorrhage more likely faced, according to these date there were P=0.159 (P>0.05) so null hypothesis accepted (no relationship between first age of birth), bleeding doesn't dependent to first given birth, but in Afghanistan almost every women faced to problem bleeding regarding the different factors of delivery
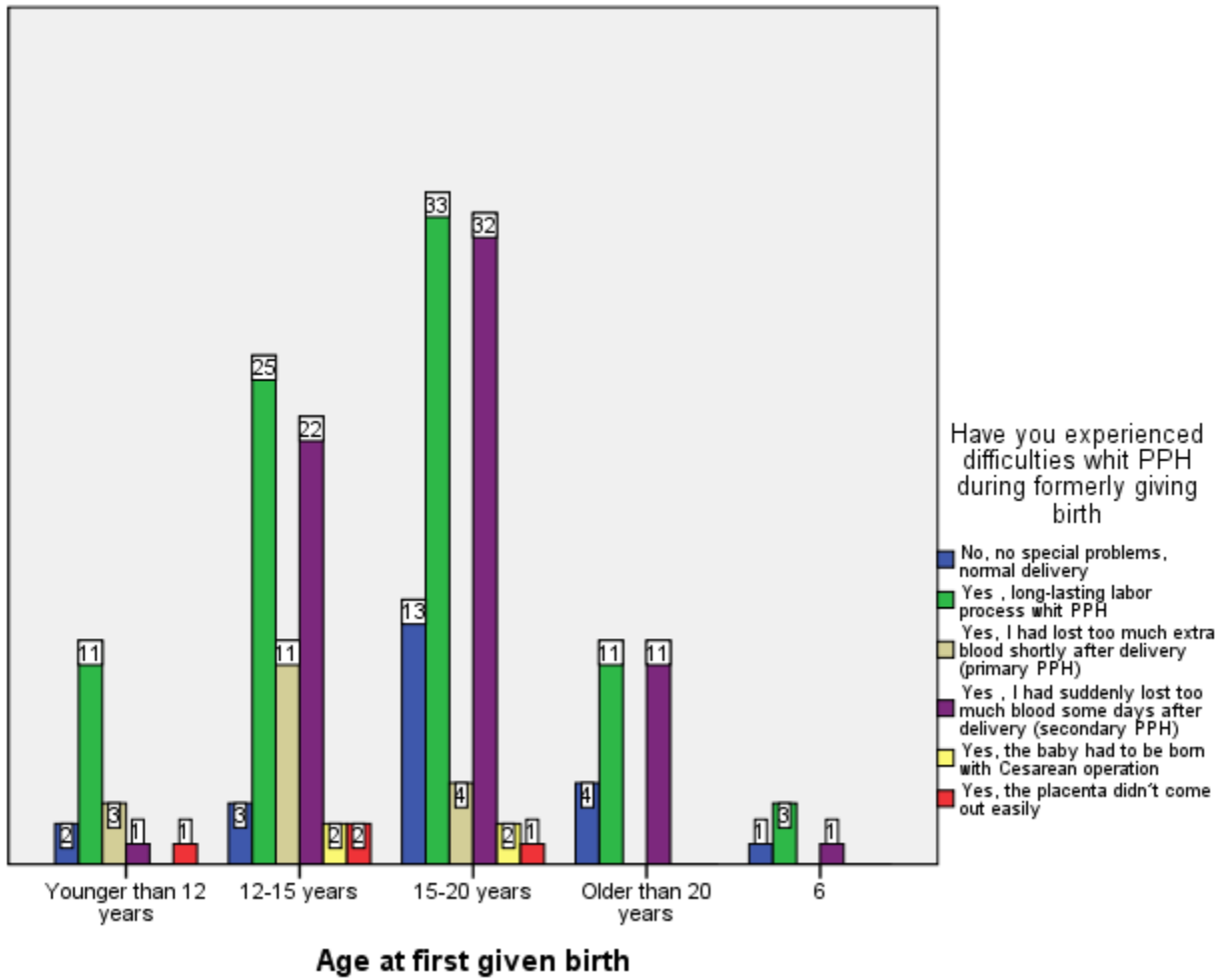
Figure 18: Frequency relationship between first given birth and PPH

4.6.7.14 Association between PPH and high level of education, age of first delivery, problem placenta, person that assist mother during delivery, barrier that mother can't go to hospital

Variables	Have you experience PPH	Age first given birth	How assist you during your delivery	Did you have experience problem placenta	Did you have experience barrier that you can't go to hospital for your delivery	Level of education
Have you experience PPH. Pearson correlation	1	-0.41	-.007	0.49	0.12	0.37
sig.(2-taild)		0.569	.918	.489	.872	.601
N	199	199	199	199	199	19
Age of first given births. Pearson correlation	-0.141	1	-.163	.049	.109	-.144
Sig.(2-taild)	.569		.021	.492	.125	.109
N	199	200	200	200	200	200
Which person assists you during your delivery? Pearson correlation	-.007	-.163	1	0.0000	-0.44	-0.14
	.918	0.21		1.000	.533	.139
Sig.(2-taild)	199	200	200	200	200	200
N						
Did you had problem placenta for every your delivery.	.049	.049	0.000	1	.131	.107
Pearson correlation	.489	.492	1.000		.65	.130
Sig.(2-taild)	199	200	200	200	200	200
Did you want go to hospital for delivery? Pearson	0.12	.109	0.44	.131	1	.185
correlation	.872	.125	.533	0.65		.009
Sig.(2-taild)	199	200	200	200	200	200
N						
Level of education. Pearson correlation	0.37	-.114	0.14	.107	.185	1
Sig.(2-taild)	.601	.109	.839	.130	.0009	
Total N	199.00	200.00	200.00	200.00	200.00	200.00

This table shows relationship between several variable among 200 participants, that SPSS calculated relationship between PPH and first given birth which -0.41 and P >0.569 (accept

null hypothesis) it means for negative result we can say whenever one variable increase other have to decrease (whenever age of mother increase, PPH will decrease). Out of 200 participants relationship between PPH and person that helped mother during her delivery is -007 with P =0.918 it means there are relationship negative and weak.

4.7.1.14 Qualitative data analysis:

In the quality part there were 3 major questions which were asked to individual mothers and the interviews were conducted in the homes and various community centers as it was difficult to travel houses due to limited time and lack of accessibility.

4.7.2.15 Reasons of delivery at home:

The first question was asked to know about the reasons, why women given birth at home why they don't go to hospital for delivery.

It might be due to various reasons and as we understood most of families don't like that his wives goes to hospital or health center for delivery and some other were following negative culture. Most of the mothers were 50, 60, and 92 years old so they only had experience of delivery at home with problem postpartum hemorrhage. Most of the men are sad that they want their wife send for getting the knowledge outside. We accept all of answer him but we worried about future. We are trying to make him able up to possible that future her should go to hospital for delivery because she had high blood pressure so there is not facility for health care mother after delivery.

4.7.3.16 the second question was asked, have you experienced difficulties with PPH during formerly giving birth? The result shows that among 200 participates 33.5% women had experience secondary PPH and 9%women had experience primary PPH. most of risk factor were related to traditional risk factor of PPH like delivery at home , remaining placenta and prolonged labor .

The final question was asked about during your pregnancy. How much time you visit midwife for checking and examination? Most of the answers of individual women were that we didn't go for chalking to hospital because my husband didn't permission us. Most of families need to aware in the future through different ways.

CHAPTER –V

4.9.1.15 DISCUSSTION

The aim of the study was to find out the determination risk factor of postpartum hemorrhage among women of Bamyan in Afghanistan. This study sample consisted 200 women pregnant and non-pregnant (the had experience of PPH).among the study subjects 55 women were pregnant, 138 women were non-pregnant (they had experience of PPH) and 7 mothers were suspect (suppose I don't know). 57 cases were from center of Bmyan province, 37 cases were from districts of Bamyan , 5 cases were from other province and 1 case were suspect (means she had mental problem so we didn't know from where will be her) . This study identified that the determination risk factors of PPH were 37.5% among the women with age range of 24-34 years, 34.5% among the women with age range of 24-34 years and 26% respondents PPH were among the women with age range 35-45 years. The study found that the most of respondents 77% of women were illiterate, 11.5% women had primary education, 10% women didn't have formal education but they can read and write and 1% mother had secondary education. Throughout the study the majority of the respondents, about age range of lowest first given births that 9.5% were given births between 12-15 years and 13% women were with highest first given births older than the 20 years. This study found that among 200 participants 60.5% women had experience of problem placenta and 39% women didn't have problem placenta, so we can say that placental problem is one of the major risk factor of postpartum hemorrhage in Afghanistan. Among these 200 participants, most of the participant's postpartum hemorrhage (36.4%) after delivery had problem prolonged labor process,10,1% mothers had problem high blood pressure and 19% participates after births didn't had any problem. Among 200 respondents, most of mothers pregnant (38.5%) didn't meet midwives during their pregnancy and 13.5% participants were meet midwives only one time during their pregnancy, so regarding this results we can say experience of problem PPH of mothers which meet midwives than the mothers didn't meet midwife were less .

Throughout the respondents, about 36.5% women pregnant delivered by midwife, 26 % of participates delivered by member of their family and 8% delivered by own, so regarding this result we found that delivery at home by local midwife are a major cause of PPH, because there was not enough facility for management third stage of delivery. According to the result of these

study we found that 20% of women were want which go to hospital or health center for their delivery but there were health center very far, so there was lack of health center,10% women faced transportation barrier and 35% wanted to go hospital for their delivery but her family didn't permission them. Among the respondents 65% women were taken medication for third stage of their delivery by midwife, 18% women were only taken rest therapy so they provided that they got it after several months chronic PPH event for 6 months were faced with problem PPH and also 5 women pregnant the were took medication by own without prescription of doctor. This study found that among 200 respondents,33.5% women faced with secondary PPH, 9% women with primary PPH,41.5% participants had experience prolonged labor with PPH and 11.5% women didn't had specially problem . Regarding the problem of PPH these study identified relationship between delivery at home and risk factors of PPH, therefore problem PPH in Bamyan Afghanistan directly related to the delivery at home and delivery hospital which is SPSS data analysis also provided about the significant or P<0.05(P=0.09) so null hypothesis rejected it means some problem related to delivery at home because there is no facility for health care management of mother after delivery, so regarding this result we can say hospital is best choice for mother delivery. According to the finding of the study, there were relation between first given birth and PPH P=0.159(P<0.05), so null hypothesis was rejected there is relationship between first given births and PPH it means in Afghanistan almost every women faced to problem bleeding regarding the different factors of delivery. These study identified relationship between number visit of mother with midwife and problem PPH, so we can say among of 200 participant SPSS analyzed data about r (-0.0134) so we can say number visit of mother directly related with PPH it means by increase visit of mother with midwife PPH were decreased. According the analysis of SPSS between persons who assisted mothers and first given birth, result shows that p value were p=0.2,so in that case we can say there is relationship between this two variable. this study, provide association between awareness of mothers on breast feeding and PPH showed that P value was less than 0.05 it means p=0.02,so in that case we can say there was relationship between this two variables.

45

Conclusion

To conclude, the aim of this study was to determination risk factor of postpartum hemorrhage among women pregnant and non-pregnant in Bamyan, Afghanistan. Moreover, during the research, it becomes clear that there are many problems with current private health organization system that they had following project health in Bamyan province. The researcher observed that 86% patients were suffering with the different risk factor of postpartum hemorrhage which is due to following negative culture, traditional delivery at home, prolonged labor, Hypertension, lack of knowledge, lack of health center and lack of expertise female doctor. It has bad effect on the health of mother that creates problematic environment for young generation to live in the future. Most of the respondents were housewives and from rural area. Majority of the respondent's educational status was illiterates. To tract the association between different variables, significant association were found between delivery at home and hospital regarding the problem of PPH, therefore SPSS data analysis were provided significant P=0.09 or P<0.05 it means null hypothesis rejected, so regarding these result we can say that there are relationship between problem PPH and delivery hospital (mothers given birth in health center -PH getting decrease because there will be good facility) , for delivery at home(increase PPH there is no facility for management after delivery), so in Bamyan , Afghanistan most of the participants were delivered at home that they provided full experience of their PPH. Regarding the findings of this study P= 0.159 (P>0.05) null hypothesis accepted there was no relationship between first given births and PPH, so we can say in Afghanistan almost every women faced with problem postpartum hemorrhage by consider different factor. This study identified relationship between visit of mother pregnant with midwife and PPH (r -0.0134), so there are negative relationships it means by increase number visit of mother with midwife PPH will decrease, so in Afghanistan most of women can't visit midwife due to different barriers that women currently is facing. Throughout this study, 84% respondents were faced with problems of PHH and 11.5% didn't have any special problem regarding the postpartum hemorrhage. Therefore, this descriptive study finding will be utilized to understand the root cause of the problem postpartum hemorrhage, allocation of resource and planning for the intervention. This study found association between age of participants and treatment excessive bleeding before occur that P value was 0.736 it means there is no relationship between this two variable.

Recommendation

Based on the finding of this research there are some recommendation that can be consider for future research, it would useful to identify the root cause of postpartum hemorrhage among women of Bamyan in Afghanistan, which might influence to the improve awareness of family members.

Postpartum hemorrhage to be a chronic condition among women of Bamyan in Afghanistan, which reduce the quality of life mothers. Therefor to identify the in depth information about root of this problem through qualitative and quantitative methods.

To researcher:

- It will be better to consider laboratory examination for counting severity of PPH .

- It will be better to consider collection all previously research about the postpartum hemorrhage from different area of Afghanistan and then make action plan regarding the root of problem.

- It will be better that consider enough time for complete research.

- It will be better for improve quality management of PPH to consider bimanual uterine compression examination.

- It will be better to consider skill midwife most of the time low skill of midwife become the cause of PPH .

To ministry of Public Health:

- It will be better to improve capacity of mothers through health education and literacy program.
- It will be better to increase number of health center in Bamyan province.
- It will be good to consider programs awareness about delivery at hospital
- It will be a good that ministry of public health should consider ambulance the throughput the BHC health center in Bamyan province.
- It will be better to establish a training center in the center of Bamyan for improves capacity of health staff.
- It will be better to establish sub center for every rural area by consider population.

Limitation of the study

- Problem transportation, for traveling to community.

- Lack of budget for refresher training and health education.

- Security for participants, always my family was worry about safety participants.

- Performance bias: performance bias from respondents, said may have been introduced during data collection as respondents were aware of what is to be asked to them.

- Less time for data collection: suppose for qualitative method we have need more time for discussion with respondents.

- There was no more literature about PPH.

- There was no standard questionnaire regarding the PPH

- Estimated sample size could not be met.

Implication of findings

- This research will help to service providers on create programs awareness to any one Afghan people.

- This study will be a simple and easy guideline for diagnosis,   treatment and management after delivery of mothers.

- To understand risk factor of PPH helps to delivery of high-quality maternity care in Afghanistan.

- To reduce maternal mortality rate of mothers.

- To increase quality of manage after delivery.

CHAPTER VI
REFERENCES

Antoine GuyAya, Francoise Bayumeu, Marie, pier Bonnt,Rachid Djioudi(march2018), obstetrics Gynecology and Reproductive Biology ,Eeuropean Journal, P(12-21).

Alexandra Frost, [1,2] Matthew Wilkinson,[4,2] Peter Boyle,[5] Preeti Patel,[2,3] and Richard Sullivan[1,2] (2018). An assessment of the barriers to accessing the Basic Package of Health Services (BPHS) in Afghanistan, International Journal of Africa Nursing Sciences, P(59-65).

B. Charbit L. Mandelbrot, E. Samain ,G. Baron, B. Haddaoui, H. Keita, O. Sibony, D. Mahieu-Caputo,M. F. Hurtaud-Roux , M. G. Huisse,M. H. Denninger,D. Deprost (February 2007). severity of postpartum hemorrhage,journal of thrombosis and Haemostasis P(266-273).

 CJ Berg WM Callaghan, C Syverson (198 200), pregnancy mortality, journals.IWW.com.

Harshad kumar Sanghvi, Nasratullah Ansari, Ndola J.V. Prata, Hannah Gibson, Aftab(2010) , Prevention of Postpartum Hemorrhage at Home Birth in Afghanistan, Journal article intenational intiative for impact evaluation P(27-101).

Jaime Haver MPH, Nasratullah Ansari MD MPH,Partamin Zainullah MD MSc,Young-Mi Kim, Ed .D and Hannah Tappis Dr.PH(2016 Mar-Apr).Afghanistan has a maternal mortality ratio, J Midwifery Womens Health.61(2),P(196–202).

Kamar, RachaIM. MD ,Scavone, Babara M. MD..Fuller, Andrea J, MD.Toledo, Paloma MD,MPH (october2014) postpartum hemorrhage protocols in United States American…,p(906-910).

M Knight, WM Callaghan-BMC (2013). Postpartum Hemorrhage: Prevention and Management - K4Health,Pregnancy childbirth, united state American Journal.

Sedki A sari, Iippie Matsumoto.Hiroshima Toyma,Masto Yamaguchi Takuy a okada, Makoto Shinzeki,Ta dahiro Goto,Tetsouo Ajiki, Takuimi (May 2016) recombination of treatment strategy –,p(454-463).

William Newbrander, Paul Ickx, Ferozuddin Feroz, and Hedayatullah Stanekzai [(2014).] Afghanistan's Basic Package of Health Services, journal Global Public Health.

<p style="text-align:center">Appendix I</p>

<p style="text-align:center">Information sheet</p>

Title: determination risk factors of postpartum hemorrhage among women's in Bamyan province Afghanistan.

Dear participant I am Mastora"Shafahi" student of Dhaka University, currently pursuing Master degree in Rehabilitation Science under the supervision of Dr. Ahmad Kamal at , BHPI, CRP, Saver of Bangladesh health professional institute. Towards fulfillment of the course module it is obligatory to conduct a research study, The aim of this study is find out the risk factor of PPH women's that given birth at home and women's have experience problem of PPH in Bamyan province.my participation in this study is women's pregnant and women's that have experience of delivery with problem of PPH. if you do not agree to participation at all you can withdraw your support to the study anytime you want. There will be no change in this regard to participate or not to participate in this study. Your answer will be recorded in this questionnaire and focus group discussion which will take approximately 20 minutes and will be kept highly confidential and private. You will not pay for your participation, this study will not cause any risk or harm to you. Please try to give truthful answers as much as possible, Confidentiality all documents will be highly maintained. If you have any question now or later regarding the study, please, feel free to ask the persona study below.

Mastora -Shafahi

M Sc. in Rehabilitation Science

BHPI, CRP-Chaplain, Savar, Dhaka-1343

Address mail: dr.mastora200@gmail.com

Appendix II

Consent form

I have red or I have been explained to me the information sheet and I am informed about the topic of the research. I have got opportunity to ask any query and discuss about the study with the data collector, I have been answered to my satisfactory. I have informed about risk and benefit of the research. I have understand that I am free to withdraw from the study at any time, without having any reason and without affecting present and future medical care. I am informed that all my answer will remain highly confidential.

I agree to take part in this study.

Participation name……………..

Participation's signature…………………..Date: ……………………..

Finger prints………………….

Data collector signature…………………….date: …………..

<center>**Appendix** III</center>

<center>**Data collection form questionnaire**</center>

INDEPENDENT VARIABLES

I   SOCIODEMOGRAPHIC VARIABLES

II   HEALTH STATUS AND DISABILITY

III   STATUS ON PREGNANCY AND GIVEN BIRTH

IV   DATA ON PREGNANCY CARE / prepartum care and information

V   DATA ON FORMER PROCESS OF GIVING BIRTH

==**I. SOCIO DEMOGRAPHIC VARIABLES**==

Name of the participant (or only a number on the questionnaire?)

Age…………………………………..

Q1.Highest level of education
- [ ] No formal education, illiterate
- [ ] No formal education, but can read and write
- [ ] Primary school
- [ ] Secondary school
- [ ] Higher level of education

Q2.Place of residence
- [ ] Center of Bamyan
- [ ] District Yakawling
- [ ] District Punjab
- [ ] District Sighan
- [ ] District Kahmard
- [ ] Not sure which district?

<center>52</center>

Q3.Marital status

☐ Married
☐ Divorced
☐ Widow
☐ Single

Q4.Your religion

☐ Muslim
☐ Non-Muslim

Q5.Which person is responsible for you?

☐ Husband
☐ Father
☐ Brother
☐ Other person

II.HEALTH STATUS AND DISABILITY

Q6.Do you have any diagnosed disease or illness

☐ No, I have no disease or illness
☐ Hypertension
☐ Heart disease
☐ Diabetes
☐ Lung disease
☐ Mental disease
☐ Kidney disease
☐ Women's disease
☐ Other kind of disease
☐ I don't know

Q7.Do you have any kind of impairment or disability

☐ No disability
☐ Hearing
☐ Vision/seeing
☐ Walking disability
☐ Grasping/ hand or arm disability
☐ Other kind of disability

Q8.Are you pregnant at the moment

- ☐ Yes
- ☐ No
- ☐ Don't know, not sure

Q9.Have you ever given birth

- ☐ No
- ☐ Yes, 1 time
- ☐ Yes, 2 times
- ☐ Yes, 3 times
- ☐ Yes, 4 times
- ☐ Yes, 5 times or more

Q10.Age at first given birth

- ☐ I have not given birth
- ☐ Younger than 12 years
- ☐ 12-15 years
- ☐ 15-20 years
- ☐ Older than 20 years

IV.DATA ON PREGNANCY CARE*at this time if you are pregnant now, or during former pregnancies*

Q11.when you are pregnant typical how many time you visit midwife?

- ☐ ..1
- ☐ ..2
- ☐ ...3
- ☐ ...4

Q12.did you Have Abnormal placentation during birth?

Yes ☐ No ☐

Q13.Is the growth of your baby officially monitored

- ☐ No, not officially by doctor, nurse or official midwife
- ☐ Yes, once
- ☐ Yes, twice
- ☐ Yes, three times or more

54

Q14.Is your own health officially monitored in pregnancy

- ☐ No, not officially   by doctor, nurse or official midwife
- ☐ Yes, once
- ☐ Yes, twice
- ☐ Yes, three times or more

Q15.Have you had official information about pregnancy (on child growth and changes in your body)

- ☐ No, not officially   by doctor, nurse or official midwife
- ☐ Yes

Q16.Have you had official dietary advice (kind of healthy food, healthy drinks, alcohol and drug use)

- ☐ No, not officially   by doctor, nurse or official midwife
- ☐ Yes

Q17.Have you had official information about breast-feeding

- ☐ No, not officially   by doctor, nurse or official midwife
- ☐ Yes

Q18.Have you had official information about the delivery process

- ☐ No, not officially by doctor, nurse or official midwife
- ☐ Yes

Q19.Who is going to assist you when you are in labor

- ☐ Doctor
- ☐ Nurse
- ☐ Official midwife
- ☐ Husband
- ☐ Other family member (sister, mother, aunt)
- ☐ No person will assist me

Q20...Do you feel safe and comfortable thinking of the delivery process and available help

- ☐ Yes, I feel completely safe
- ☐ No, I don't feel completely safe
- ☐ No, I am not feeling safe at all

Q21.Do you want to go to hospital for your delivery

- ☐ No, I prefer to be at my own home for delivery. I like the traditional way more
- ☐ Yes, but I /my family have no money for hospital delivery
- ☐ Yes, but my husband or family they don't allow me to go to hospital for delivery
- ☐ Yes, but there is no nearby hospital

☐ Yes, but there will be no transportation available at that time

☐ Yes, but I don't have a telephone for asking transportation to hospital

Q22.If delivery might not be going well or not fast enough, does your family bring you to a hospital

☐ Yes, I am sure

☐ I don't know if my family will bring me to a hospital

☐ No, I think that they will NOT take me to a hospital

Q23.Does your family give you the money needed for transportation to go to the hospital

☐ Yes, I am sure

☐ I don't know if my family will give me money for transportation to a hospital

☐ No, I think that they will NOT give me money for transportation to a hospital

V. DATA ON (FORMER) PROCESS OF PREGNANCY AND GIVING BIRTH(only for those women who had

formerly given birth)

Q24.Were there any complications during your former pregnancies

☐ No, no complications/no problems

☐ Yes, some babies were born too early

☐ Yes, some babies were born dead

☐ Yes, I had health problems whit PPH during former pregnancy

Q25.Have you had all your babies at home

☐ Yes

☐ Some at home, some at hospital

☐ No, all at hospital

Q26.Who helped you with your last (former) delivery

☐ Traditional help: mother, sister (called: local midwifes) grandmother, husband

☐ Official personnel from hospital: doctor, nurse, official midwife

☐ No help at all: I did it all by myself

Q27.Have you experienced difficulties whit PPH during formerly giving birth

☐ No, no special problems, normal delivery

☐ Yes long-lasting labor process whit PPH

☐ Yes I had lost too much extra blood shortly after delivery (primary PPH)

☐ Yes suddenly lost too much blood some days after delivery (secondary PPH)

☐ Yes my baby had   be born with Cesarean operation

☐ Yes my placenta didn't come out easily

Q28.Do you know that you have to take medicine to prevent excessive bleeding after delivery

Yes ☐   No   ☐

Q29.Was the help that you received in formerly giving birth good / adequate

Yes ☐   No   ☐

Q30.If you had excessive bleeding after having given birth, what was the treatment to you

☐ Official midwife gave me oral drugs to stop bleeding

☐ Official midwife gave me intra-venues treatment

☐ I have got therapy by local help

☐ I only took some official medicine by myself

☐ I took some home medication

☐ I only took more rest, my family thought no treatment was needed

☐ I was taken to hospital for treatment at a later moment

Q31.When you have had your former baby, did you get 1 month help with your household and baby care?

☐ No, no help at all

☐ Some hours of help only

☐ Half day help during 1 month

☐ Whole day help during 1 month

Q32. **Do you know that what was your bleeding factor in your previous births?**

☐ Yes my birth process has been long

☐ Yes, after childbirth, I have not been careful about me

☐ Yes, I had problem placenta

☐ Yes, I had an uterine rupture

☐ yes my birthday was breech

☐ High blood presser

☐ I don't had bleeding

☐ Polly hydro a minus

☐ Infection after delivery

Q33. What has been done before when you were bleeding excessively after giving   birth?

☐ Given oral drugs by midwife to stop the bleeding

☐ Used IV therapy/drug given by midwife

☐ Local treatment not given by midwife

☐ Nothing

Appendix IV

QUESTIOONAIRE

TRANSULTED TO AFGHAN LANGUAGE

بسم تعالي

با سلام و احترام !

پرسشنامه حاضر به منظور جمع آوری اطلاعات برای تحقیق در مورد «**بررسی فکتورهای خطر خون ریزی بعد از ولادت** » طراحی شده است که در جهت تکمیل پایان نامه کارشناسی ارشد اینجانب میباشد سوالات زیر را مطالعه و با ارایه پاسخ های مناسب وتجربه تلخ که رنج آور بوده در بخش مربوطه جهت هرچه کاملتر انجام این تحقیق مساعدتهای لازم را به عمل آورده و توضیح دهید.

نوت: پرسش نامه پنج بخش دارد بنا در قسمت پاسخ و خانه پوری فورم حوصله مندی ودقت شما عزیزان را خواهانم ناگفته نباید گذاشت هر قدر که جواب شما دقیق باشد به همان اندازه قسمت مشکل شما شناخته و اقدام های لازمه خواهند صورت گرفت.

تشکر

داکترمستوره شفایی

متغیر های مستقل

1. **متغیرهای دیموگرافیک اجتماعی**
2. **وضعیت سلامتی و معلولیت**
3. **وضعیت بار داری وتولدات**
4. **معلوما ت در مورد مراقبت های ولادی**
5. **معلومات در مورد روند ومشکلی ولادت های قبلی**

متغیرهای دیموگرافیک اجتماعی

۱ ـ مشخصات عمومی اشتراک کننده

اسم ....

سن ....

ایمل آدرس...

ولایت ....

ولسوالی ....

قریه ....

۲ ـ درجه تحصیل :

☐ بی سواد

☐ بدون آموزش رسمی اما خوانده ونوشته میتوانید

☐ دوره اول مکتب

☐ دوره متوسط

☐ لسانس

☐ چهارده پاس

☐ سطح بالا تر از آموزش

۳ ـ وضعیت زناشویی:

☐ متاهل

☐ طلاق گرفته شده

☐ بیوه

☐ مجرد

۴ ـ دین شما

☐ اسلام

☐ غیر اسلام

۵ـ چه کسی سرپرستی ومسئولیت شما را دارد؟

☐ پدر

☐ برادر

☐ شوهر

☐ شخص دیگر

وضعیت سلامتی و معلولیت :

۶ ـ آیا شما کدام بیماری تشخص شده دیگر دارید اگر دارید ذکر نماید ؟

☐ فشار خون

☐ بیماری های زنان

☐ بیماری قلبی

☐ دیابت

☐ بیماری ریه

☐ بیماری روانی

☐ بیماری کلیوی

☐ نوع دیگر بیماری

☐ نه، من هیچ بیماری دیگر نداشتم وندارم

☐ من نمیدانم

۷ ـ آیا شما کدام یکی از این معلولیت ها را دارید ؟

☐ معلولیت شنیدن

☐ معاولبت بینش / دیدن

☐ ناتوانی در راه رفتن

☐ معلولیت اندام فوقانی/ دست و بازو

☐ دیگر انواع ناتوانی

☐ معلولیت ندارم

وضعیت تولد وبارداری:

۸ ـ آیا شما فعلا حامله هستید ؟

☐ بله

☐ نخیر

☐ نمیدانم مطمعن نیستم

۹ـ آیا شما تا بحال تولد داشته اید؟ اگر بلی چند دور ؟

☐ بله، 1 بار

☐ بله، 2 بار

☐ بله، 3 بار

☐ بله، 4 بار

☐ بله، 5 بار یا بیشتر

☐ نه

۱۰ـ بار اول که ولادت کردی چند ساله بودید به یاد دارید؟

☐ من تا بحال ولادت نداشته ام

☐ جوانتر از 12 سال

☐ 12-15سال

☐ 15-20سال

☐ بالای 20 سال

معلوما ت در مورد مراقبت های ولادی :

۱۱ـ آیا در دوران حاملگی خود سلامتی ورشد جنین شما تحت معاینه رسمی قرار داشت یاخیر؟

☐ نه، تحت معاینه داکتر ؛ قابله ونرس بطور رسمی قرار نگرفتم .

☐ بله، یک بار معاینه شدم

☐ بله، دوبار معاینه شدم

☐ بله، بشتر از سه بار معاینه شدم

۱۲ ـ آیا در دوران حاملگی صحت خود شما تحت مراقبت ونظارت رسمی قرار داشت یاخیر؟

☐ نه، من پیش داکتر ؛قابله ونرس هیچ مراجعه نکردم چون که مشکل فامیلی داشتم

☐ بله، فقط یک بار پیش قابله رفته بودم

☐ بله، دو بار داکتر رفتم

☐ بله، سه بار یا بیشتر

۱۳ـآیا معلومات موثق درباره بارداری (درباره رشد کودک وتغیرات در بدن خود) دارید؟

☐ نخبر؛اطلاع موثق ندارم که توسط داکتر ؛ نرس وقابله برایم داده شده باشد

☐ بله

۱۴ ـ آیا توصیه های غذایی رسمی (نوع غذای سالم، نوشیدنی های سالم و مواد مخدر) در دوران بارداری خود داشته بودید ؟

☐ نه، توصیه رسمی از طرف دکتر، نرس یا قابله نداشتم

☐ بله، غذا های سالم میخوردم

۱۵ـآیا شما در باره شیر دهی بطور رسمی(توصیه پرسونل صحی) کدام اطلاع داشتید ؟

☐ نه، معلومات مکمل ورسمی توسط قابله ؛داکتر ونرس نداشتم

☐ بله

۱۶ ـ آیا اطلاع رسمی در باره روند یا پرسه ولادت وحاملگی داشتید ؟

☐ نه، بطور رسمی معلومات توسط داکتر ؛قابله ونرس نداشتم.

☐ بله

۱۷ ـ چه کسی در هنگام ولادت شما را کمک کرده اند؟

☐ داکتر

☐ قابله

☐ نرس

☐ شوهر

☐ سایر اعضای خانواده (مادر ؛پدر ؛خواهر وبرادر

☐ هیچ کس به من کمک کرده اند.

۱۸ ـ آیا در پرسه ولادت شما احساس مصئونیت و راحتی دارید ؟

☐ بله، کاملا احساس امنیت می کن

☐ بله، احساس امنیت می کنم

☐ نه، کاملا احساس امنیت نمی کن

☐ نه، احساس امنیت نمی کنم

۱۹ـ آیا می خواهید که جهت ولادت به شفاخانه ویا کدام مراکز صحی نزدیک تان بروید؟

☐ نه، من ترجیح می دهم که زمان ولادت در منزل خود باشم چون من روش سنتی را بیشتر دوست دارم.

☐ بله، اما خانواده ام پول برای اینکه شفاخانه یا کلینک بروم ندارند

☐ بله، اما شوهر یا خانواده ام اجازه نمیدهد که برای ولادت در مرکز صحی ویا بیمارستان بروم .

☐ بله، اما بیمارستان در نزدیک ما وجود ندارد

☐ بله، اما در آن زمان ترانسپورت نخواهد وجود داشت

☐ بله، اما من تلفون ندارم که زنگ بزنم به آمبولانس شفاخانه ویاصحت عامه

۲۰ـ اگرپروسه ولادت شما به اندازه کافی سریع نباشد یعنی پیش رفت خوب نداشته باشد، آیا فامیل تان شما را به شفاخانه انتقال خواهد داد؟

☐ بله ؛ مطمئن هستم.

☐ من نمی دانم که آیا خانواده ام مرا به بیمارستان می برد یا خیر.

☐ من فکر میکنم که خانواده ام من را به بیمارستان نمیبرد.

۲۱ـ آیا خانواده شما پول لازم برای حمل و نقل را برای رفتن به بیمارستان می دهد به شما؟

☐ بله؛ من مطمئن هستم

☐ من نمی دانم که آیا خانواده من پول برای حمل و نقل به بیمارستان می دهند یا خیر

☐ نه، فامیل من پول حمل نقل به بیمارستان را نمیدهد

اطلاعات وتجاروب خانم های که قبلا ولادت کرده است

۲۲ـ آیا در طول ولادت های قبلی خود کدام مشکل داشتید؟

☐ بله، بعض ولادت های قبل از وقت داشتم

☐ بله، تولد مرده هم داشتم

☐ بله، در بعض از ولادت های قبلی خود بعد از ولادت من خون ریزی داشتم

☐ نخیر، کدام مشکل و عوارض نداشتم

۲۳ـ آیا تمام ولادت های شما خانه صورت گرفته است؟

☐ بله

☐ برخی درخانه ؛برخی در بیمارستان صورت گرفت

☐ نه همه ولادت های من در مرکز صحی صورت گرفت

۲۴ـ چه کسی به شما در آخرین ولادت تان همکاری نمود؟

☐ کمک سنتی: مادر، خواهر؛دایه محلی ؛مادر بزرگ و شوهر

☐ پرسنل مرکزصحی : داکتر، نرس و قابله

☐ هیچ کمکی در این زمینه وجود نداشت من خودم ولادت کردم

۲۵ـآیا کمکی که در آخرین ولادت شما شد، به اندازه کافی خوب بود؟

☐ بله   ☐ نخیر

۲۷ ـ آیا شما در مدت کوتاهی پس از زایمان خون ریزی داشتید اگر بله تا چه مدت ؟

☐ بله من بیش از حد بعد از زایمانم خون ریزی داشتم الی ۱۴ روز

☐ بله خون ریزی من الی ۶ هفته دوام کرد بود

☐ بلی من الی ۱۲ هفته خون زیزی داشتم

☐ چند روز بعد از زایمان به طور ناگهانی خون ریزی کردم

66

☐ نه، من خونریزی نداشتم

۲۸ـ آیا شما تولد به اثر عملیات سزارین داشتید ؟

نخیر ☐ بله ☐

۲۹ـ آیا شما میدانید که برای جلوگیری از خون ریزی های بعد از ولادت چه دوا بیگرید ؟

نخیر ☐ بله ☐

۳۰ـآیا در هنگام بارداری دچار مشکل خون ریزی شده اید ؟

☐ نخیر مشکل خاصی نبود ولادت من نارمل صورت گرفت

☐ بلی مشکل خون ریزی داشتم

۳۱ ـ اگر شما پس از زایمان خونریزی شدید داشته بودید برای جلوگیری خون ریزی تان چگونه تداوی پیش گرفته شد؟

☐ جهت توقف خون ریزی قابله به من دوای خوراکی داده بودند.

☐ قابله به من آمپول اوکسی توسن تزریق کرده بودند.

☐ من توسط درمان خانگی صحت یاب شدم.

☐ من فقط استراحت کردم خانواده من به تداوی من فکر نمیکردند آنها باور مند بودند که تداوی ضرور نیست.

☐ من در یک لحظه بعد ولادت به بیمارستان منتقل شدم.

۳۲ـ درولادت های قبلی تان آیا برای چه مدت از کودک وخودت مراقبت و همکار های لازم صورت گرفته بود؟

☐ بله، فقط مدت کمی در هر روز به من همکاری کردند .

☐ بله، مدت نیم روز کمک در طول یک ماه.

☐ بله، کمک در تمام طول روز در طول یک ماه.

☐ نخیر ، به من هیچ همکاری از طرف فامیلم صورت نگرفته بود.

۳۴ ـ آیا شما میدانید که بطوری مشخص در ولادت های قبلی تان عامل خون ریزی شما چه بوده ؟

☐ بله پروسه ولادت من طولانی شده بود.

☐ بله بعد از ولادت مراقبت درست ازمن کسی نکرده اند.

☐ بله پلاسنتا من اوت نشده بود در اثر کشش وکورتاژ پارچه های شان جامانده بود.

☐ بله رپیچر رحمی داشت بودم.

☐ اپزوتومی شده بودم.

☐ ولادت من بریچ بود.

☐ نه، من اطلاعی ندارم.

☐ طفل من با شانه خود بود.

☐ طفل من کلان بود.

☐ اول باری شما بود.

Appendix V
PERMISSION LETTER

به ریاست محترم صحت عامه بامیان

احتراما نگاشته مشود!

طوریکه اداره محترم صحت عامه بامیان وزارت محترم صحت عامه درجریان است؛ اینجانب مستوره شفاهی بنت علی شفاه بنا به
موافقه و ضرورت اداره ریاست صحت عامه بامیان جهت ارتقای ظرفیت درپرگرام ماستری تحت عنوان احیای مجدد/ مرا قبت های
عاجل مورخ ۶/۲۵/۱۳۹۶ معرفی و عازم کشور بنگاله دیش گردیدم وبعد ازتکمیل وسپری نمودن دوره تیوری، موضوع تحقیق
خود را تحت عنوان ریشه یابی فکتور های خطر خون ریزی های بعد از ولادت در افغانستان انتخاب نمودیم فلهذا جهت جمع آوری
داتا و حد اقل کاهش خون ریزی مادران بامیان از شفاخانه ولایتی مرکز بامیان وکلینک شهیدان خواهان همکاری کتبی شما میباشم
پیشاپیش از همکاری اداره محترم صحت عامه بامیان متشکرم.

با احترام
داکتر مستوره شفاهی
کارمند ریاست صحت عامه بامیان
محصیل بورس ماستری بنگاله دیش

۱۳۹۷،۸،۱

شفا خانه محترم دولتی کوننک منهران!
درزمینه جمع آوری معلومات تان محترمه داکتر مستوره
کارمند این ریاست همکاری لازم نمایید

دکتور ... آقا دلوب ...
رئیس صحت عامه بامیان