Tababarka Gar-gaarka Deg-dega ah ee hooyada uurkaleh/Umusha Wadamada Soo koraya .

Practical Manual

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KALMADA TIFATIRAHA

Buuggani ma aha oo keliya buug caafimaad oo aqooneed, balse waxa uu xambaarsan yahay qiime gaar ah oo ku saabsan horumarinta aqoonta caafimaad ee ku qoran afka Soomaaliga. In aqoon caafimaad oo muhiim ah loo turjumo af-Soomaali waa tallaabo weyn oo wax weyn ka tari karta in xirfadlayaasha caafimaadka, ardayda iyo bulshada Soomaaliyeed gaar ahaan bulshada Jamhuuriyada Somaliland ay si fudud u helaan una fahmaan aqoonta caafimaad ee casriga ah.

Waxaan aaminsanahay in buuggani uu noqon doono ibo-fur iyo bilow muhiim ah oo dhiirrigeliya turjumaadda buugaag caafimaad oo badan oo af-Soomaali ah. Haddii aqoonta caafimaad lagu heli karo afka ay dadku sida fiican u fahmayaan, waxa ay suurto-gelinaysaa in aqoontu gaadho dad badan, isla markaana ay gacan ka geysato tayaynta adeegyada caafimaadka iyo badbaadinta nolosha hooyooyinka iyo carruurta.

Dr. Abdirahman Osman (MD, Cemonc)

Waxaan cadaynayaa in buugani yahay mid si weyn u anfacaya bahweynta caafimaadka. Bilowna u noqonayo in la helo buugaag badan oo noociisa ah in loo turjumo luuqada afkeena hooyo

Waxaan rajaynayaa in buuggani si wanaagsan ay u soo dhoweyn doonaan dadka loogu talagalay, isla markaana uu noqon doono il aqooneed oo qiimo weyn leh oo ay ka faa'iidaysan doonaan ardayda caafimaadka, umulisooyinka, kalkaaliyeyaasha, dhakhaatiirta iyo dhammaan xirfadlayaasha kale ee caafimaadku.
Waxaan rajaynayaa in buuggan si ballaadhan looga isticmaali doono xarumaha waxbarashada iyo goobaha caafimaadka, isla markaana loo adeegsan doono hawlaha caafimaad ee maalinlaha ah, si loo xoojiyo aqoonta iyo xirfadaha, loona horumariyo tayada daryeelka caafimaadka ee haweenka inta ay ku jiraan foosha iyo dhalmada.
Waxaan ku kalsoonahay in buuggani uu door macno leh ka qaadan doono horumarinta iyo tayaynta daryeelka caafimaadka hooyada ee Somaliland.

Dr. Asha Ali (MD, OBGYN Resident)

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Daabacaha, qoraayaasha, iyo tifaftireyaashu waxay aaminsan yihiin, kuna qanacsan yihiin in macluumaadka iyo talooyinka buugan ku jiraa ay yihiin xaqiiq cilmi oo run ah markii uu buuggani soo baxay. Daabacaha, qoraayaasha, iyo tifaftireyaasha midkoodna ma bixinayo dammaanad, mid muuqata ama mid maldahan, oo ku saabsan macluumaadka iyo waxyaabaha ku jira buuggan ama wixii khaladaad ah ee ku jira ama waxii macluumaad ah ee ka maqan, iyo wax kasta oo arimahaas ku saabsan. Daabacaha wuxuu dhexdhexaad ka ahaanayaa sheegashooyinka awoodda sharciyeed ee khariidadaha la daabacay iyo xidhiidhada hay'adaha.

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Hordhac

Waxa farxad weyn ah in aan halkan ku soo bandhigo hordhac gaaban oo ku saabsan dhokumentigan iyo buugan kooban, ee aadka u muhiimka ah, ee cinwaankiisu yahay:

"Tababarka Gar-gaarka Deg-dega ee Hooyada Uurkale/Umusha ee Wadamada Soo Koraya." Buugani waxa uu ku salaysan yahay khibrad muddo dheer ah oo xagga caafimaadka kiliiniga ah (*clinical practice*), tixgelinta caafimaadka bulshada (*public health consideration*), koorsooyin loo eekaysinayo kaysas run ah (*simulation courses*), iyo dadaallada waxbaridda/tababarka ee tobankii sano ee la soo dhaafay laga sameeyay Somaliland, Tansaaniya, wadamada kale ee Soo Koraya iyo kuwa dhexe (LMICs), iyo sidoo kale wadamada horumaray ee (Global North) kaba. Waxa hambalyo gaar ah mudan qorayaasha buugan, maadaama buuggan koobani uusan ahayn oo kaliya mid hagaya xirfadlayaasha caafimaadka ee wadamada Soo Koraya iyo kuwa dhexe, laakiin sidoo kale uu gacan ka geysanayo horumarinta guud ee natiijooyinka caafimaadka hooyada iyo ilmaha iyadoo la yareynayo heerarka xanuundada (*morbidity rates*) iyo dhimashada (*mortality rates*); sidaas darteedna, wuxuu hagaajinayaa hanaaanka loo bixiyo adeega caafimaad ee aasaasiga ah ee Afrika.

Buuggu wuxuu noqon doonaa qalab lagama maarmaan u ah tababarka maalinlaha ah, laakiin sidoo kale wuxuu ka mid noqon doonaa manhajka waxbarashada iyada oo la isticmaalayo hababka waxbaridda/tababarka sariirta bukaanka korkeeda (*bedside teaching*) iyo doodo iyo falanqayn laga yeesho nidaamyada iyo dhaqamada kala duwan ee dhammaan wadamada ay khusayso.

Nuxurka iyo waxtarka buugani waxay ku qotomaan aqoonta laga dhaxlay waayoaragnimada dhabta ah, gaar ahaan fahamka qotoda dheer ee maaraynta xaaladaha degdegga ah ee umusha ee ka jira bulshada dhexdeeda. Buuggan kooban waxaa diyaariyay isla markaana ansixiyay (*validated*) si wadajir ah, oo ku dhisan aqoon isweydaarsi, dood cilmiyeed iyo iskaashi dhinacyadii kala duwana ee ka qayb qaatay dood cilmiyedka. Sidaas awgeed, buuggan kooban waxaa loo diyaariyey u isticmaalka xaaladaha degdegga oo uu noqdo hagge u falanqeeya si qoto dheer xaladahaasi.

Akhristaha waxaa soo jiidan doona fududaanta isticmaalkiisa gaar ahaan sawirdaa iyo jaantusyada ku xusan hagehan. Markaa, buuggan koobani wuxuu u noqonayaa hage dhammaan bahda ku lug leh caafimaadka taranka (*reproductive health*), hooyada, iyo dhallaanka. Waxaan u arkaa buuggan kooban in uu yahay hagge waxku-ool ah oo muhiim u ah dadaalladayada horumarinta caafimaadka hooyada ee caalamiga ah, maadaama ay ku jiraan tallabooyin la taaban karo oo ku saabsan sidii loo samayn lahaa isbedel dhab ah oo la xidiidha caafimaadka bulshooyinka iyo sidii faqriga loola dagaallami lahaa.

Ugu dambayntii, buuggan koobani wuxuu iftiiminayaa muhiimadda ay leedahay helitaanka daryeel caafimaad oo joogto ah laguna horumarinayo adeegga caafimaad ee aasaasiga ah—gaar ahaan dadka halista ku jira—ama nugul, taaso u horseedi karta gaadhitaanka natiijooyin waara oo waxku oola.

Waxaan kuu rajaynayaa akhriste kuguna dhiirrigelinayaa in aqoonta buuggan aad ku dabaqo u addeegida kuwa ugu baahida badan.

Swiss Tropical & Public Health Marcel Tanner, Prof.em.
Institute (Swiss TPH)
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Basel, Switzerland

Mahadnaq

Waxaan u mahadcelinaynaa dhammaan intii dhiirrigelisay oo taageertay horumarinta buuggan ku saabsan xaaladaha degdegga ah ee dhalmada ee wadamada Soo Koraya. Waxaan si qoto dheer ugu mahadcelinaynaa umulisooyinka iyo dhakhaatiirta ka socda Isbitaalka Riferalka ee Kitete, Tabora, Tansaaniya, iyo Isbitaalka Edna Adan, Hargeysa, Somaliland, iyo dhammaan ka qaybgalayaasha koorsooyinka. Talooyinkiinna iyo khibradihiinu waxay dhiirrigeliyeen hindisahan waxayna naga caawiyeen qaabaynta buuggan.

Mahadcelinteenna daacadda ah waxay sidoo kale u socotaa Isbitaalka Jaamacadda ee Basel, Switzerland, kuwaas oo bixiyay taageerada dhaqaale ee lagama maarmaanka u ah mashruucan. Wax-ku-darkiinnu wuxuu xaqiijinayaa in buuggan gaaro cidii u baahnayd, isagoo awood siinaya shaqaalaha caafimaadka inay ku shaqeeyaan kalsooni iyo saxnaan xilliyada xaaladaha degdegga ah ee dhalmada.

Gogol dhig (forward)

Caafimaadku waa tiirka ugu muhiimsan ee horumarka bulshada iyo dhismaha mustaqbal waara. Horumarinta adeegyada caafimaad, tayeynta aqoonta iyo xirfadaha shaqaalaha caafimaadka, iyo kor u qaadista wacyiga bulshada ayaa door weyn ka qaata helitaanka bulsho caafimaad qabta iyo nidaam caafimaad oo tayo leh.

Waxaan si gaar ah ugu mahadnaqayaa Prof. Irene Hoesli oo ah hormuudka kulliyada Xanuunada dumarka ee Jaamacada iyo hospital-ka Basel, Switzerland (Head of Department of Obstetrics and Gynecology, Basel University Hospital) iyo kooxdeeda (Team) dadaalka, taageerada iyo wada shaqaynta ay ku bixiyeen horumarinta adeegyada caafimaadka iyaga oo tababaro ku saabsan ka hortaga iyo maaraynta xaaladaha degdega ah ee hooyada uurkaleh siiyay dhakhaatiirta iyo umulisooyinka.

Prof. Irene waxay si joogto ah uga qayb qaadatay horumarinta xirfadaha iyo aqoonta shaqaalaha Edna Adan University Hospital, iyadoo u qabatay shaqaalaha isbitaalka tababbarro kala duwan oo muhiim u ahaa kor u qaadista tayada adeegyada caafimaad.
Sidoo kale, waxaan si weyn ugu mahadnaqayaa Jaamacadda Basel (University of Basel) taageerada iyo doorka muhiimka ah ee ay ka qaadatay horumarinta caafimaadka bulshada iyo nidaamka caafimaadka dalkeenna jamhuriyada Somaliland.

Taageerada noocan ah waxay wax weyn ka tari kartaa kobcinta aqoonta, xirfadaha iyo tayada adeegyada caafimaad, gaar ahaan iyadoo la xoojinayo iskaashiga u dhexeeya hay'adaha caafimaadka iyo xarumaha waxbarashada.
Waxaan aaminsanahay in iskaashiga, aqoon-is-weydaarsiyada, iyo tababbarro joogto ahi ay yihiin waddo muhiim ah oo lagu horumarin karo shaqaalaha caafimaadka, laguna gaadhi karo adeeg caafimaad oo tayo leh oo bulshada Somaliland u horseeda caafimaad iyo nolol wanaagsan.

Ugu dambayn, waxaan mahadnaq iyo qadarin gaar ah u jeedinayaa dhammaan dadkii iyo hay'adihii ka qayb qaatay dadaalladan, gaar ahaan Prof. Irene iyo Team-keeda, Jaamacadda Basel, iyo Edna Adan University Hospital, kuwaas oo si wadajir ah uga qayb qaatay horumarinta caafimaadka bulshadeena Somaliland.

Dr. Edna Adan Ismail

Founder and President of Edna Adan University Hospital
Hargeisa, Republic of Somaliland.

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Cutubka 1
1.Hordhac

Buuggani wuxuu ku salaysan yahay koorso (casharo) tababar ah oo ku saabsan xaaladaha degdega ah ee umusha (obstetric emergencies). Tababarkan marka la samaynayo waxaa la isticmaali doonaa qaab metalaad (jilitaan) ah. Tababarkan waxaa si gaar ah loogu diyaariyay wadadama Afrikada Dhexe/hoose, waxaana soo diyaariyey dhakhaatiir ku takhasustay cilmigan oo ka tirsan Basel University Hospital in Africa. Buuggani wuxuu dhakhaatiirta iyo umulisooyinka usoo kordhinayaa macluumaad dheeri ah oo aqoonta xanuunada hooyada uurkale la xidhiidha isagoo isticmaalaya dariiqaas metelaada ah. Buuggani waa daabacaadii koowaad, qoraalkiisuna waa mid si joogta ah u socon doona, iyadoo mar walba lagusii kordhin doono macluumaad dheeraad ah. Wixii talo-iyo-tusaale ah ee aad nagusoo kordhin kartaana waanu soo dhawaynaynaa waananu idiinka mahad naqaynaa. Talooyinka iyo tusaalaha aad noosoo gudbisaana waxaanu u gudbin doonaa qoraaga buuggan si uu u tixgeliyo talooyinkaas.

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Cutubka 2
2. Xirfadaha Habsamida Wada-shaqaynta

2.1 Hordhac

Qodobbada Muhiimka ah ee Cutubkan Lagu Baranayo

- Xirfadaha sida is fahanka iyo habsami u wada-shaqayntu waa xirfado ku xidhan fahanka qofka iyo sida uu ula shaqayn karo dadka kala duwan. Marka la isku daro labada xirfadood ee kala ah is fahanka iyo hambsami u wada-shaqaynta iyo xirfadaha kale ee ku xidhan aqoonta umulisada, waxaa suurogasha in guulo aad u fiican laga gaadho maaraynta iyo gar-gaarka deg-dega ah ee umusha.
- Xirfadani waxay sare u qaadaa is-fahanka (wada hadal iyo is fagarasho), wadashaqanta, iyo hogaaminta howsha loo qabanayo umusha iyo qiimaynta xaalada ay umushu ku sugan tahay; taasina waxay sare u qaadaa in si hufan oo heer-sare ah looguu gurmado umusha.
- Hoos u dhaca ku yimaada xirfada fahanka iyo habsamida wada-shaqayntu (sida, wadashaqayn liidata iyo is-fahan waaga) wuxuu sabab u noqdaa dhibaatooyin laga hortegi lahaa; sida dhimasho ku timaada umusha.
- Dhibaatooyinka joogtada ah ee ka dhasha waxaa ka mid ah:
  In gargaar loo baahdo loo yeedho iyadoo xaalada umushu gaadhay meel aad u khatar ah.
  In aan la garan xaaladda hooyada uurkale ama heerka ay khatartu marayso. Inaan xaalada umusha aan si cad, oo sax ah, loogu gudbin dhammaan xubnaha hawlwadeenada ka shaqynayey.

Xaaladaha degdegga ah ee dhalmada waxa loo baahan yahay shaqo ay wada qabtaan kooxo caafimaad oo kala duwan oo isku duubani: sida, umulisooyin, kalkaaliyayaal, dhakhaatiir iyo xirfadlayaasha caafimaadka.
Maadaama xaaladaha deg-dega ah ee umushu ay tahay xaalado lama filaan ah oo keeni kara argagax iyo isku dhex yaac, xirfadlayaasha caafimaadku waa inay si buuxda diyaar ugu ahaadaan inay si deg-deg ah uga howl galaan xaalada umusha.

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Inkastoo aqoonta caafimaad ay kaalin wayn ka qaadato gar-gaarka deg-dega ah ee umusha, hadana xirfada is fahanka iyo habsami u wada-shaqayntu waa qayb aad u wayn oo muhiimadeeda leh. Waa xirfad kor u qaada wada shaqaynta hawl wadeenada caafimaadka ee kala duwan, sarena u qaada la tacaalista xaaladaha umusha ee deg-dega ah [1].
Xirfadaas waxaa ka mid ah wada-shaqaynta kooxaha, is-fahan (wada hadal ama is afgarasho), ku baraarugsanaanta xaalada umushu ku jirto, iyo maamullida kooxaha kala duwan ee hawshan loo igmaday. Hay’adaha qaabilsan hawlaha aadka u khatarta badan, khaasatan hay’adaha duulistu, lagasoo bilaabo 1970-nadii waxay aqoonsadeen tababarka shaqaalahooda ee la xidhiidha xirfadaha is fahanka iyo habsami u wada-shaqaynta. Baadhitaan ay ku sameeyeen waxyaabaha sababa shilalka diyaaradaha, waxay ku ogaadeen in 70% (boqolkiiba todobaatan)

ay sababeen hoos u dhac ku yimi xirfadaha is fahanka (communication) iyo habsamida wadashaqayntu [2].
Markii ay arinkaas ogaadeen, waxay qaadeen talaabooyin lagaga hortagayo shilalka diyaaradaha; talaabooyinkaas oo ahaa in shaqaalaha duulista lagu tababaro xirfadaha is fahanka iyo habsami u wada-shaqaynta [3]. Dhinaca kale, xirfadaha is fahanka iyo habsami u wadashaqayntu waxay kaalin aad u saraysa ka qaataan ka hor-taga khataraha ku iman kara gargaarka deg-dega ah ee umusha. Macuulaad guud oo ay soo saareen Maraykanka iyo Ingiriisku waxay ku muujiyeen in *is-fahanka (wadahadalka iyo wadashaqaynta liidataa* ay ka mid yihiin sababaha ugu badan ee dhimashada hooyada iyo caabuqa neefta ee dhalaanka (neonatal asphyxia) [4]. Cutubkan waxaad ku baran doontaa xirfadaha is fahanka iyo habsami u wadashaqaynta ee xaalada deg-dega ah ee umusha.

2.2 Ku Baraarugsanaanta Xaalada Guud

Garashada xaaladda guud (Situational Awareness) macnaheedu waxaa weeye inaad si buuxda ula socoto waxyaabaha ka dhacaya hareerahaaga, meesha aad ku sugan tahay, goobta ku habboon inaad joogto, iyo haddii ay jiraan waxyaabo, noole, ama shaqsiyaad khatar ku ah badbaadadaada. Ku baraarugsanaanta noocan ahi waxay ku siinaysaa aragti dhammaystiran oo aad ka haysato wax kasta oo kugu xeeran. Ku baraarugsanaantani waa talaabada ugu muhiimsan ee aad ku maarayn karto xaalada aad ku sugan tahay maadaama aad ku baraarugsan tahay wax walba oo kugu hareeraysan. Waa baraarugsanaan balaadhan oo sawir buuxa kaa siinaysa wax waliba meesha ay kaa jiraan iyo khatarta ay leeyihiin iyo sidaad u maarayn lahayd. Tababar ku saabsan ku baraaarugsanaanta, oo ay qabteen Simons iyo kooxdiisu waxay ku sharaxeen in marka ay dhacdo xaalad lamafilaan ahi aanay dadku ku baraarugin hadii ay isla markaaba dhacdo xaalad kale oo lama filaan ahi (Fig. 2.1) [5].

Jaantuus. 2.1 sawirkan wuxu ina tusinayaa sida hadaynaan ku baraarugsanaan arin ay inagu keeni karto inaan arintaa seegno [5]. (With permissions from Daniel Simons*)*

Sawiradani waxay muujiyaan cilmi-baadhis la sameeyey. Cilmi baadhistan waxaa su’aal lagu waydiinayaa qof walba oo ciyaartaan daawanaya (ama TV ka daawo ama toos u daawo). Dadka meeshaas kaaga muuqda waxaa laga codsaday inay ciyaaraan. Waa ciyaar u baahan inaad si taxaadir leh ugu fiirsato qof waliba waxa uu samaynayo. Iyadoo ciyaartii socota ayaa waxaa dadkii soo dhex galay (oo aan markii hore ku dhex jirin) qof xidhan dirays ka samaysan muuqaal daanyeer. Qofkaasi dadka wuu dhex marayaa. Hadaba, waxaa mucjiso noqotay in dadkii daawanaayay aanay marka arkin qofka ku labisan muuqa daayeerka ee soo dhex maray ciyaarta.

Sababtoo ah, dadka daawanayaa waxay ku mashquuleen hab u socodka ciyaarta; taas oo ka indho tirtay inay arkaan qofka kale ee ciyaarta soo dhex galay.

2.3 Farsamooyinka Is-gaadhsiinta ee Kaalmeeya Xirfadaha Habsami Wada-shaqaynta

Bani'aadam ayaynu u nahay inay khaladaad inaga dhacaan. Iyadoo ay taasi jirto, hadana waxaa jira farsamooyin is-gaadhsiineed oo inaga caawinaya in aynu ka hor-tagno khaladaadka Xirfadaha Habsamida Wada-shaqaynta ee inaga dhaca. Farsamooyinkaasna waxaa ka mid ah:

- Inaad codsato (dalbato) caawimo: Markaad aragto calaamadaha halista ah, isla markiiba codso (dalbo) caawimo.

- **Isgaadhsiinta farriinta la xaqiiyiyo**: Soomaalidu waxay ku maahmaahdaayeen, "Hadal nina si u yidhi, nina si u qaaday." Waxaa mar walba dhacda in hadal uu qof kugu yidhi aad si khaldan u fahanto. Nolosha caadiga ah wax dhib ah malaha. Laakiinse, marka ay noqoto xaaladaha caafimaadka, is-faham la'aantaas (isgaadhsiintaas khaldan) waa arrin aad u khatar badan oo keeni karta dhimasho, dhaawac halis ah, iyo dhibaatooyin la mid ah. Haddaba, si taas looga hortago, waxaa la isticmaalaa hab-raac lagaga gaashamanayo khaladaadkaas is-fahan (isgaadhsiineed).

Waa farsamo kaa caawinaysa in qofka fariinta diraya iyo qofka fariinta loo dirayo ay labaduba xaqiijiyaan in fariimaha ay kala qaadanayaan ay sax yihiin. Qofka fariinta loo dirayo waa inuu fariinta uu helay dib ugu celiyo (akhriyo) qofkii fariinta usoo diray. Tusaale ahaan, haddii uu Maxamed fariin u diray Aamina, waxaa Aamina laga rabaa inay fariintii dib ugu celiso Maxamed si ay u xaqiijiso. Si aad usii fahanto, u fiirso wadaxidhiidhkan dhex maraya
Maxamed iyo Aamina

> Maxamed (fariin diraha): "Umusha waa in laga eegaa dhiig kar."
> Aamina (fariin helaha, oo xaqiijinaya): "Umusha waa in aanu ka eegnaa dhiig kar, sax."
> Maxamed (fariin diraha, oo ku raacaya): "Haa, sax.

Tani waxay yareynaysaa khaladaadka khatarta leh. Waxaa kale oo muhiim ah in qof walba oo ka mid ah kooxda caawinaysa umushu uu si cad oo aan gabasho lahayn u sheego wixii khatar ah ee u muuqda. Marka aad aragto arin khatar ah oo umusha waxyeelo u keeni karta, waxaa kugu waajib ah inaad markiiba sheegto. Hadaba, si ay hawshaasi u hirgasho, waxaa muhiim ah in qof ka mid ah kooxda caafimaadka ee umusha caawimayaa uu noqdo hogaamiyaha kooxda. Qofkaasi waa inuu ahaadaa qofka ugu khibrada badan kooxda.

Waxaa jira shan (5) calaamadood oo ku tusaya inuu idinka khaldamay xirfadii isfahanka iyo habsamida wada-shaqaynta. Shantaas calaamadoodna waxay kala yihiin:

1. **Jahawareer:** Waxaa kooxda ku dhacaya jahawareer iyo is-dhex-yaac.
2. **Cabsidii iyo Walbahaar:** Waxaa kooxda ku dhacaya inay dareemaan walbahaar iyo culays badan.
3. **Khilaaf:** Waxaa kooxda ka dhex abuurmaya khilaaf iyo inay is-qabsadaan.
4. **Baraad-la'aan:** Waxaa kooxda ku dhacaya inay seegeen macluumaadkii muhiimka ahaa

2.4 Maaraynta iyo Wadashaqaynta Kooxda

Maamulka iyo maaraynta duulista hawada ayaa abuuray nidaam maarayn ah oo ay ku hirgelinayaan habsami u socodka shaqada duulista. Waa nidaam lagu yaraynayo khaladaadka ka dhasha wada-xidhiidhka iyo is-faham la'aanta, si hufanna u hirgelinaya maaraynta xaaladaha deg-dega ah. Marka ay xaalado deg-deg ahi yimaadaan, ee aynu si dhakhso ah uga hawl-galno, waxaynu markiiba aragnaa arrimo muhiim ah. Waxaa jirta xeer (hab-raac) la yidhaahdo toban iyo toban. Xeerka 10 iyo 10 (toban iyo toban), macnaheedu waxaa weeye in 10-ka daqiiqo ee ugu horreeya lagu soo ururiyo macluumaadka, ka dibna la gorfeeyo macluumaadkaas, lana diyaariyo kooxdii hawshaas fulin lahayd; 10-ka daqiiqo ee ku xigana waxaad dhex gelaysaa badbaadinta xaaladaas deg-dega ah. Rall iyo kooxdiisu waxay soo koobeen arrimaha ugu muhiimsan marka lala tacaalayo xaalad gargaar oo degdeg ah:

1. Si fiican u fahan degaanka ay wax ka dhaceen
2. Wax walba oo kaa hor imankara u diyaar garaw
3. Hore u dalbo caawimaad siyaado ah
4. Hogaamin amar iyo awood leh
5. Hawsha gar-gaarka u kala qaybi kooxda
6. Isku-duba-rid xirfadlayaasha, shaqaalaha, iyo wakhtiga aad haysato
7. Si fiican u isticmaal xirfadaha fahanka iyo habsami wada-shaqanta
8. Si huffan u isticmaal macluumaadka aad hayso oo dhan
9. Ka-hor-tag oo maaree in aanay kooxdu meel gaar ah awoodooda isugu gaynin
10. Hubsiimo buuxda ku samee wax walba (malaha iyo is-moodsiiska meesha ka saar)
11. Isticmaal cilmi kasta oo ku caawinaya
12. Mar walba hubi halka ay wax marayaan (laba jeer hubi inay saxan yihiin)
13. Hirgeli wada shaqayn huffan, is caawin, iyo macluumaad wada qaybsi
14. Dareenka oo dhan usoo jeedi hawsha
15. Hawlaha u kala horaysii sida ay u kala muhiimsan yihiin

2.5 Habka Is-gaadhsiinta ee SBAR

SBAR waxaa loosoo gaabiyey: **Situation (xaalad) / Background (taariikhda)/ Assessment (qiimaynta)/ Recommendation (talo bixinta).** Hadii aan si kale u dhigo, SBAR waxaa loo soo gaabiyey:

Macnaha SBAR:

- **S – Situation:** Maxaa socda hadda?
- **B – Background:** Taariikhda muhiimka ah ee xaaladda ku saabsan
- **A – Assessment:** Qiimeyntaada hadda
- **R – Recommendation:** Talooyinkaaga ama waxa aad rabto in la sameeyo

SBAR waa qaab is-gaadhsiineed oo ay laba kooxood isugu gudbiyaan macluumaad muhiim ah, kaas oo si cadaan ah (oo aan mad-madaw ku jirin) u gudbiya xaaladaha jira una fududeeya inay go’aamo kasoo saaraan kooxahaas kala duwani [8] (Fig. 2.2).

2.5 SBAR

SBAR report to clinician about a clinical obstetric situation

S — **Situation**

I am calling about (woman's name): ____________________ **Ward:** __________ **Hosp No:** ________

The problem I am calling about is: ______________________________________

I have just made an assessment:

The vital signs are: Blood pressure ____/____ Pulse ____ Respirations_____ SPO₂ _____% Temperature_____°C

I am concerned about:

Blood pressure because it is:
- systolic over 160
- diastolic over 100
- systolic less than 90

Pulse because it is:
- over 120
- less than 40

Respirations because they are:
- less than 10
- over 30
- The woman is having oxygen at ________ l/min

Maternal temperature because it is: ___°C

Maternal serum lactate because it is:_______mmol/l

Urine output because it is:
- less than 100mls over the last 4 hours
- significantly proteinuric (+++)

Haemorrhage:
- Antepartum
- Postpartum

Fetal wellbeing:
- Pathological CTG

FBS Result: pH ______
- **Time sample taken:** ______ hrs

Obstetric Early Warning Chart Score:

B — **Background** (tick relevant sections)

The woman is:
- Primparous Multiparous Grand multparous
- Gestation: _______ wks Singleton Multiple
- Previous Caesarean section or uterine surgery

Fetal wellbeing
- Abdominal palpation:
- Fundal height:_____cms Presentation:___________ Fifths palpable: _______ FH rate:_____bpm
- CTG: Normal Suspicious Pathological

Antenatal
- A/N problem (details): ______________________________________

Labour
- Spontaneous onset Induced
- IUGR Pre eclampsia Reduced Fetal movements Diabetes APH
- Syntocinon
- Most recent vaginal examination: Time _____hrs
- Cervical dilatation: _____cms Station of presenting part: _____ Position: ___________
- Membranes intact Meconium stained liquor Fresh red loss PV
- Third stage complete Retained placenta

Postnatal
- Delivery date: ______________ Delivery time:________hrs
- Type of delivery:_____________________ Perineal trauma:________________
- Blood loss: _______mls Syntocinon infusion
- Fundus: High Atonic Uterus tender Abdominal/perineal wound oozing

Treatment given / in progress:______________________________________

A — **Assessment**

I think the problem is: ______________________________________

I am not sure what the problem is but the woman is deteriorating and we need to do something

R — **Recommendation**

Request:
- **Please come to see the woman immediately**
- **I think delivering needs to be expedited**
- **I think the woman needs to be transferred to delivery suite**
- **I would like advice please**

Reported to: ________________ **Response:** ____________________

Person completing form (name):__________________________Date:__________ Time: ______

Jaantuus. 2.2 SBAR (PROMPT) [9]. (Reproduced with permission of the Licensor through PLSclear)

2.6 Gunaanad

Koox-shaqo hufan iyo isgaarsiin cad leh ayaa ah laf-dhabarta maaraynta xaaladaha degdegga ah ee umusha. Xirfadaha farsamada waxay badbaadiyaan nolosha, waxana ay yareeyaan khaladaadka ka dhasha isgaarsiin la'aanta ama faham-xumada.

Tixraac

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Cutubka 3aad

3. Wadne Istaaga Hooyada uurkaleh/Umusha

3.1 Hordhac: Taariikh iyo Caddeymo

Qodobbada Muhiimka ah ee La Baranayo

- Sida loo aqoonsado wadne istaaga hooyada uurkaleh/umusha.
- Sida loo qiimeeyo ee loo maareeyo: Qiimaynta Qaaciidada ABC:

*A**irway– **B**reathing– **C**irculation*
(**N**eef-mareenka–**N**eefsashada–**W**areegga dhiigga)
Sida loo sameeyo (BLS [basic life support]) gar-gaarka deg-dega: riixitaanka wadnaha iyo ka neefsinta umusha
Sida loo sameeyo *uterine displacement* bidix inloo weeciyo si looga hortago cadaadiska *aorta/vena cava*.

- Dhibaatooyinka ugu badan ee dhaca:
- Inaan caawimo loo yeedhanin
- Inaan la billaabin riixitaanka wadnaha (CPR)
- In aan la sameyn riixidda Makaanka dhinaca bidix
- In aan oksajiin la siin hooyada

Qeexid:
Waa maxay "Wadne Istaaga Hooyada uurkaleh/Umushu?" Wadne istaaga hooyada uurkaleh/umushu waxaa weeye marka uu istaago garaaca wadnaha ee hooyadu, ee ay umushu miyir-beesho, waxba aanay maqlaynin, si kasta oo loo xanuunjiyana aanay dareemaynin. Wax neefsi ah malaha umushu (ma neefsanayso)—xaaladan waxaa loo yaqaan "cardiac arrest" ama "wadne istaag"—waa marka uu wadnuhu istaago. Wadne istaaga umuluhu aad ayuu u yar yahay. Laakiinse marka uu yimaado, sida looga badbaadaa way adag tahay. Maarayntiisa waxaa sii adkeeya uurka oo Sababa in jidhka hooyadu is bedelo maadaama shaqadii jidhkeedu uu aad isu bedelay.
Mararka qaarkood waa la bad-baadin karaa umusha uu ku dhaco wadne istaagu.

© The Author(s) 2025
C. Monod et al., *Simulation Training for Obstetric Emergencies in Low-Resource Countries*, https://doi.org/10.1007/978-3-031-81931-5_3

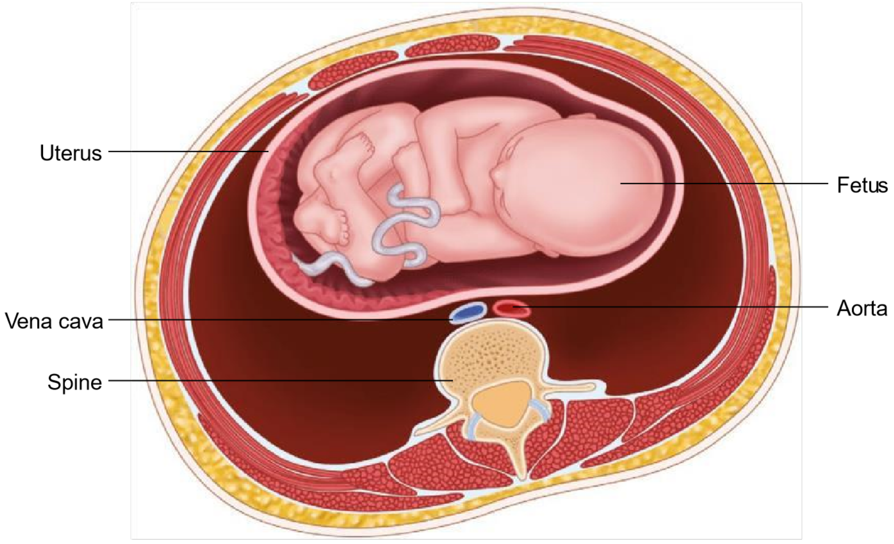
Si loo bad-baadiyo umusha, waa in si deg-dega ah (daqiiqado gudahood) loo bilaabo gargaarka deg-dega ah ee aynu kor kusoo xusnay iyadoo la xaqiijinayo si dib loogusoo celin lahaa garaaca wadnaha. Wadne istaagu wuxuu keenaa waxa loo yaqaano "hypoxia," oo macnaheedu yahay oksajiintii tagaysay maskaxda oo yaraata taasoo keenta dhaawac ku yimaada maskaxda oo aan la dawayn karin, iyo geeri (dhimasho) deg-deg ah, daqiiqado gudahood.

Sidaa awgeed, in si deg-deg ah loo bilaabo gar-gaarka deg-dega ahi aad iyo aad ayay muhiim u tahay. Marka hore in shafka (laabta) la cadaadiyo; inkastoo xeeladaha kale ee gar-gaarka deg-dega ahina muhiim yihiin.

Sababaha Keena Wadne Istaaga Hooyada uurkaleh/Umusha [1]

- **Dhiig-bax** (Haemorrhage)
- **Dhiig-karka uurka** (oo leh borotiin) ama **xaaladda Pre-eclampsia** (*Preeclampsia*/**Eclampsia)**
- **Xinjir Sambabada ku booda** (Pulmonary embolism)
- **Xinjirta biyaha ku wareegsan ilmahaha** (Amniotic fluid embolism)
- ***Caabuq*** **Dhiigga** (Sepsis / Blood poisoning)
- **Ku sumoobista Magnesium** (Magnesium toxicity)
- **In la siiyo suuxdinta dhabarka oo dhammaystiran** (Total spinal anaesthesia)
- **Ku sumoobista daawada suuxdinta ee** Local anaesthetic toxicity

Intaa waxaa dheer, sababo kale oo keena istaagga wadnaha oo ku dhaca dadka qaangaadhka ah ee aan uurka lahayn, kuwaas oo ku dhaca haweenka uurka leh iyo umulaha, labadaba; sida cudurrada wadnaha, anaphylaxis “anafaylaksis” (xasaasiyad aad u daran), iyo walbahaar ama



Dib-u-noolaynta Wadnaha iyo Neefsiga ee Umusha [1]

Isbeddellada jidheed ee carqaladeyn kara dib-u-noolaynta wadnaha iyo neefsiga ee hooyada uurka leh waxaa ka mid ah:

- Cadaadiska xididada *aorta* iyo

jaantuus. 3.1 Aorta and vena cava compression in supine position

stress ka, iyo kuwo kale. (cadaadiska aortocaval) oo uu soo cadaadiyo ilmaha ku jira uurku waxaana sababa qaabka ay hooyadu u jiifto, qaabkaas oo ah in lafdhabartu ay qaloocsanto, (taas micnaheedu waxaa weeye, qaabka ay gabadhu u jiifto, taasina waxay keentaa inuu ilmaha uurka ku jiraa soo cidhidiidhiyo xididida aynu kor kusoo sheegnay) (Fi. 3.1).

- Marka haweenadu umusho, waxaa 20% hoos u dhaca awoodda sambabbada (qadarka hawada ee sambabbadu u heli karaan is-weydaarsiga gaaska ama "*pulmonary volume that is available for gas exchange*"). Isla waqtigaas waxaa 20% kor u kaca baahida ay u qabto oksajiinka.

Sababtaa aawadeed, hooyada uurka lihi waxay si degdega u yeeshaan hypoxia marka la barbar dhigo haweenka aan uurka lahayn.
Khatarta in cuntada caloosha ku jirtaa ay gasho sambababada (pulmonary aspiration) oo ay adkeyso helista ogsajiin ku filan iyo caabuqyada la socda, ayaa iyaduna sii korodha xilliga uurka.
Inkasta oo mabaadi'da guud ee dib-u-soo-nooleynta wadnaha iyo sambabada ee dadka waaweyn (adult CPR) ay khuseeyaan haweenka uurka leh iyo kuwa hadda umushay, haddana waxaa jira qodobo gaar ah oo ay tahay in lagu xisaabtamo marka la maareynayo wadne istaaga hooyada (maternal cardiac arrest) sababo la xidhiidha isbeddelada jireed ee uurka.

3.1.1 Mabaadi'da Guud ee Gurmadka

3.1.1.1 Makaanka oo Bidix Loo Riixo

Si ay u suurogasho gar-gaarka dib-u-soo-nooleynta wadnaha iyo sambabada (cardiopulmonary resuscitation), haweenaydu waa inay dhabarka loo jiifiyaa iyadoo jiifinayo meel adag (dhul, miis, ama sariir adag). Si loo yareeyo cidhiidhiga uu samaynayo ilmaha uurka ku jiraa, waa inuu kalkaaliye ama kalkaaliso ay bukaanka u rogto dhinaca bidix, iyadoo gacmaheeda ku rogaysa. Hadii kale, waa in bukaanka loo yara qalooociyaa dhinaca bidix 15-30degree. Laakiin, hadii ay suurtogal tahay, waxaa fiican in iyadoo gacmaha la isticmaalayo bukaanka loo rogo dhinaca bidix.

3.1.1.2 ABC Qiimaynta Mabaadi'da Guud

Marka aad la kulanto haweenay uur leh (ama qof kale) oo miyir belay, mar walba waa inaad isticmaashaa qiimaynta loo yaqaano ABC. Xarfaha ABC waxaa loo soo gaabiyay sidan soo socota:

Qiimee neef-mareenka → *Assess airway* (**A**), inta aan la neefsan → *before breathing* (**B**), ee neeftu hayso → *before circulation* (**C**).

Hadii aanay haweenaydu neefsanaynin (oo neeftu hayso), markiiba waa in loo maleeyo (la fishaa) inuu yahay wadne istaag; islam markiina waa in loo bilaabo gar-gaarka degdega ah ee neefsashada. Xirfadlayaasha caafimaadka ee khibrada badan lihi waxay isku deyi karaan inay dareeman garaaca wadnaha (palpate a pulse). Laakiin, garaaca wadnaha dareemidiisu maaha arin fudud; sidaa awgeed, waa in marka hore lagu bilaabo gar-gaarka deg-dega ah ee

neefsashada ee aynu kor kusoo sharaxnay. Markiiba waa in la bilaabo CPR. Legga (shafka; laabta) haweenayda waa inaad riixdo 30 jeer; isla markiibana waa in afka-afka loo geliyo oo lagu neefsado ama maaska la xidho si neefta loogu afuufo. Gar-gaarkan waxaa loo yaqaanaa Badbaadin Nafeed ama *Basic Life Support* (BLS).

3.1.1.3 Qaliinka hooyada wadnuhu istaago (Perimortem Caesarean Section)

Qalliinka Dhalmada ee Xilliga Wadne-istaagga (Perimortem Cesarean Section)**:** Waa dhalmo deg-deg ah oo qalliin ah oo la sameeyo 5-ta daqiiqo ee ugu horreeya marka uu wadnuhu istaago hooyada uurka leh. Tallaabadani waxay hoos u dhigtaa weecinta iyo cadaadiska xididdada dhiigga ee waaweyn (**aorta** iyo **vena cava**), waxayna u oggolaanaysaa in sambabbada hooyadu ay si fiican u helaan oksijiin iyo neefsashada dibu-soo-nooleynta.

Haddii meesha ilmuhu yaalo (*foetal station*) uu ka hooseeyo laf-dhabarka, markaa waxaa suurtogal ah in la sameeyo dhalmo xubinta taranka ee qalabka lagu caawiyo (*operative vaginal birth*). Haddii heerka ilmuhu uu ka sarreeyo laf dhabarka, markaa waa in la sameeyo qalliin *caesarean section* oo degdeg ah (*perimortem caesarean section*). Qalabka ugu yar ee loo baahan yahay in lagu sameeyo waa midi (*scalpel*). Ujeedada dhalmada xilliga dhimashada waa in ugu horrayn lagu hagaajiyo fursadaha badbaadada hooyada, laakiin sidoo kale waxay badbaadin kartaa ilmaha.

3.1.2 Badbaadinta Nafta

Jaantuuska 3.2 (Figure 3.2), wuxuu ina tusayaa talaabooyinka loo baahan yahay in markiiba la qaado marka la arko haweenay uurleh (ama qof kale oo qaangaadh ah) oo miyir beeshay wadnuhuna istaagay.

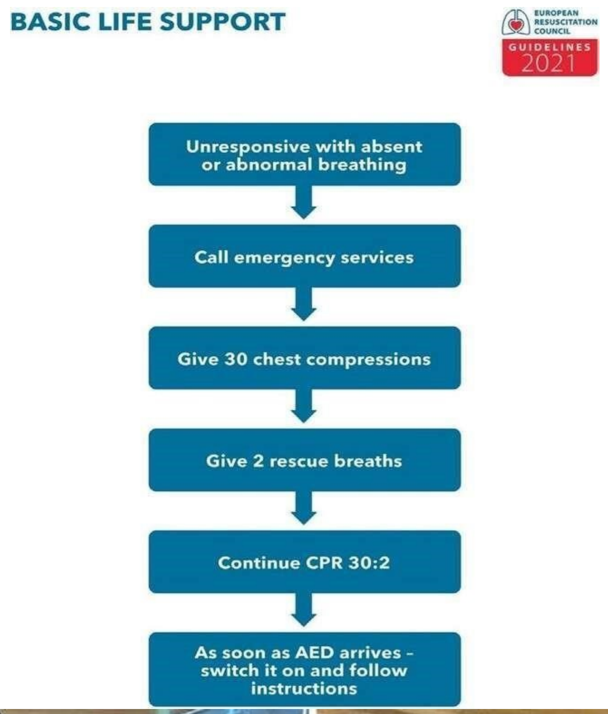
3.1.2.1 Sidee Lagu Gartaa Qofka uu Wadnuhu istaagay?

Qofku wuu miyir beela, ma neefsanayo, ama waxaa ku adag neefsashada. hadii uu si gaabinaysa, oo culus u neefsanayo (agonal breathing), waa in markiiba loo aqoonsadaa inuu wadnuhu istaagay.

- ➡ Bilaw cadaadinta laabta (CPR) sida ugu dhakhsaha badan.

jaantuus 3.1 (Figure 3.1) wuxuu sharaxaad ka bixinayaa talaabooyinka casriga ah ee lagu badbadinayo haweenayda uurka leh ee wadnuhu istaagay.

soo-nooleynta Sambabada ee Xuquuqda



Jaantuska 3.2 Dib-u- Wadnaha iyo Hooyada Uurka Leh. daabacaadda Golaha Dib-u-soo-nooleynta Yurub (European Resuscitation Council), www.erc.edu, 2024_NGL_028

Jaantuuska 3.3 Dhaqdhaqaaqyada Lagu Furo Marinka Hawada

jaantuuska. 3.4 Cadaadiska Laabta

jadwalka 3. 1 *wuxuu sharaxaad ka bixinayaa talaabooyinka casriga ah ee lagu badbadiyo haweenayda uurka leh ee wadnuhu istaagay, (xiggasho [3,4])*

Tallaabooyinka	Faah-faahin
Bad-baadin	Hubi bad-baaddada, ta hooyada uurka leh/umusha iyo ta kal-kaaliyayaasha
Caawimada	Wac/dalbo caawimo (umuliso, kalkaaliye, dhakhtarka shaqada ku jira, suuxiye)
Jawaabta hooyada uurkaleh/umusha	Si tartiib ah u rux; ka dib, cod dheer ku weydii: 'Ma i maqashaa? Ma fiican tahay'? Hadii ay kuu jawaabto, micnaheedu waxaa weeye in marinkeeda hawadu uu furan yahay, si caadi ahna ay u neefsanayso, iyo in dhiig ku filan maskaxda gaadhayo. (brain perfusion) Haweeney ku jawaabeysa cod caadi ah badanaa wuu furanyahay marin haweedkeedu

A: Neef Mareenka Hadii haweenaydu is bedeli waydo, dhabarka u jiifi adigoo seexinaya meel adag. Hadii aad sariirta jiifiso, Fur sariirta ka dhig mid toosan, kana qaad furaashka sariirta saran.

In Makaanka gacanta loogu weeciyo dhanka bidix iyadoo uu caawinayo kalkaaliye/caawiye. Fur afkeeda, hubi inay ku jiraan wax xanibaya neefsashada.

Fur hawo-mareenka:

- Gadhka sare u qaad: gadhkeeda sare u qaad adigoo isticmaalaya farahaaga ama

Riixidda daanka (Jaw thrust): Faraha geli xagasha daanka gadaashiisa, ka dibna horay u soo qaad daanka (Sawirka 3.3).

Haddii dhaawac laga shakiyo (If trauma is suspected): Waa in la sugo (la deggiyo) lafaha

C: Wareega Dhiiga	**Qiimee garaaca halbawlaha qoorta (carotid pulse):** (Tan waxaa loogu talagalay oo keliya kooxda khibradda leh, waayo waa mid adag). **Makaanka (ilmo galeenka) gacanta ugu weeci dhanka bidix:** (Waa in la sameeyaa sida ugu dhakhsaha badan ee suurtogalka ah, xitaa xilliga la qiimeynayo marinka hawada). **Bilaw soo-noolaynta wadnaha iyo sambabada (CPR) dib-u-dhac la'aan (Sawirka 3.4):** ○ dhiig baabacada bartamaha xabadka/laabta (qaybta hoose ee lafta sakaarka). ○ Baabacada kale saar midda hore dhabarkeeda. ○ Gacmahaaga toosi (ha laabin xusullada). o Toos isku dul taag laabta hooyada. o Laabta hoos u riix si qoto dheer oo gaaraysa 5–6 cm. ○ Sii daa cadaadiska (si laabtu kor ugu soo noqoto). o Ku soo celi xawaare dhan 100–120 riixniin daqiiqaddiiba. o Sii 2 neef (adoo isticmaalaya maaskarada neefsashada ama afkaafka). Ha joojin riixidda xabadka wax ka badan 10 ilbiriqsi si aad u siiso 2da neef. o Haddii la heli karo, ogsajiinta ku sii maaskarada neefsashada oo leh 100% ogsijiin ah (Sawirka 3.5). ○ Sii wad adoo raacaya qiyaasta 30 riixniin oo laabta ah iyo 2 neef. ○ Isku baddala riixidda laabta 2-dii daqiiqadoodba (waa hawl daal badan). **Haddii la joogo isbitaalka:** Hubi in la geliyo ugu yaraan hal irbad oo weyn oo xididka ah (large bore cannula).
Dhalmada deddeji muddo 5 daqiiqo gudahood ah haddii soonoolaynta wadnaha iyo sambabada (CPR) ay guuldarraysato.	**U diyaar garow dhalmada degdegga ah ee geerida ka hor (perimortem birth):** Samee qalliinka Makaanka (weydii middida qalliinka/scalpel) ama dhalmo qalab lagu caawiyay, iyadoo lagu salaynayo halka uu jooggo madaxa ilmaha (*fetal station*). **Soo-noolaynta wadnaha iyo sambabada (CPR) waa in la sii wadaa inta hawshaan lagu guda jiro. Marka ay soo-noolayntu guulaysato**, u wareeji qaybta qalliinka (operating theatre) si loo tolo Makaanka iyo caloosha haddii qalliin hore loo sameeyay. Diyaar u noqo maaraynta dhiig-bax aad u weyn oo dhalmada ka dib ah (*massive postpartum haemorrhage*).

Ka fikir 4-ta H iyo 4ta T (Shaxda 3.2)	Sax (dawee) sababaha dib loo celin karo ee keena wadne-istaagga hooyada
Joojinta dadaallada soo-noolaynta	Haddii ay dhacdo in dadaalka soo-noolayntu (resuscitation) guulaysan waayo, go'aanka ah in la joojiyo waa inuu gaaro dhakhtarka ugu khibradda badan ee goobta jooga, isagoo la tashanaya inta kale ee kooxda caafimaadka.
Tallaabooyinka dhacdooyinka ka dib	U sharax xaaladda iyo wixii la qabtay dhammaan xaaladaha kala duwan hooyada (haddii ay badbaadday), ehelada, iyo kooxda caafimaadka ee hawsha ku jirtay.

jadwalka 3. 2 *Sababaha macquulka ah ee dib loo noqon karo ee keena wadne-istaagga hooyada [1]*

4Hs	4Ts
Ogsajiin la'aan (Hypoxia)	**Cudurrada xinjirowga dhiigga (Thromboembolic disease):** **Xinjirowga dhiigga ee sambabada (Pulmonary embolism):** Marka xinjir dhiig ay xidho halbawlaha sambabada. **Xinjirowga biyaha amniotic-ka (Amniotic fluid embolism):** Marka biyaha ku wareegsan ilmaha (biyaha ilmaha) uu galo wareegga dhiigga ee hooyada, taas oo keenta falcelin xasaasiyadeed oo halis ah iyo wadne-istaag.
Hoos u dhaca mugga dhiigga (Hypovolaemia)	Dalool ku yimada sambabka ama gidaarka laabta ,taas oo kenta in hawadi sambabku hareerihisa usoo baxdo (Tension pneumothorax)
Qabow xad-dhaaf ah oo jirka ku dhaca (Hypothermia)	**Dawayn ama Sun (Therapeutic or toxic):** **Isticmaalka khaldan ee dawooyinka lagu suuxiyo meel gara ah oo si aan ula kac ahayn xididka loogu muday:** (Inadvertent intravenous administration of local anaesthetics). **Isticmaalka xad-dhaafka ah ee dawooyinka xanuunbaabi'iyaha ah ee maandooriyaha laga sameeyo (Opioid overdose).**
Hyperkalaemia iyo cilladaha kale ee dhasha dheef-shiidka (metabolic diso	:adaadiska wadnaha ee ka rders) marka dhiig galo Xuubka

wadnaha sida sonkor-yaraanta baahsa	n ku dahaadhan **(Cardiac** (**Tamponade)** hypoglycaemia).

Jaantuuska 3.5 Maaska Neefsashada

HA HILMAAMIN (HA ILAAWIN)
Samee weecinta ilmo-galeenka ee gacanta (manual uterine displacement) ugu weecinaysid dhanka bidix si meesha looga saaro cadaadiska xididdada dhiigga (aortocaval compression)!
Sii wad riixidda laabta iyo neefsiinta (CPR) inta ay socoto dhalmada qalliinka hooyada ee degdegga ah (perimortem caesarean section) ama dhalmada qalabka lagu caawiyo!
Dhalmada deddeji muddo 5 daqiiqo gudahood ah marka uu dhaco wadne-istaagga hooyadu!

3.2 Hab-raac

Jadwalka 3.6 wuxuu ina tusayaa algorithm umusha wadnuhu istaagay.

3.3 Gunaanad

Wadne Istaaga xilliga umushu waa xaalad aad u naadir ah, laakiin haddii aan si degdeg ah loo maareyn, waxay keentaa dhimasho daqiiqado gudahood. In markiiba la aqoonsado wadna istaagu waa talaabada ugu horaysa uguna muhiimsan, waxaana lagu xalin karaa qiimaynta ABC daqiiqado gudahood. Talaabooyinka gargaarka deg-dega ah ee haweenayda uurka lihi waa mid macruuf ah sababtoo ah is-bedelka jidheed ee ku yimaada haweenka uurka leh. Waxaana muhiima in la raaco dariiqooyinkii aynu kor kusoo xusnay si loo bad-baadiyo haweenayda.
Waxa ugu muhiimsan:

- Aqoonsi degdeg ah (ABCDE)
- Bilaabista CPR isla markiiba
- Uterine displacement
- Sameynta perimortem caesarean 5 daqiiqo gudahood haddii CPR aan jawaab keeni.

Tixraac

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Cutubka 4
Dhiig-baxa Dhalmada ka Dib (PPH)
4.1 Hordhac: Taariikh iyo Caddeymo

Qodobbada Muhiimka ah ee La Baranayo

- Fahamka arrimaha halista ah, sababaha keena, iyo daaweynta dhiigbaxa umusha (major obstetric haemorrhage).
- Samee dhiig shubid degdeg ah (early fluid resuscitation) dibna ha u dhigin shubista dhiigga adigoo ku saleynaya hal qiime oo haemoglobin ah.
- Goor hore dalbo caawimo, gaar ahaan caawimaadda dadka khibradda leh.
- Fahanka muhiimadda uu leeyahay cabbirista 'saxda ah' ee dhiigga lumay.
- Siinta *tranexamic acid* goor hore, iyo sidoo kale daawooyinka isku soo ururiya ilmogaleenka (uterotonics).
- Isticmaal qalliinka ilmo-galeenka looga saaro (hysterectomy) haddii daryeelka daawooyinka iyo qalliinnada kale ay wax tari waayaan.
  -
- **Qeexid**
- Dhiigbaxa umusha kadib (Postpartum haemorrhage - PPH; eeg xidhmooyinka 4.1, 4.2 iyo 4.3) ayaa weli ah sababta tooska ah ee ugu weyn ee dhimashada hooyada, khaastan waddamada soo koraya iyo kuwa dakhligoodu sarreeyaba. PPH waxaa lagaga hortegi karaa iyadoo si fir-fircoon oo dardar leh loo maareeyo marxaladda saddexaad ee foosha, taas oo macnaheedu yahay in la siiyo daawo isku soo ururisa oo adkeysa ilmogaleenka (prophylactic uterotonic); sida, Oxytocin 10 IU muruqa ah (IM) ama 5 IU xididka ah (IV); ka dib marka xuddunta la gooyo. Waxa lagu badeli kara, Carbetocin oo kulaylka u adkeysan kara (heat stable) (100 µg IM) ayaa la isticmaali karaa, baryahan danbe se lama soo jeediyo dawadan in la siiyo hooyoyinka gaar ahaan hooyooyinka la nool xanuunada wadnaha [2]. Maareynta wax ka qabashada u baahan ee marxaladda saddexaad ee foosha waxay yaraysaa celceliska dhiigga lumay ee hooyada xilliga dhalmada, waxayna u badan tahay inay yarayso heerka dhiiga-luma ee aasaasiga (primary PPH) ah ee ka badan 500 mL iyo isticmaalka daawooyinka uterotonics ee daweeya.
- Wakhti ku haboon oo la maareeyo PPH ka ayaa badbaadisa nolosha hooyooyinka. Aqoonsiga iyo ogaanta degdegga ah ee dhiigbaxa, iyo sidoo kale wada shaqaynta hufan ee kooxda caafimaadka iyo isgaarsiintooda, ayaa muhiim u ah maareynta xaaladda degdegga ah.

-

Sababaha

Afarta “T” ee PPH oo ah—

Tone (adayga muruqa makaanka),

Trauma (dhaawac),

Tissue (unug), iyo

Thrombin (xinjinjirowga -dhiig)—ayaa qeexa waxyaabaha Sababa ee ugu badan (Miiska 4.4). Xusuusnow in ay jiri karaan wax ka ba badan hal sabab oo keeni karta (waxaa suurogal ah inay jiraan laba sababood ama sababo ka badani mid qudha) PPH.

jadwalka 4. 1 *Qeexida PPH [1] Dhiig-baxa dhalmada ka di*

Dhiig-bax dhan 500 mL ama ka badan oo ka yimaada xubnaha dhalmada 24 saac gudahood ka dib dhalmada caadiga ah (vaginal birth).

Dhiig-bax ka badan 1000 mL oo ka yimaada xubnaha dhalmada 24 saac gudahood ka dib dhalmada qalliinka (caesarean section).

Dhiig-bax ay la socdaan calaamadaha ama astaamaha dhiig la’aanta (hypovolaemia) 24 saac gudahood ka dib dhalmada.

jadwalka 4. 2 *Qeexitaanka dhiig-baxa dhalmada ka dib (PPH): dhiig-bax dhalmadda ka dib ee hore (primary) iyo mid ka danbe (secondary)*

Heer	Sharaxaad/sifayn
Marka u horaysa	Dhiig-bax dhan 500 mL ama ka badan oo ka yimaada xubnaha dhalmada 24 saac gudahood ka dib dhalashada ilmaha.
Marka xiga	Dhiig-bax aan caadi ahayn ama xad-dhaaf ah oo ka yimaada marinka dhalmada inta u dhaxaysa 24 saac ilaa 12 toddobaad dhalmada ka dib.

jadwalka 4. 3 *Qeexitaanka dhiig-baxa dhalmada ka dib (PPH): Heerka ay khatartu marayso [1]*

Heerka khatartu marayso dhalmada ka dib

Heerka	Blood loss (mL)
Xaalad yar	500–1000
Xaalad dhex-dhexaada	>1000
Xaalad daran	>1000–2000
Xaalaad aad u daran	>2000

Fiiro gaar ah: Haweenka miisaankoodu hooseeyo (miisaanka jirka oo ka yar 60 kg), dhiig-bax xaddigiisu yar yahay ayaa laga yaabaa inuu markaba keeno xaalad caafimaad oo halis ah!

Macluumaad Dheeraad ah: Nooca online-ka ah ee buuggan wuxuu ka kooban yahay agab dheeraad ah oo laga heli karo: https://doi.org/10.1007/978- 3- 031- 81931- 5_4.

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C. Monod et al., *Simulation Training for Obstetric Emergencies in Low-Resource Countries*, https://doi.org/10.1007/978-3-031-81931-5_4

jadwalka 4. 4 *Sababaha keena dhiig-baxa dhalmada ka dib (PPH): Afarta T (4Ts) iyo tusaalooyin dhab ah (Isha xogta: Queensland Clinical Guidelines, Queensland Health © State of Queensland 2021 [4])*

Afarta T (Inta jeer)	Tusaale
muruqaha makaamka oon si fiican usoo ururin (70%)	Makaanka oo dabcay
Dhaawac (20%)	Jeexniinka aagga dhalmada (perineum), gidaarka xubinta dhalmada (Vagina), iyo afka makaanka (cervix). Fidis ama jeexniin dheeraad ah oo ku yimaada nabarka qalliinka makaanka xilliga *caesarean section*-ka. Makaanka oo dillaaca ama makaanka oo dibadda u soo baxa (rogma). Dhaawacyada aan ku dhicin marinka dhalmada oo ka dhacay meelo kale (tusaale: Beerka oo qarxa inta lagu jiro xaaladda HELLP, ama dhiig ku urura ubucda gadaasheeda [retroperitoneal haematoma]).
Nudaha [Tissue] (10%)	Mandheerta oo dhan oo gudaha ku hadhay ama hadhaaga mandheerta, xuubabka, ama xinjiro dhiig (had iyo jeer si fiican ugu fiirso inay dhamaystiran tahay mandheertu dhalmada ka dib si aad u xaqiijiso in si dhammaystiran loo soo saaray).
Xinjirawga dhiiga [Thrombin] (<1%)	Cilladaha ku yimaada xinjirowga dhiigga (tusaale: xaaladaha dhiig-karka uurka ama HELLP, xinjirowga dareeraha amniotic-ka, iyo xanuunada dhiigga ee hooyada ee horjoogsada xinjirowga dhiiga).

Fiiro gaar ah: HELLP (waa soo gaabinta xaaladaha kala ah):

- **Haemolysis:** Burburka unugyada cascas ee dhiigga.
- **Elevated liver enzymes:** Kor u kaca ensaym-yada beerka (oo muujinaya dhaawac beerka ah).
- **Low platelets:** Hoos u dhaca unugyada xinjirowga dhiigga (platelets-ka oo yaraada).

Qodobada Khatarta ah

Aqoonsiga iyo ogaanta qodobbada halista u ah dhiigbaxa umusha ka hor (PPH inta aanu dhicin) wuxuu suurtogeliyaa kala saaridda halista iyo daryeel wanaagsan. Haweeney uur leh oo leh halis sare oo PPH ah, tusaale ahaan, mid horay u soo martay xaalad ah in mandheertu ay ku dhegto (retained placenta) iyo PPH, waa in loo gudbiyaa inay ku umusho xarun caafimaad oo qalabaysan oo awood u leh inay maareyso xaaladeeda. Inkasta oo dadka ka dhalinya umusha (birth attendants) loo baahan yahay inay had iyo jeer diyaar u ahaadaan maaraynta dhiig-baxa dhalmada ka dib (PPH) xilli kasta oo haweenay umulayso, iyadoo ka warqabidda (ogaanshaha) qodobbada khatarta ahi ay ka caawinayso in diyaar loo ahaado, oo aan la daahinin caawimada caafimaad ee lagama maarmaanka ah. Qaar ka mid ah qodobbada khatarta ahi waxay soo ifbaxaan inta lagu guda jiro dhalmada.

Qodobbada khatarta ah ee muhiimka u ah PPH waxay ku qoran yihiin Shaxda 4.5.

jadwalka 4. 5 *Waxyaabaha kordhiya khatarta dhiig-baxa dhalmada ka dib (PPH) [5] (Waxaa lagu soo saaray oggolaanshaha Shati bixiyaha iyadoo loo marayo PLSclear) [2025].*

Dhalmada ka hor

- Inay hore u dhacday mandheerta oo gudaha ku hadha ama dhiig-baxa dhalmada ka dib (heerka soonoqnoqoshada waa qiyaastii 8–10%).
- **Inay hore u dhacday dhalmo qalliin makaanka ah (caesarean section):** (Waxay xidiidh la leedahay Makaanka oo dillaaca/ qarxa, mandheerta oo ku xidhanta afka makaanka [placenta praevia], iyo mandheerta oo si aad u wayn ah ugu dhex gasha muruqa makaanka [percreta iyo accreta]).
- **Mandheerta oo ku xiran afka makaanka (Placenta praevia), ama mandheerta oo ku dhegsan/dhex gashay muruqa makaanka (accreta ama percreta).**
- **Dhiig-baxa xilliga uurka (Antepartum haemorrhage):** Gaar ahaan marka ay mandheertu soo go'do (placental abruption).
- **Makaanka oo si xad-dhaaf ah u kala baxa:** (Tusaale: uurka mataanaha, biyaha ilmaha oo aad u badan [polyhydramnios], ama ilmo aad u weyn [macrosomia]).
- **Dhiig-karka uurka (Pre-eclampsia).**
- **Miisaanka hooyada oo ka yar 60 kg:** (Hooyadadu uma dulqaadan karto dhiig-baxa maadaama mugga dhiigga ee wareegaya uu yaryahay).
- **Da'da hooyada oo weyn:** (Intaas waxaa dheer, haweenka da'da ah uma dulqaadan karaan saamaynta dhiig-baxa baaxadda leh).
- **Cillado hore uga jiray makaanka:** (Tusaale: burooyinka makaanka ee loo yaqaan *fibroids*).
- **Heerka dhiigga hooyada (haemoglobin) oo ka hooseeya 9 gm/dL bilowga foosha:**(Uma dulqaadan karto dhiig-bax, sidoo kale waxaa kordha khatarta makaanka dabca [uterine atony] sababtoo ah hoos u dhaca heerka *myoglobin-ka* makaanka ee muhiimka u ah isku soo ururka am isku soo noqoshada muruqaha).

Inta lagu jiro foosha (Intrapartum):

- **Wejiga koowaad, labaad ama saddexaad ee foosha oo dheeraada.**
- **Isticmaalka dawooyinka Oxytocin ama Misoprostol xilliga foosha:** (Kicinta ama xoojinta isku soo ururka makaanka waa in loo sameeyaa si waafaqsan hab-raaca hadda jira, waana in laga fogaado daalka makaanka).

Xusuusnow: Dhiig-yarida (Anaemia) waa arrin kordhisa khatarta ah in xaaladda wareegga dhiigga ee jidhku ay si degdeg ah u dunto (haemodynamic decompensation) haddii uu dhaco dhiig-baxa dhalmada ka dib (PPH)! ***WHO PPH Guidelines 2025.***

4.2 Maaraynta

Jadwalka 4.1 d wuxuu ina tusayaa tababarka maaraynta dhiig-baxa dhalmada ka dib PPH

Marka **la si fudud loo dhigo**, waxaa ugu horaysa ee markiiba dhiig-baxa dhalmada ka dib (PPH) lagu garan karaa waxaa weeye calaamadaha heerka wareega dhiiga oo hoos usii dhacaya **(haemodynamic decompensation)**

Jaantuuska 4.1 Tababarka maaraynta PPH

Fahan la'aanta dhiig-baxa dhalmada kadib (PPH) badanka waxay keentaa **xanuuno** iyo **dhimashada** gabadha.

4.2.1 Qiyaasida Dhiig Baxa

Qiyaasta dhiigbaxa hooyada ee dhalmada ka dib inta badan waa la dhayalsadaa, gaar ahaan haddii dhiiga baxay uu badan yahay. Xaalado badan awgood, inaan hore loo fahmin (oon la kala soocin) dhiig-baxa dhalmada ka dib (PPH) ayaa sabab u ah xanuunada iyo dhimashada hooyada.

Dhiig-bax fudud laakiin joogto ah ayaa laga yaabaa inaan la dareemin ilaa hooyada ay xaalada guud ee habdhiska wareega dhiigu hoos ugu dhacdo (haemodynamic collapse), garashadiisuna waxay noqon kartaa caqabad gaar ah.

Dhiig-bax kasta oo yimaada ka hor dhalmada iyo cadad kasta oo dhiig ah oo ku jira tuwaalada (Gauzes), shamaca nadaafadda (sanitary pads), ama ku daata dhulka waa in la tixgeliyaa marka la qiyaasayo dhiigga lumay (Jaantuska 4.2). Xusuusnow in dhiig-baxu uu ku dhuuman karo gudaha ilmo-galeenka, seedaha haya ugxaan sidayaasha iyo makaanka (broad ligament) ama godka caloosha, (Abdominal cavity) soo ifbaxa ugu horreeya ee dhiig-baxa dhalmada ka dib (PPH) wuxuu noqon karaa shoog dhiig-bax (haemorrhagic shock). Shaxda 4.6, 4.7, iyo 4.8 waxay xusayaan qodobbada muhiimka ah ee lagu qiyaaso dhiigga lumay si sax ah.

500 ml 800 ml 2000 ml

Jaantuuska 4.2 Qiyaasida Dhiig Baxa

Qiimaynta (tirinta) dhiiga baxay

Miisaan culayska gogasha, suufka, marada qalliinka, iwm.
(Weigh linen, swabs, drape, etc.)
Isticmaal jaantusyada sawiran ee lagu qiyaaso dhiigga.
Xisaabta ku dar dhiigga dhulka ku qubtay.
Tixgeli dhiiggii lumay dhalmada ka hor.
Si joogto ah dib-u-qiimeyn ugu samee wadarta dhiigga baxay.
Haddii la heli karo, isticmaal kiishka dhiigga lagu qabto (eeg Jaantuska 4.3).

FIIRO GAARA AH: Dhiig-baxa qarsoon   Ha iloobin dhiig-baxa qarsoon!

Dhiig-baxu wuxuu ku qarsoonaan karaa makaanka dhexdiisa (uterus), seedaha haya ugxaan sidayaasha iyo makaankanka (broad ligament), ama uurkujirta/ubucda (abdominal cavity).

Calaamadaha caafimaad ee ugu horreeya ee kiiskan lagu garto waxay noqon karaan shoogga dhiigbaxa (haemorrhagic shock).

4.2.2 Abaabulka iyo Iskaashiga Kooxda: Diyaar Garow oo Gurmad Hore u Raadi!

Maaraynta guulaysata ee dhiig-baxa dhalmada ka dib (PPH) waxay u baahan tahay ficilka koox si wanaagsan isugu xidhan (wada shaqaysa). U yeedhidda gurmad oo soo daaha ayaa ah dhibaato inta badan ku timaada maaraynta PPH, taasoo keenta xanuuno daran iyo dhimasho soo gaadha hooyooyinka.

Haddii tallaabooyin fudud aysan joojin karin dhiig-baxa, waa in aadan ka labalabayn inaad gurmad weydiisato umuliso khibrad leh, dhakhtarka ku takhasusay xanuunada dumarka (obstetrician), ama dhakhtarka suuxinta (anaesthesiologist), haddii ay diyaar yihiin. Shaybaadhka (Laboratory) sidoo kale waa in hore loo ogeysiiyaa haddii loo baahdo shubid dhiig (blood transfusion).

Wada xidhiidhka wax ku oolka ah ee ka dhex jira kooxda ayaa muhiim ah, maadaama maarayn wax ku ool ahi ay u baahan tahay taxane falal is barbar socda. Waxaa la xaqiijiyay inay aad u anfacayso in horay loo diyaariyo wax loo yaqaan 'sanduuqa dhiig-baxa dhalmada ka dib' (PPH box) (Jaantuska 4.4), kaasoo ka kooban dhammaan agabka iyo dawooyinka lagama maarmaanka u ah daawaynta dhiig-baxa. Tani waxay badbaadinaysaa wakhti qaali ah marka la wajahayo xaaladda degdegga ah.

Sidoo kale, waxaa faa'iido leh in gudaha sanduuqa PPH ay ku jirto shax (chart) muujinaysa qiyaasta (dosage) iyo qaabka loo bixinayo dawooyinka oo diyaar ah.

***jadwalka 4. 6** Calaamadaha shoogga dhiig-baxa (haemorrhagic shock) iyo xasillooni-darrada wareegga dhiigga [5] (Dib ayaa loo isticmaalay iyagoo laga codsaday Licensor through PLSclear)*

Boqolleyda Dhiigbaxa ama dhiiga lumay	Miisaanka iyo Xaddiga Dhiigga	Calaamadaha Jidhka	Nooca Shoogga
10% oo dhiigbaxa ah	• ~500 mL haddii miisaanku yahay 50 kg • ~800 mL haddii miisaanku yahay 80 kg	• Garaaca wadnaha oo xoogaa kordhay • Cadaadiska dhiigga oo caadi ah	**Shoog dib loo sixi karo (Mild/Compensated)**

15% oo dhiigbaxa ah	• ~750 mL haddii miisaanku yahay 50 kg • ~1200 mL haddii miisaanku yahay 80 kg	• Garaaca wadnaha oo degdeg ah (>100 garaac/daqiiqadiiba) • Cadaadiska dhiigga oo hooseeya (systolic 90–80 mmHg) • Neefsashada oo degdeg ah (21–30 neef/daqiiqadiiba) • Miyirdoorsoon iyo dhidid • Tabar-darro, wareer, iyo daciifnimo	**Shoog fudud**
30% oo dhiigbaxa ah	• ~1500 mL haddii miisaanku yahay 50 kg • ~2400 mL haddii miisaanku yahay 80 kg	• Garaaca wadnaha oo daciif ah isla markaana degdeg ah (>120 bpm) • Cadaadiska dhiigga oo dhexdhexaad ah (systolic 80–60 mmHg) • Neefsashada oo aad u degdeg ah (>30 neef/daqiiqo) • Midab-doorsoon, maqaar qabow oo qoyan • Kaadida oo yaraata (<30 mL/saacaddii) • Degganaan-la'aan, walwal, iyo jahawareer	**Shoog dhexdhexaad ah**
40% oo dhiigbaxa ah	• ~2000 mL haddii miisaanku yahay 50 kg • ~3200 mL haddii miisaanku yahay 80 kg	• Garaaca wadnaha oo aad u degdeg ah (>140 bpm) ama aad u gaabiyay (<60 bpm) • Cadaadiska dhiigga oo aad u hooseeya (<70 mmHg) • Midab-doorsoon, maqaar qabow, afka iyo addimada oo cawl/baluug noqda (cyanosis) • Neefsashada oo ku dhegta (Air hunger) • Kaadida oo istaagta (Anuria)	**Shoog daran**

***Xusuusin*:** Sababtoo ah mugga dhiigga ee haweenayda uurka leh oo sarreeya, garaaca wadnaha (pulse rate) iyo cadaadiska dhiigga (blood pressure) ayaa inta badan la ilaaliyaa ilaa laga gaadhayo in 30% oo ka mid ah in mugga wareegga dhiigga uu lumo. Haweenku waxaa laga yaabaa inaysan muujinin wax calaamado ah oo hoos u dhaca wareegga dhiiga (haemodynamic decompensation) ah ilaa ay ka lumiyaan cadad badan oo dhiig ah, laakiin markaas ayay si kedis ah u muujinayaan calaamadaha shoog oo daran ah (severe haemodynamic shock) marka (compensatory mechanisms) aan mar dambe la sii ilaalin karin.Koror kasta oo ku yimaada garaaca wadnaha (pulse rate) ama hoos u dhac ku yimaada cadaadiska dhiigga (blood pressure) waa inuu kiciyaa qiimayn caafimaad oo ku saabsan dhiigga lumay. Ha ku tiirsanaanin hal cabbir oo keliya oo lagu sameeyo dhinaca bukaan-socodka oo ku saabsan heerka dhiigcas (haemoglobin) ama qodobbada xinjirowga [6].

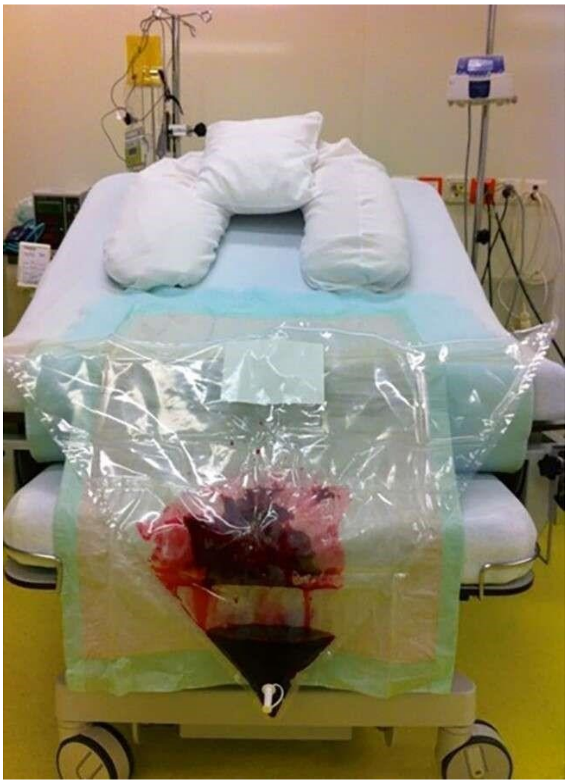
4.2.3 La Soco Xaalada Haweenayda

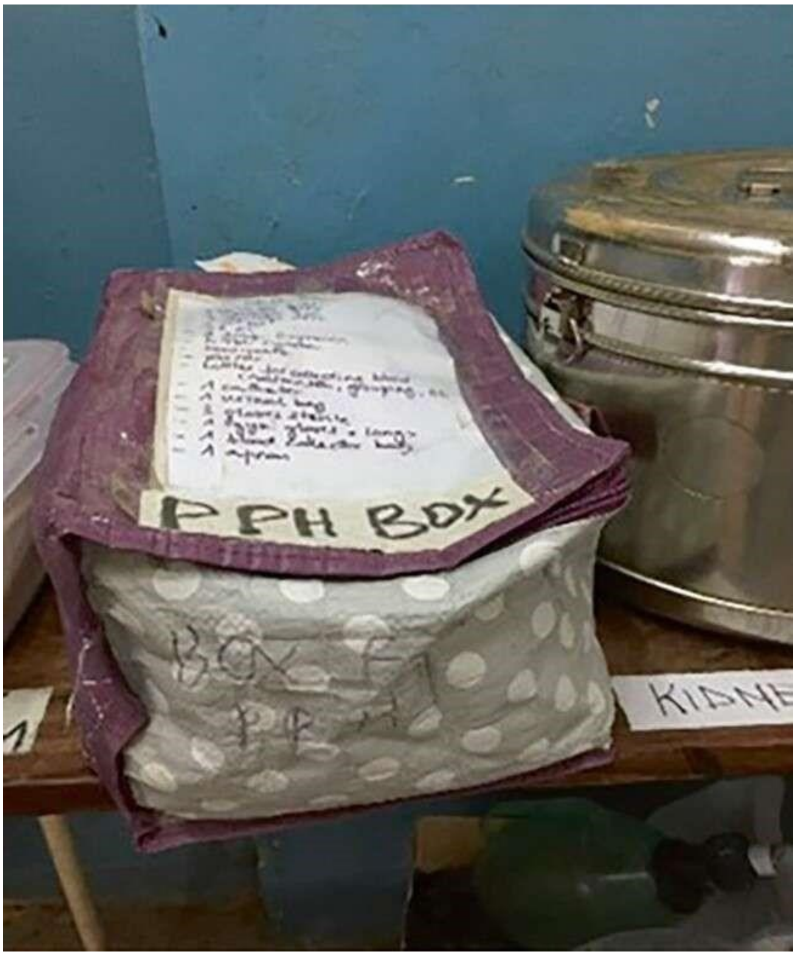
Hubi cadaadiska dhiigga hooyada (maternal blood pressure), garaaca wadnaha (pulse), heerkulka (temperature), iyo heerka neefsashada (respiratory rate) iyo sidoo kale kaadida (urine output) ee ay soo saarayso waqtiyo joogto ah. Markaad sidaas samayso, waxaad ogaanaysaa isbeddellada socda ee ku yimaada xaaladda haweenayda.

4.2.4 Baadhitaan ku Samee Waxa Sababay PPH: Afarta (4ta) T

Si deg-deg (dhakhso) ah waxaad u samaysaa baadhitaan si aad u ogaato waxa sababay dhiig baxa haweenayda.

Jaantuuska.4.3Bacda Dhiiga Lagu ururiyo





Jaantuuska. 4.4 Sanduuqa PPH

Oo ay ku jiraan dhamaan qalabka iyo dawooyinka loo baahan yahay si loo daweeyo PPH *Gacanta saar (taabo)ilmogaleenka (uterus) oo qiimee isku-soo-ururiddisa (contraction).* Ma adag yahay mise waa jilicsan yahay? Ma iskusoo ururayaa marka la duugo ilmo-galeenka, oo ma joogsanayaa dhiig-baxu? Ma u soo saari kartaa xinjiroha (clots) dibadda? *Xusuusnow meesha uu ku yaallo xagga sare ee ilmogaleenka (fundus*), inuu ka sarreeyo ama ka hooseeyo xuddunta (umbilicus).

Ma ka sarreeyaa meeshii laga filayay inuu joogo? Tani ma muujin kartaa dhiig- bax ku qarsoon gudaha ilmo-galeenka (concealed intrauterine bleeding) ama dillaac (rupture)? Baadh marinka dhalmada (birth canal). Si taxaddar u baadh qaab-dhismeedyadda (structures), adigoo isticmaalaya iftiin ku filan iyo caawinaad ka socota kaaliyayaasha, haddii loo baahdo. Sii haweenayda xanuun-baabi'iye ku filan (adequate analgesics), taasoo muhiim u ah maaraynta xanuunka haweenayda iyo in ay kuu suurtageliso inaad samayso baadhitaan sax ah. Baadh afka ilmo-galeenka (cervix) iyo xubinta taranka gabadha (vagina) si aad u aragto dillaacyo (tears). Raadi dhiig ururay oo ku qarsoon xubinta taranka gabadha (concealed vaginal haematoma) adigoo eegaya oo taabanaya gidaarrada xubinta taranka gabadha. Ku dheji makiinadaha wax qabta (clamps) ama cadaadi dhiigbaxa muuqda ee xididdada ee ka imanaya dilaaca gumaarka (perineal lacerations) ilaa aad ka tolayso. *Baadh mandheerta (placenta*). Kaaliye ayaa waajibkan qabanaya inta aad adiga baadhayso haweenayda. Ma jiraa wax calaamad ah oo

muujinaya mandheer aan dhammaystirnayn / qaybo ka mid ah oo hadhay (incomplete placenta/retained products)? Haddii ay suurtagal tahay, samee sawir degdegga ah oo caloosha ah (quick abdominal ultrasound) oo raadi qaybo ka mid ah mandheerta (cotyledons) oo ku hadhay ilmo-galeenka ama uu dhiig ururuy oo xinjiroobay ee gudaha ilmo-galeenka ah.

4.2.4.1 Mabaadi'da Guud ee Soo Celinta Xaaladda Caafimaad: (Acidosis) – Xinjiroobid La'aan (Coagulopathy) – Dhiig-yaraan (Hypovolaemia)

Ka hortag Acidosis: Ogsajiin Sii!

Jiifi haweenayda si siman, oo sii ogsajiin adigoo isticmaalaya maaska wejiga (10–15 L/min) si aad uga fogaato acidosis.

Ka Fogaaw Xinjiroobid La'aanta (Coagulopathy): ku ilaali in Hooyadadu Diiranaato!

Ku haynta haweenayda xaalad diirran waxay hor istaagtaa samaysanka xinjiroobid la'aanta. Ka sokow inaad ku deddo dhar engegan, kululee cabitaannada aad siinayso haddii ay suurtagal tahay.

4.2.4.2 Siinta Faleenbooyin iyo ku shubista dhiig:
Sixidda Dhiig-baxa Ba'an (Hypovolaemia) iyo Xinjiroobid La'aanta (Coagulopathy)!

Si loo soo celiyo mugga dhiigga ee wareegaya, waa in aad si degdeg ah u siiisa faleenbooyinka ‘crystalloid' sida 'normal saline', ilaa 2000 mL. Si degdeg ah loo soo celiyo dhiigi lumay, isticmaal laba irbadood oo waawayn 'cannula' ah oo cabbirkoodu yahay 18 (cagaar) ama 16 (cawl). Tani waxay u oggolaanaysaa xawaaraha ugu badan ee ah 90 mL/min (cagaar) ama 170 mL/min (cawl). Samee marin xidid (intravenous access - IV) oo isticmaal boorsooyinka cadaadiska (pressure bags). Meelaha qaar, haweenaydu waxay u baahan doontaa in lagu shubo unugyada dhiigga cas oo la diyaariyay (packed red blood cells) si loo soo celiyo awoodda qaadista ogsajiinta loogana hortago inay ku dhacdo shoog dhiig-bax ah oo aan la daawayn karin. Xinjirowga (coagulation) sidoo kale waa in la taageeraa. Daawada ugu horreysa ee la isticmaalo waa 'tranexamic acid', taasoo la siinayo goor hore inta lagu guda jiro maaraynta PPH, haddii ay diyaar tahay. Haddii dhiig-baxu uu xooggan yahay ama haweenaydu ay horeba ugu jirtay shoog dhiig-bax oo aad u daran, ha sugin natiijooyinka shaybaadhka sida heerka dhiigga-cas (haemoglobin) ama is qaadashada dhiigga (crossmatch), laakiin ku shub oo sii dhiigga nooca Onegative ah.

4.2.5 Dawooyinka Lagu Daweeyo Dhiig-baxa Dhaca Dhalmada ka Dib (PPH)

Waxaa jira dawooyin kala duwan oo lagu daweeyo PPH (Jadwalka 4.9).

4.2.6 Dawooyinka kaa Caawinaya Xinjirawga (dhiiga xinjirowga)

Waxaa jira dawooyin kaa caawinaya xinjirawga (Jadwalka 4.10).

jadwalka 4. *7 Daawooyinka loo isticmaalo daaweynta dhiig-baxa dhalmada ka dib (PPH)*

- Bixi daawo xanuun baabi'iye ku habboon (Give an appropriate analgesic).

Daawada	Habka loo siiyo	Qaabka ay u shaqayso / Waxyeellada kale
Oxytocin	10 IU oo muruqa ah (IM) ama 5 IU oo xididka ah (IV)	Doorashada koowaad; waxa lagu bedeli karaa syntometrine
Syntometrine	Wejiga saddexaad ee dhalmada (wax ka qabashada u baahan)—sii qiyaasta labaad (IM). Wejiga saddexaad (haddii loo maareyey si naturaly ah)— sii qiyaasta koowaad.	Looma ogola dadka qaba dhiig-karka (Hypertension)
Ergometrine	500 µg oo muruqa ah (IM) (haddii aan la siin syntometrine)	Looma ogola dadka qaba dhiig-karka (Hypertension) iyo xanuunada wadnaha.
Oxytocin infusion(Faleebo)	20–40 IU oo lagu dhex daray 1000 mL oo Normal Saline ah, muddo 4 saacadood ah	Ma bilaabo ururka makaanka laakiin wuu sii socodsiiyaa
Misoprostol	800 µg oo laga geliyo dabada (rectally)	Waxyeellada kale: Gariir, xumad (pyrexia), shuban

-

Daawada	Habka loo siiyo	Qaabka ay u shaqayso / Waxyeellada kale
Tranexamic acid	1gm oo xididka ah (IV). Waxaa lagu celin karaa halmar haddii dhiig-baxa (PPH)laxakameyn waayo (ugu badnaan 2g IV).	Waxay ka hortagtaa burburka barootiinka (fibrin) waxayna ilaalisaa xinjirowga dhiigga. Waxay hoos u dhigtaa dhimashada hooyada ee ka dhalata dhiig-baxa dhalmada caadiga ah ama qalliinka (C-section), waxayna yareysaa baahida loo qabo qalliinka caloosha (laparotomy) si dhiigga loo joojiyo. Waa in goor hore la siiyo (sida ugu habboon 30 daqiiqo gudahood) marka dhiig-baxu bilaabmo.
Fresh frozen	4-tii unug ee FFP (IV) ahba, isticmaal 4	Waa qaybta dareeraha ah ee dhiigga. Waxay ka kooban tahay curiyeyaasha
plasma (FFP)(h	unug oo dhiigga haddii packed red cells. la heli karo	xinjirowga (coagulation factors) laakiin ma lahan barootiinka (fibrinogen) ku filan. Waxay u tahay in barafka laga dhalaaliy

4.2.7 Ka soo saaridda Mandheerta adigoo Gacanta Adeegsanaya

Haddii mandheertu aanay soo bixin 30 daqiiqo gudahooda ka dib dhalmada, u diyaar garow kasaaridda makaanka adigoo gacanta isticmaalaya. Haddii haweeneydu aanay dhiig babaxayn, waxaa laga yaabaa inaad sugto 30 daqiiqo oo dheeraad ah (1 saac ka dib dhalmada) si ay mandheertu usoo baxdo.

4.2.7 Ka soo saaridda Mandheerta adigoo Gacanta Adeegsanaya

Haddii mandheertu aanay soo bixin 30 daqiiqo gudahooda ka dib dhalmada, u diyaar garow kasaaridda makaanka adigoo gacanta isticmaalaya. Haddii haweeneydu aanay dhiig babaxayn, waxaa laga yaabaa inaad sugto 30 daqiiqo oo dheeraad ah (1 saac ka dib dhalmada) si ay mandheertu usoo baxdo.

4.2.7.1 Kahor Intaadan Bilaabin Habraaca (Procedure), Waa Inaad:

- Siisa qiyaasta labaad ee 'oxytocin' (5 IU, murqaha ama xididka) oo aad sameysaa 'Credé manoeuvre' (Fig. 4.5).
- Habraaca u sharax hooyada ka hor intaadan sameynin 'Credé manoeuvre'.

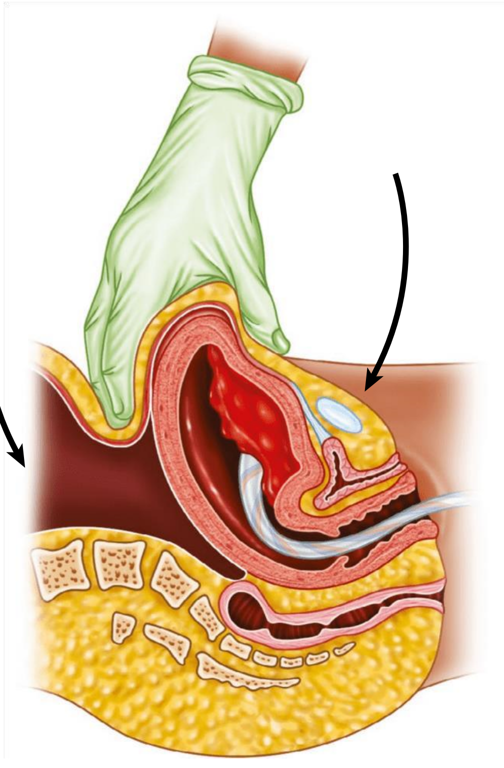
- Xaqijisaa in hooyadadu ay leedahay marrin IV ah (IV line) oo shaqeynaya. Haddii uu jiro dhiig bax culus, geli marrin IV ah oo labaad.
- Xaqiijisaa in kaadi haysta ay madhan tahay. Haddii hooyadadu aanay kaadi karin, geli tuunbada kaadida (urinary catheter) adigoo isticmaalaya farsamada nadaafadda leh (aseptic technique) ee caadiga ah.
- Sii faleenbooyin.
- Sii 'prophylactic antibiotics' (daawo ka hortag ah) ka hor intaadan bilaabin habraaca, si waafaqsan borotokoollada degaankaaga.

- Diyaari faleenbooyin la siiyo oo ay ku jirto daawo soo xoojisa isku soo ururka ilmogaleenka

(uterotonic), tusaale ahaan, 1 litir oo saline caadi ah oo lagu daray 20–40 IU oo oxytocin ah (Prepare an infusion with uterotonic, for example, 1 L normal saline with 20–40 IU oxytocin).

- Haddii ay jirto, bacda dhiigga lagu ururiyo geli xagga hoose hooyada (If available, install a blood collection bag under the buttocks of the woman).

- Ku nadiifi xubinta taranka ee dibadda (vulva) iyo gumaarka (perineum) dreere jeermisdile ah (antiseptic solution) (Disinfect the vulva and perineum with an antiseptic solution).



Jaantuuska. 4.5 Credé manoeuvre

4.2.7.2 Habka Gacanta looga Saarayo Mandheerta(Placenta/Placenta)

Xidho galoofisyada nadiifka ah (Wear sterile gloves).

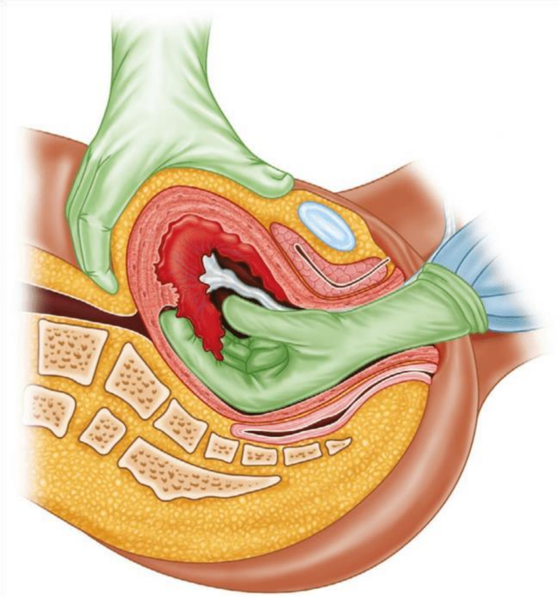
Ku taageer dusha sare ee ilmo-galeenka hal gacan oo saaran caloosha si aad cadaadis celis ah u samayso inta aad gacanta kusoo saarayso mandheerta, ugana hortagto in ilmo-galeenku dib u laabmo (inversion) (Support the uterine fundus with one hand on the abdomen to provide counterpressure during manual removal and prevent uterine inversion).

- Gacanta kale raac xuddunta, adoo marsiinaya afka ilmo-galeenka (Follow the umbilical cord with the other hand through the cervix).
- Si tartiib ah u dhaqaaji farahaaga si aad u hesho meesha ay madheertu ka bilaabato (edge) (Gently move your fingers to localize the edge of the placenta).
- Adeegso dhaqdhaqaaqyo tartiib ah oo dhinac dhinac ah /ama kor iyo hoos ah oo aad ku samaynayso farahaaga oo la isku dhejiyay si aad u hesho goobta kala-saarista ee u dhaxaysa madheerta iyo gidaarka ilmo-galeenka (Use gentle lateral and/or up and down movements of your fingers held tight together to find the cleavage plane between the placenta and the uterine wall).
- Farahaaga mari inta u dhaxaysa gidaarka ilmo-galeenka iyo madheerta, oo ka saar madheerta oo dhan (Sweep your fingers between the uterus wall and placenta and detach the placenta over its whole surface).
- ku Qabso madheerta gacantaada oo si tartiib ah uga saar ilmo-galeenka (Hold the placenta in your hand and remove it slowly from the uterus).

Gacantaada ku taabo (palpate) gidaarka ilmo-galeenka si aad u xaqiijiso in dhammaan unugyada madheerta si buuxda loo saaray (Palpate the uterine wall to ensure that placental tissue has been completely removed).

•

Jaantuuska 4.6 Ka bixinta mandheerta ee habka gacanta (Manual removal of the placenta).



Haddii aad ka shakido in ay hadheen wax ka mid ah mandheertu, ka saar adiga oo fulinaya xoqid tartiib ah (curettage) oo aad u isticmaalayso qalabka xoqidda ee aan afka lahayn (blunted curette).

4.2.7.3 Maxaa La Sameeyaa Haddii Madheertu aanay Ku Soo Go'in Habka Gacanta ee Saarista?

Haddii aadan helin goobta kala-saarista ee u dhaxaysa ilmo-galeenka iyo madheerta, waa inaad ka shakidaa in madhertu ay si qoto dheer

ugu dhegan tahay ilmo-galeenka (placenta accreta, increta, or percreta). Haddii haweeneydu horey loogu sameyay qalliinno hore oo ah (caesarean sections), waxay leedahay khatar sii kordheysa oo arrintaas ah. Xaaladaha noocaas ah, kala hadal in ay u baahantay qalliinka caloosha (laparotomy).

4.2.7.4 Maxaa La Sameeyaa Haddii Haweeneydu Ay Si Xooggan uu uga baxayo Dhiig Inta Lagu Jiro Habraaca?

Haddii ay jirto suurtagal, dhiig u dir shaybaadhka si loo hubiyo heerka dhiig-cas (haemoglobin), tirada xinjireeyayaasha, iyo xinjirowga (coagulation).
Diyaar u noqo inaad abaabusho dhiig la jaan-gooyay oo diyaarsan (crossmatched packed red blood cells), ama dhiig aan la jaan-gooyn haddii aan mid hore loo helin, si dhiig loogu shubo hooyada haddii loo baahdo.

4.2.8 Cadaadiska Ilmo-galeenka iyo Halbawlaha Weyn ee (Aorta)

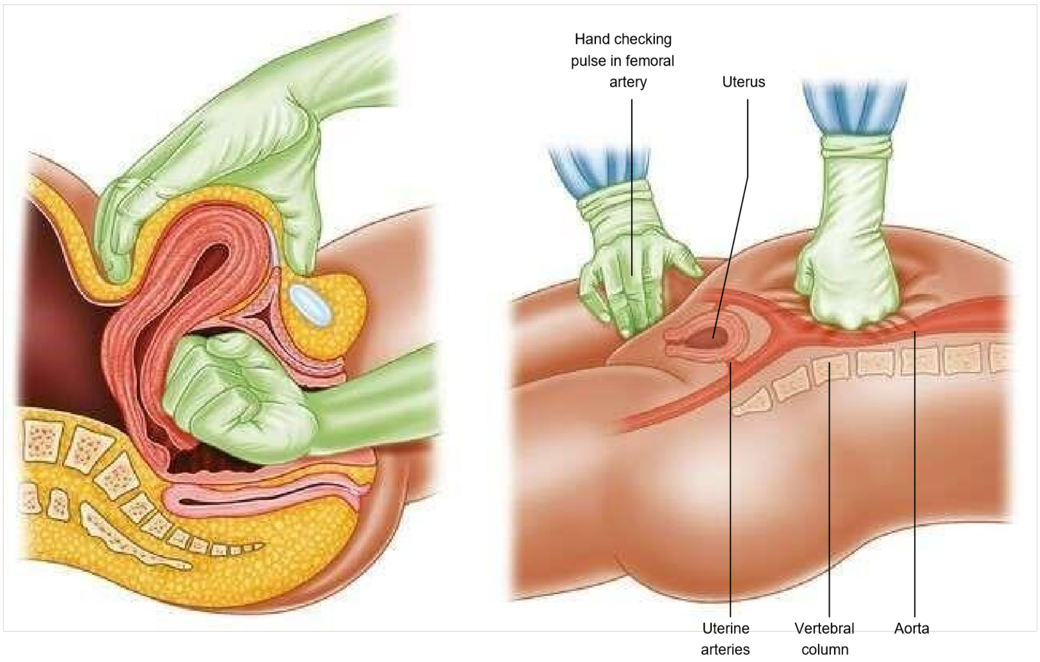
Inta lagu jiro diyaarinta in la geliyo biibiile (baaluun) gudaha ilmo-galeenka (intrauterine tamponade) ama in hooyada loo wareejiyo qolka qalliinka, waa inaad qof kale ka codsataa inuu sameeyo dhaqdhaqaaqyo ku meel gaar ah si loo xaddido qaddarka dhiigga lumaya. Mid ka mid ah farsamooyinka inla cadaadiyo ilmo-galeenka iyadoo la isticmaalayo labada gacmood (bimanual uterine compression) iyo mid kale oo ah cadaadiska halbawlaha weyn (aortic compression), kuwaas oo labaduba ah kuwo aad u waxtar leh.

4.2.9 baaluunka(biibilaha) la dhigayo gudaha Ilmo-galeenka (Intrauterine Tamponade)

Si loo xakameeyo dhiig-baxa aan is taagayn ee ka imanaya ilmo-galeenka, waa in la isticmaalaa farsamooyinka sida in la dhigo baaluun gudaha ilmo-galeenka. Sida hoos lagu sharaxay. Farsamooyinka kale waxaa ka mid ah in ilmo-galeenka lagu buuxiyo baaluun nadiif ah oo isku dhegan, ama in la geliyo baaluunka chitosan ah oo dhiig-joojinaysa.

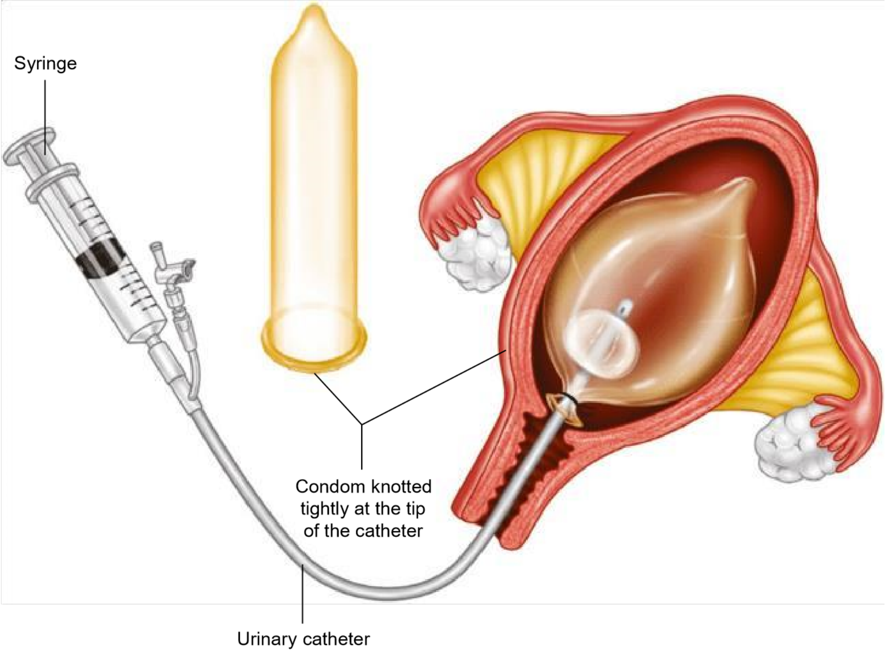
4.2.9.1 Baloonka Gudaha Ilmo-galeenka

Tuubada kondhomka ah ee la geliyo laguna buufiyo gudaha ilmo-galeenka waa tallaabo ku habboon oo lagu xakameynayo dhiig-baxa ka imanaya daciifnimada muruqa ilmo-galeenka (uterine atony). Sii hooyada xanuun baabi'iye ku filan iyo antibiyootik ka hortag ah, si waafaqsan habraaca deegaanka, ilaa baloonka laga saarayo.



Cadaadiska Ilma-galeenka Laba Geesoodka ah Cadaadiska Xididada Garaaca halbawlayaasha femoral waa in aysan noqon mid la dareemi karo marka la isku caadiyo halbawlaha waxtarka leh

Jaantuska. 4.7 Cadaadiska ku Meel-gaadhka ee PPH



Jaantuuska 4.8 Ku-buufinta gudaha makaanka

- Baloonka ka saar ugu badnaan 24 saac ka dib. Haweeneydu waa inay heshaa antibiyootik ka hortag ah inta baloonku ku jiro.

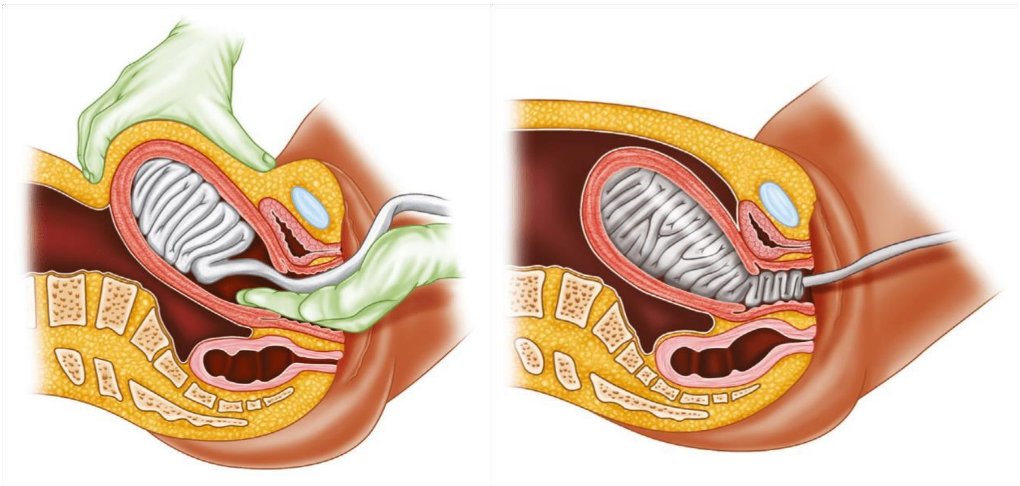
- Tilmaamo faahfaahsan oo ku saabsan habraaca iyo qalabka ayaa laga daalacan karaa mareegta **Global Health Media Project** [7].

4.2.9.2 Buuxinta Ilmo-galeenka (Uterus Packing)

- Gauze(tuwaal) nadiif ah oo isku dhegan ayaa la geliyaa gudaha ilmo-galeenka si loo cadaadiyo meesha ay madheertu ku taalay. Sii hooyadada xanuun baabi'iye ku filan iyo antibiyootik (jeermis dile) ka hortag ah si waafaqsan habraaca goobta caafimaad eed joogtid. Waxaa lama huraan ah in buuxinta laga bilaabo gunta sare ee ilmo galeenka (fundus) si loo gaaro isku soo ururka ilmo-galeenka oo waxtar leh. Kaaliyuhu waa inuu ka soo cadaadiya ilmo-galeenka xagga caloosha. ku qabo Gauzeka gacanta ku jirta gudaha ilmo-galeenka. Waxaad isticmaali kartaa qalab lagu qabsado gauzeka si uu kaaga caawiyo meelaynta gauze ka, laakiin ka taxaddar inaadan daloolin ilmo-galeenka adoo isticmaalaya qalabkaaga (Fig. 4.9). Hadafku waa in si gauzes ka laga buuxiyo gudaha ilmo-galeenka. Ka saar gauze ka ugu badnaan 24 saac ka dib. Haweeneydu waa inay heshaa antibiyootik ka hortag ah inta buuxinta ay ku jirto. waa inaad si taxaddar leh u tirisaa tirada gauze ee la geliyay. waa inaad Hubisaa in dhammaan gauzeskii laga saaray ilmo-galeenka, ka dibna tiri inay dhamystiranyihiin.

4.2.9.3 Faashada Celox®

- Celox® Gauze waa gauze dhiiga-joojinaya oo lagu dahaadhay chitosan, oo ah maado laga soo saaro noolaha badda (crustaceans). Waa beddel aad waxtar u leh oo lagu babdeli karo baloonka ilmo-galeenka. Sii hooyada xanuun baabi'iye ku filan iyo antibiyootik ka hortag ah si waafaqsan goobta caafimad eed joogtid.



Gauze la
nadiifiyay ayaa la isku dhejiyaa oo la geliyey daloolka ilmo-galeenka

Jaantuuska 4.9 Xidhitaanka Ilma-galeenka

Fiiro gaar ah: Celox® Gauze ka saar ugu badnaan 24 saac ka dib. Haweeneydu waa inay heshaa antibiyootik ka hortag ah inta guaze ka Celox® ay ku jirto.

4.2.10 Farsamooyinka Qalliinka (Operative Techniques)

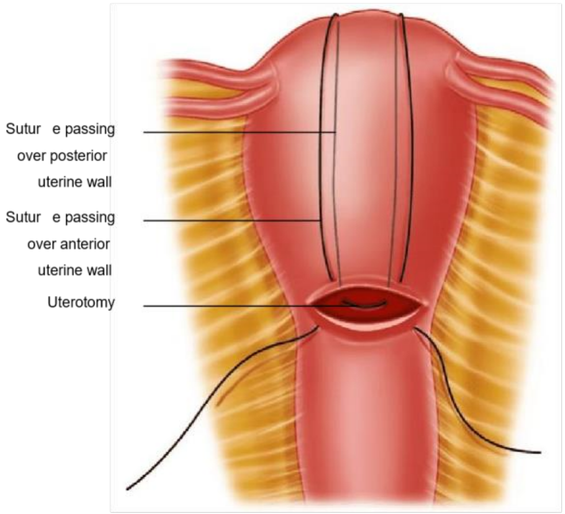
Haddii ay jirto dhiig-bax joogto ah oo aan la xakamayn karin, in qalliin la sameeyo ayaa nafbadbaadin karta. Dhowrkan farsamooyin ayaa lagu sharxay.

4.2.10.1 in qodobbo lagu dhajiyo makaanka (Haemostatic Brace Suturing)

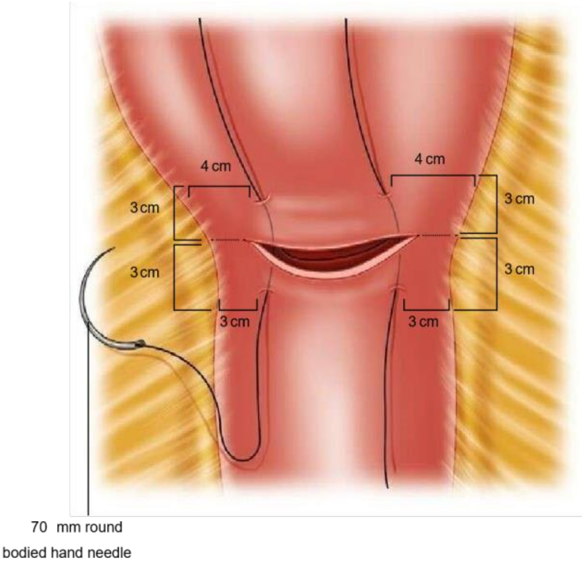
Ujeedada tolid dhiig-joojinta ee ilmo-galeenka waa in la gaaro cadaadis lagu joojiyo dhiig-baxa. Isticmaal irbad weyn oo qalloocan (tolida catgut iyo polyglactin 910 No. 1 ama 2, 70 cm) tani waa absorbable suture. Tolida B-Lynch waa in lagu sameeyaa ilmo-galeen furan (open uterotomy), halka tolida Hayman lagu isticmaali karo ilmo-galeen xiran (closed uterotomy).

4.2.10.2 Xidhidda Halbawlaha Ilmo-galeenka (Uterine Artery Ligation)

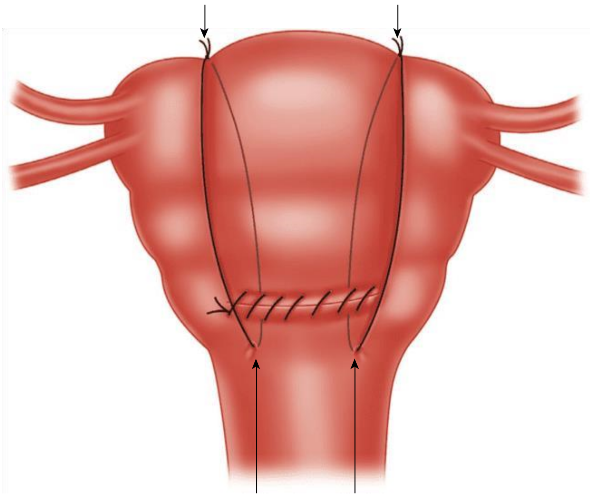
Xidhidda halbawlaha ilmo-galeenka oo tallaabo-tallaabo ah ayaa la samayn karaa si loo xakameeyo dhiig-baxa. Si loo helo sharaxaad farsamo oo faahfaahsan, fadlan tixraaca hoose.



Jadwalka 4.10 B-Lynch Tolida Dhiigbaxa



jaantuuska 4.11 Hayman haemostatic suture



4.2.10.3 Xidhidda xididada dhiiga (Internal Iliac Artery Ligation)

Sharaxaad farsamo oo ku saabsan farsamadan, fadlan tixraac.

4.2.10.4 Ka Saarista Ilmo-galeenka Xilliga Dhalmada.

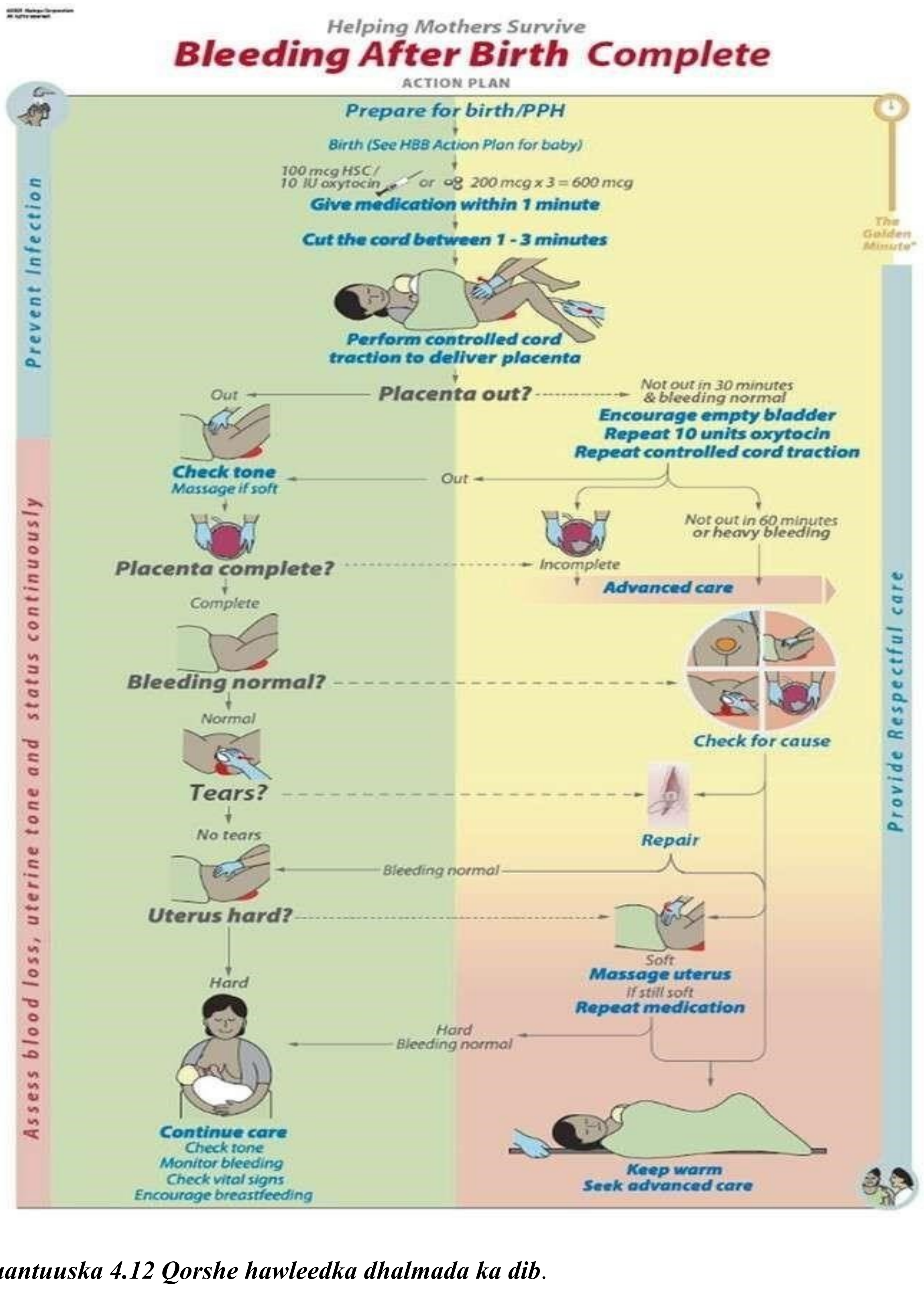
Ka saarista ilmo-galeenka xilliga dhalmada waa in loo arkaa tallaabada ugu dambeysa haddii uu jiro dhiig-bax joogto ah oo aan la xakamayn karin. Isla mar ahaantaana, ka saarista ilmogaleenka xilliga dhalmada waxay noqon kartaa fursda kaliy ee badbaadin karta hooyadada, waana in aan dib loo dhigin ilaa ay goor-dhow noqoto in hooyada la badbaadin kari waayo. Sharaxaad farsamo, fadlan tixraac.

4.3 Habraaca Talaabooyinka (Algorithm)

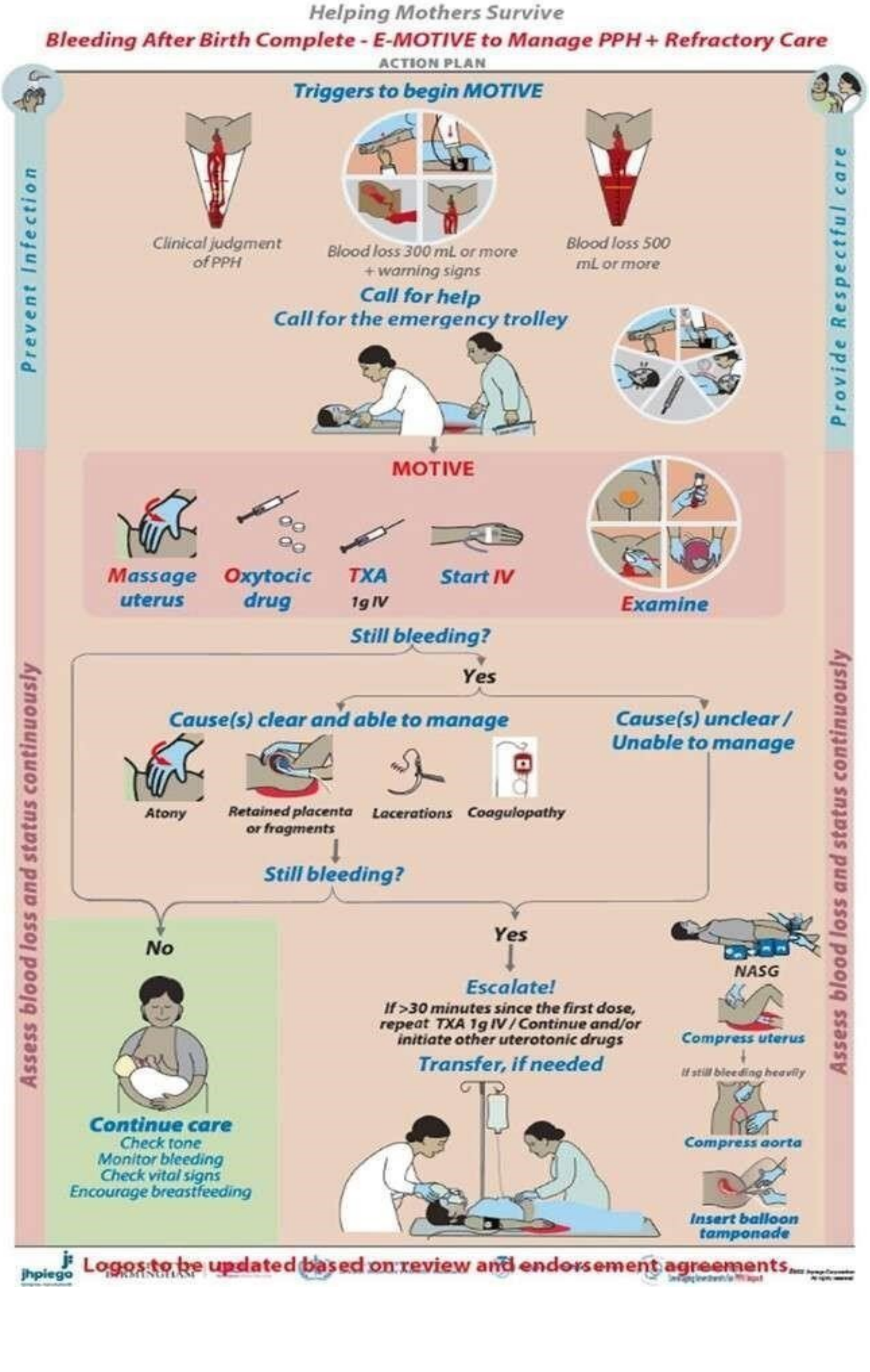
Ururka Caafimaadka Adduunka (WHO) wuxuu soo saaray talooyin ku saabsan qiimeynta dhiigga lumay iyo xirmo daaweyn ah oo loogu talagalay dhiig-baxa dhalmada ka dib (postpartum haemorrhage - PPH).

Hay'adda Jhpiego waxay leedahay habraac dheeraad ah marka PPH ay xakamayn waayaan dhammaan tallaabooyinka la sameeyay.

Dharka ka hortagga shoogta ee aan hawada ku shaqeynin (nonpneumatic antishock garment - NASG) wuxuu yareeyaa qulqulka dhiigga ee ilmo-galeenka isagoo cadaadis saaraya, wuxuuna u yahay tallaabo ku meel gaar ah ilaa laga helo daryeel ku habboon. **4.3Algorithm**



Jaantuuska 4.12 Qorshe hawleedka dhalmada ka dib.
u diyaar garaw dhiigbaxa dhalmada ka dibna maaree PPH + refractory care 'draft- version'. (Waxaa soo saaray Jhpiego, oo ku xiran Jaamacadda Johns Hopkins, iyadoo la kaashaneysa la-hawlgalayaasha caalamiga ah iyo taageerada naqshadeynta garaafka ee caafimaadka Laerdal Global)



Jaantuuksa 4.13 Qorshe hawleedka dhalmada ka dib, u diyaar garaw dhiigbaxa dhalmada ka dibna maaree PPH + refractory care 'draft- version'. (Waxaa soo saaray Jhpiego, oo ku xiran Jaamacadda Johns Hopkins, iyadoo la kaashaneysa lahawlgalayaasha caalamiga ah iyo taageerada naqshadeynta garaafka ee caafimaadka Laerdal Global)

Jaantuska 4.14 Dharka ka hortagga shoogga ee sambabadaa

4.4 Ka Hortagga

Ka sokow horumarinta maareynta marxaladda saddexaad ee foosha, dhawaan ayaa la daabacay hab lagu ogaanayo dhiig-baxa dhalmada ka dib (PPH) goor hore marka ay dhacdo dhalmada uu ilmuhu soo marayo xubinta taranka hooyada (vaginal deliveries). Daaweynta ugu horreysa ee PPH (duugista ilmo-galeenka, oxytocin IV ah, tranexamic acid IV ah, crystalloid fliuds ah, iyo qiimeyn ku saabsan kor u qaadista heerka daaweynta) ayaa markiiba la bixin jiray marka laga shakiyo in dhiig lumis dhan 300 mL ama ka badan haddii ay la socoto anomali (cilad) iyo haddii isbadal ku imado (vital signs). Dhiigga lumay waxaa lagu cabiraa maro cabiran oo dhiigga lagu ururiyo.

4.5 Gunaanad

Maareynta PPH waxay u baahan tahay ficil isku-dubba-ridan oo ka yimaada koox si wanaagsan loo diyaariyay. Ka hortagga dhiig-baxa iyadoo la maareynayo marxaladda saddexaad ee foosha si, ogaanshaha dhiig-baxa wakhtigiisa, iyo u yeedhista caawimaad goor hore, iyo sidoo kale tallaabooyinka habeysan ee tallaabo-tallaabada ah ee raacaya habraaca (algorithm) ayaa

dhammaantood ah tallaabooyin muhiim ah oo lagu yareynayo cudurrada iyo dhimashada ka dhalata PPH.

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Cutubka 5aad
5. Ilmo-galeenka Dib u Laabma (Uterine Inversion)
5.1 Hordhac: Taariikh iyo Caddeymo

Qodobbada Muhiimka ah ee La Baranayo

- Garashada ilmo-galeenka dib u laabma (uterine inversion) iyo shoogga (shock) hooyada ku dhaca markay umusho.
- Awood u yeelashada in la sameeyo farsamooyinka gacanta laga qaban karo ee dib loogu celinayo ilmo-galeenka.
- Fahamka in madheerta (placenta) ay tahay in la soo saaro ka dib marka ilmo-galeenka dib loo celiyo.
- Diyaar u ahaanshaha maareynta dhiig-baxa dhalmada ku danbeeya (subsequent PPH).

Qodobada muhiimka ah ee Maareynta Ilmo-galeenka Dib U Laabma:

- Adkaanta iyo dib u dhaca in la garto dhibaatada.
- Dib u dhac ku yimaada bilowga dib u soo nooleynta (resuscitation) iyo dib u celinta ilmo-galeenka ee gacanta.
- Aan loo diyaar garoobin in la maareeyo dhiig-baxa dhalmada ka danbeeya.

Ilmo-galeenka dib u laabma (uterine inversion) waa dhibaato dhif iyo naadir ah oo ku timaada dhalmada, waxaana lagu qiyaasaa inay dhacdo 1 ka mid ah 5000 ilaa 1 ka mid ah 20,000 ee dhalmo.

Qeexitaanka iyo arrimaha halista keena ayaa lagu soo bandhigay Jadwalka 5.1 iyo 5.2 siday u kala horreeyaan.

Macluumaad Dheeraad ah: Nooca online-ka ah ee buuggan wuxuu ka kooban yahay agab dheeraad ah oo laga heli karo: https://doi.org/10.1007/978-3-031-81931-5_5.

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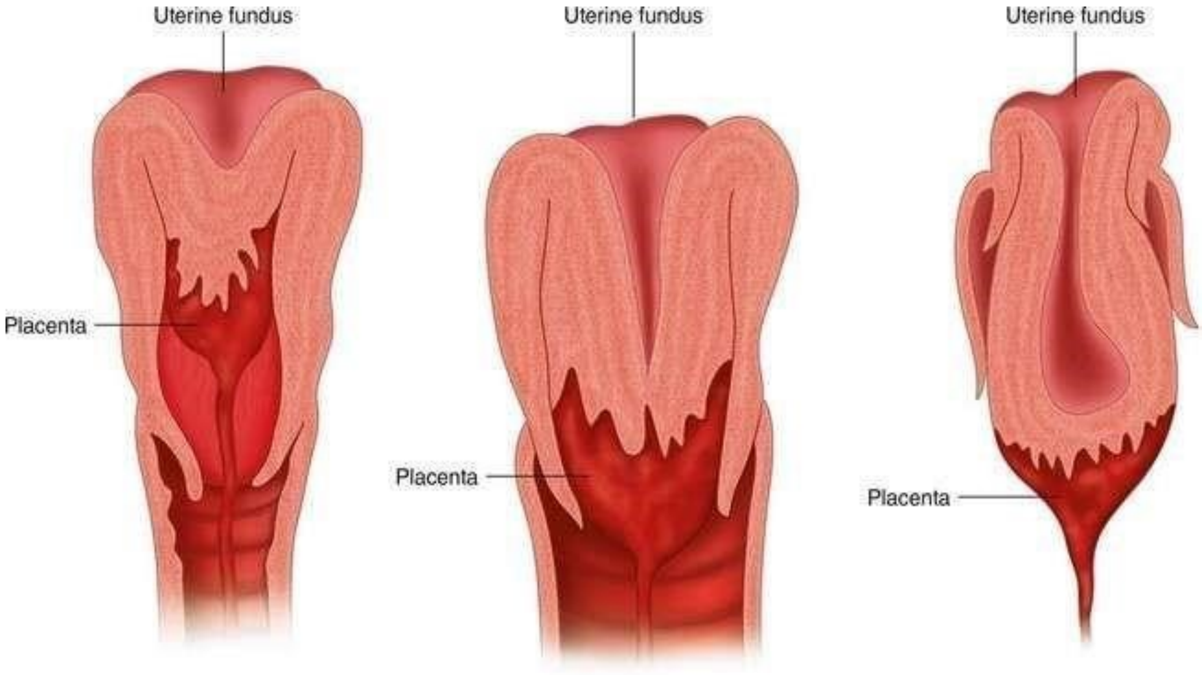
C. Monod et al., *Simulation Training for Obstetric Emergencies in Low-Resource Countries*,
https://doi.org/10.1007/978-3-031-81931-5_5 5 Uterine Inversion



Jaantuuska. 5.1 Makaanka oo soo rogmada

Jaantuuska 5.1 Qeexitaanka Makaanka oo dhabarku dib u soo rogma (Uterine inversion) [5]

Rogmidda Makaanka

Qaybta kore ee Makaanka (fundus) ayaa ka soo dhex baxda marinka dhalmada, taas oo Makaanka u rogaysa gudihiisa dibadda (inside out).

jadwalka 5. 1 *Waxyaabaha kordhiya khatarta rogmidda Makaanka.*

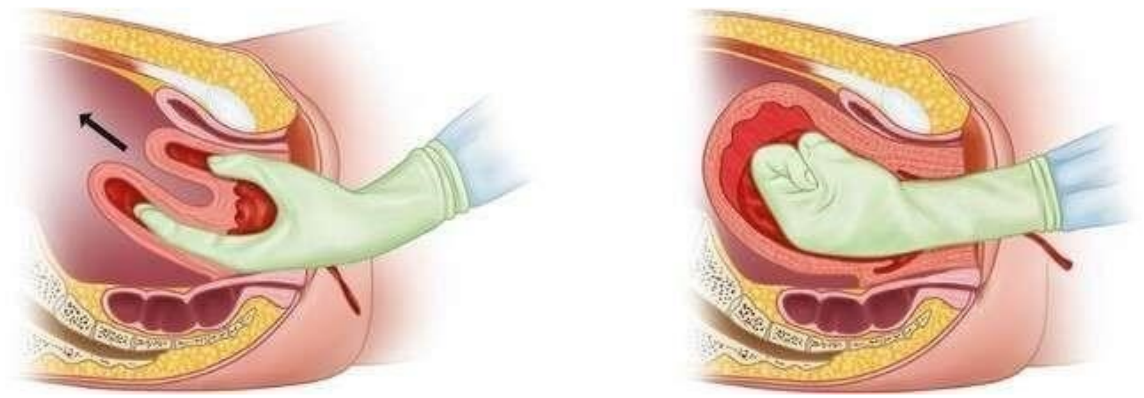
- Jiidista xad-dhaafka ah ee xudunta xilliga saddexaad ee dhalmada
- Cadaadis xad-dhaaf ah oo minka qaybtiisa sare la saaro
- Dhalmo badan
- Dhalmo aad u degdeg ah
- Ilmaha oo aad miisaankiisu u weynyahay.

5.2 Maarayn

5.2.1 Baadhitaan

Garashada in ilmo-galeenka uu dib u laabmay (uterine inversion) waxay noqon kartaa mid adag marka gunta sare ee ilmo-galeenka (uterine fundus) aysan ka soo muuqan afaafka xubinta taranka gabadha (introitus). Calaamadda ugu horreysa ee ugu badan waa shoog degdeg ah oo ku yimaada hooyadada (sudden maternal shock) iyadoo uu la socdo dhiig-bax xubinta taranka gabadha ah oo aad u yar (minimal vaginal bleeding). Sida caadiga ah, haweeneydu waxaa laga yaabaa inay muujiso garaaca wadnaha oo gaabis ah (bradycardia) sababtoo ah kicinta neerfayaasha parasympathetic (parasympathetic nerves stimulation). Tixgeli in ilmo-galeenku dib u laabmayo marka ilmo-galeenka aan si fiican gacanta looga dareemi karin xagga caloosha (not well palpable from the abdomen) oo samee baadhitaan xubinta taranka gabadha ah (vaginal examination) si aad u xaqiijiso baadhista.

5.2 Maarayn



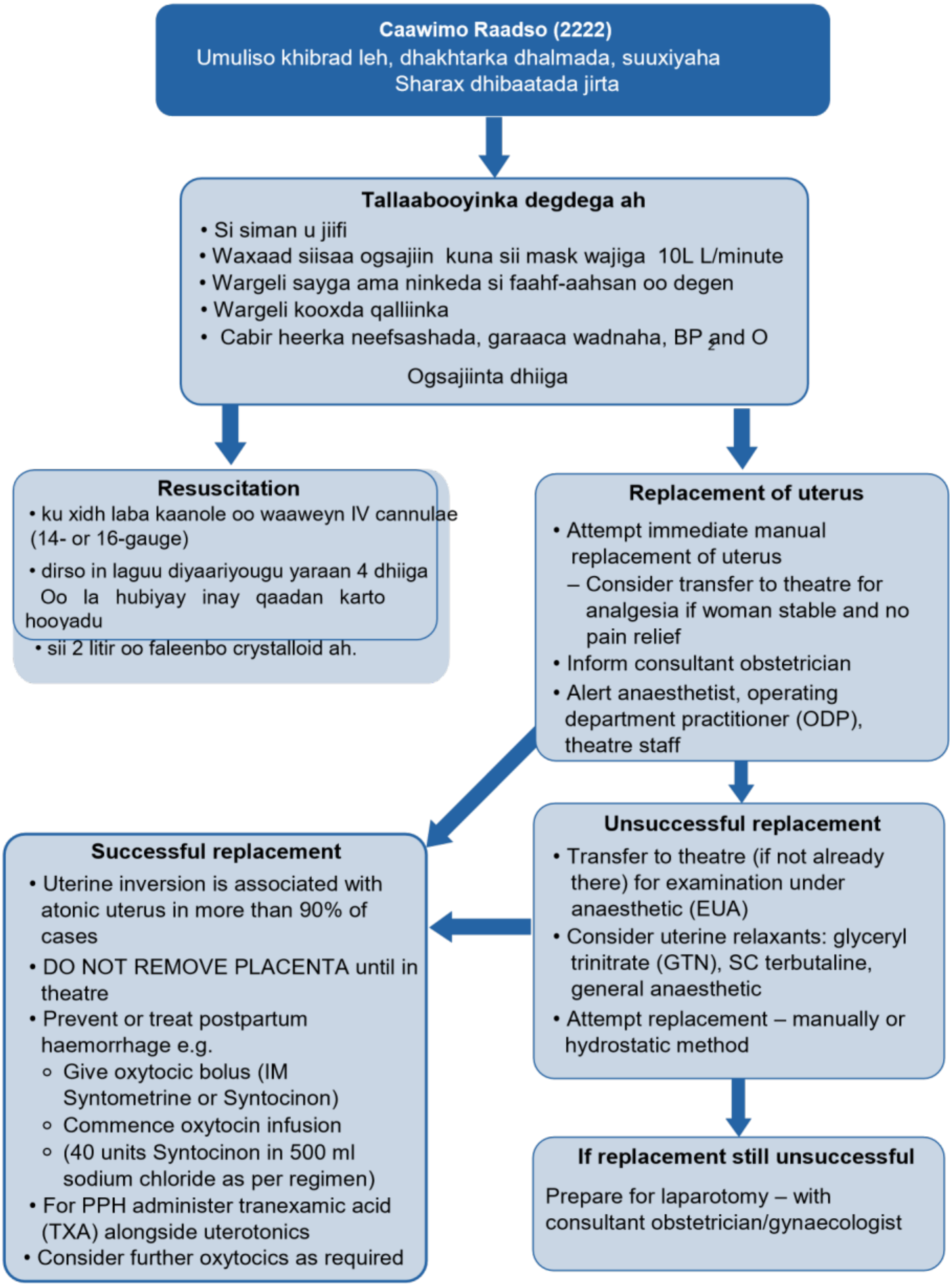
Jaantuska 5.2 Dib u habeynta gacanta ee ilmo galeenka rogan baadhista (diagnosis).

Habka ugu waxtarka badan ee lagu daweeyo shoogga hooyadada (maternal shock) waa in dib loo celiyo ilmo-galeenka (Fig. 5.2). Madheerta (placenta) ka saar KALIYA KA DIB marka aad dib u celiso ilmo-galeenka. Ilaa 90% haweenka ah waxaa ku dhaca dhiig-bax ka yimaada ilmogaleenka oo aan si fiican usoo ururin (atonic postpartum haemorrhage) ka dib marka uu ilmogaleenku dib u laabmo. U diyaargarow inaad maareyso!

- Caawimo dalbo
- Sii ogsijiin

Maaree shoogga hooyadada sida lagu qeexay cutubka. 4 (PPH) oo dib u celi ilmo galeenka isku mar.

5.3 Habraaca Talaabooyinka (Algorithm)



Jaantuuska 5.3 habraaca ilmageelnka dib u laabta [2]. (Reproduced with permission of the Licensor Through PLSclear)

5.4 Gunaanad

Ilmo-galeenka dib u laabma (uterine inversion) waa dhibaato dhif iyo naadir ah oo ku timaada dhalmada taas oo ay adkaan karto in la garto. Dib u celi ilmo-galeenka si degdeg ah oo maaree dhiig-baxa dhalmada ka dib.

Tixraac

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Cutubka 6

6. Dhiig-baxa Xiliga Uurka

6.1 Hordhac: Taariikh iyo Caddeymo

Dhiig-baxa xilliga uurka (APH) badanaa lama saadaalin karo wuxuuna khatar gelin karaa nolosha hooyadada uurka leh iyo ilmaheeda uurka ku jiraba. Dhiig-baxa yar ee mandheerta dhinacyadeeda (marginal placental bleeding) waa sabab caan oo keenta dhiig-baxa dhalmada ka hor (APH) ee sahlan, halka mandheerta oo hoos timaada (placenta praevia) iyo mandheerta oo go'da (placental abruption) ay badanaa mas'uul ka yihiin APH-ka daran. Qarxidda ilmogaleenka (uterine rupture), xilliga foosha, sidoo kale shilalka ka dib sida shilalka waddooyinka, waxay sidoo kale keentaa dhiig-baxa dhalmada ka hor ee daran. Dhiig-baxa ka yimaada xididdada ilmaha uurka ku jira ee u dhow afaafka ilmo-galeenka (vasa praevia), wuxuu sidoo kale sababi karaa dhiig-bax. Xitaa haddi qaddarka dhiig-baxa xubinta taranka gabadha uu kooban yahay, waxay u horseedi kartaa dhiig-yaraan daran oo ku dhacda ilmaha uurka ku jira iyo xataa dhimashadiisaba.

Vasa praevia way adkaan kartaa in la aqoonsado, labadaba baadhitaanka caafimaad iyo sawirka fiidiyowga (ultrasound). Xaaladaha badankood, dhiig-baxa ku yimaada xubinta taranka gabadha waa mid muuqda. Si kastaba ha ahaatee, APH (sida PPH) wuxuu kaloo ku qarsoonaan karaa ubucda ama gudaha ilmo-galeenka. Xaaladdan, calaamadaha iyo astaamaha shoogga (shock) / suuxidda hooyadada ayaa ah astaamaha ugu horreeya ee soo ifbaxaya.

Jadwalka 6.1 wuxuu soo bandhigayaa astaamaha caadiga ah ee sababaha kala duwan ee Dhiigbaxa dhalmada ka hor.

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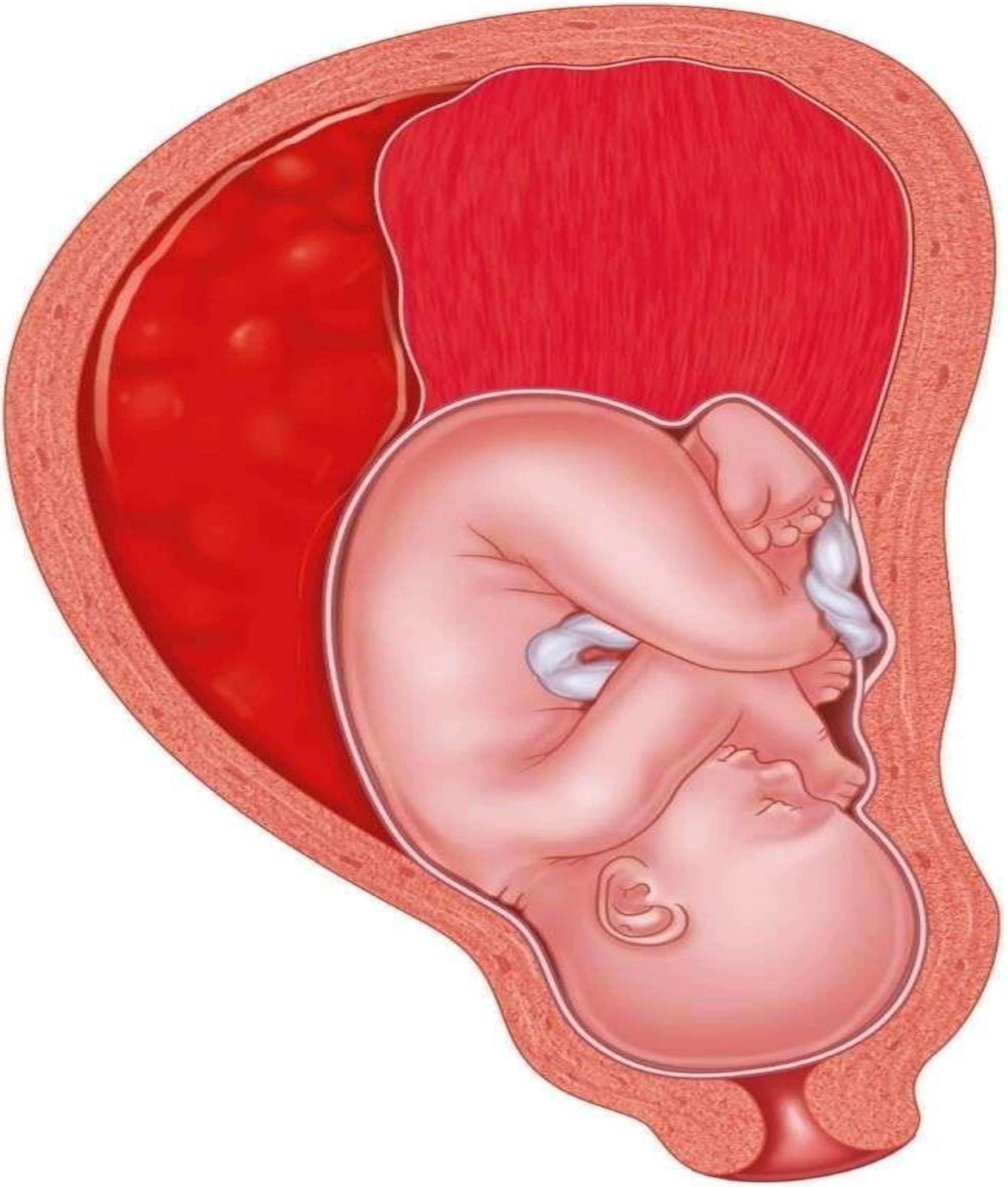


Jaantuuska 6.1Go'ista mandheerta ka hor wakhtigeeda

jadwalka 6. 1 *Calaamadaha guud iyo sababaha kala duwan ee dhiig-baxa uurka ka hor APH [1]*

Sababta	Calaamadaha suurtagalka ah ee soo bixi karta	Xaaladda Makaanka	Xaaladda ilmaha uurka ku jira khatarta/ sababaha	Waxyaabaha kordhiya gacan ka geysta

Mandheerta oo hoosta martay (Placenta praevia)	• • Dhiig-bax xubinta taranka ka yimaada oo aan xanuun lahayn • Positionka ilmaha oo sareeya ama jiif ah • Shoog (Shock)	• Aan xanuun lahayn oo jilicsan ama xoogaa fartu dhibayso (irritable)	• Waxay ku xidhan tahay inta dhiig ah ee luntay	• Positonka mandheerta oo hooseya oo lagu arkay sawirka uurka ka hor • Qalliin hore oo makaanka ah, tusaale Csection • Lagu beerayilmo (IVF)
Go'itaanka mandheerta (Placental abruption)	• Dhiigbaxani (wuu qarsoonaan karaa) • Xanuun joogto ah • Shoog (Shock) • Xaaladda ilmaha oo halis ku jirta (CTG aan caadi ahayn/dhiba ato muujinaya)	• • Wuu Xanuunaya , waa adayg (sida looxa), makaanka oo damqanaya.	• Waxay ku xidhan tahay dhiig-baxa iyo wakhtiga ka soo wareegay go'ista mandheerta.	• Inay horay u dhacday (ilaa 25% fursad ayay leedahay inay soo noqoto haddii laba go'itaan oo hore ay dhaceen) •Dhiigkarka uurka (Preeclampsia/hypertension) • Koritaanka lmaha uurka ku jira oo xaddidma ama yaraada (IUGR). • Isticmaalka •kookeynta. • Sigaarcabista • Dhaawaca caloosha. • Dhalmo aad u badan (Grand multiparity)

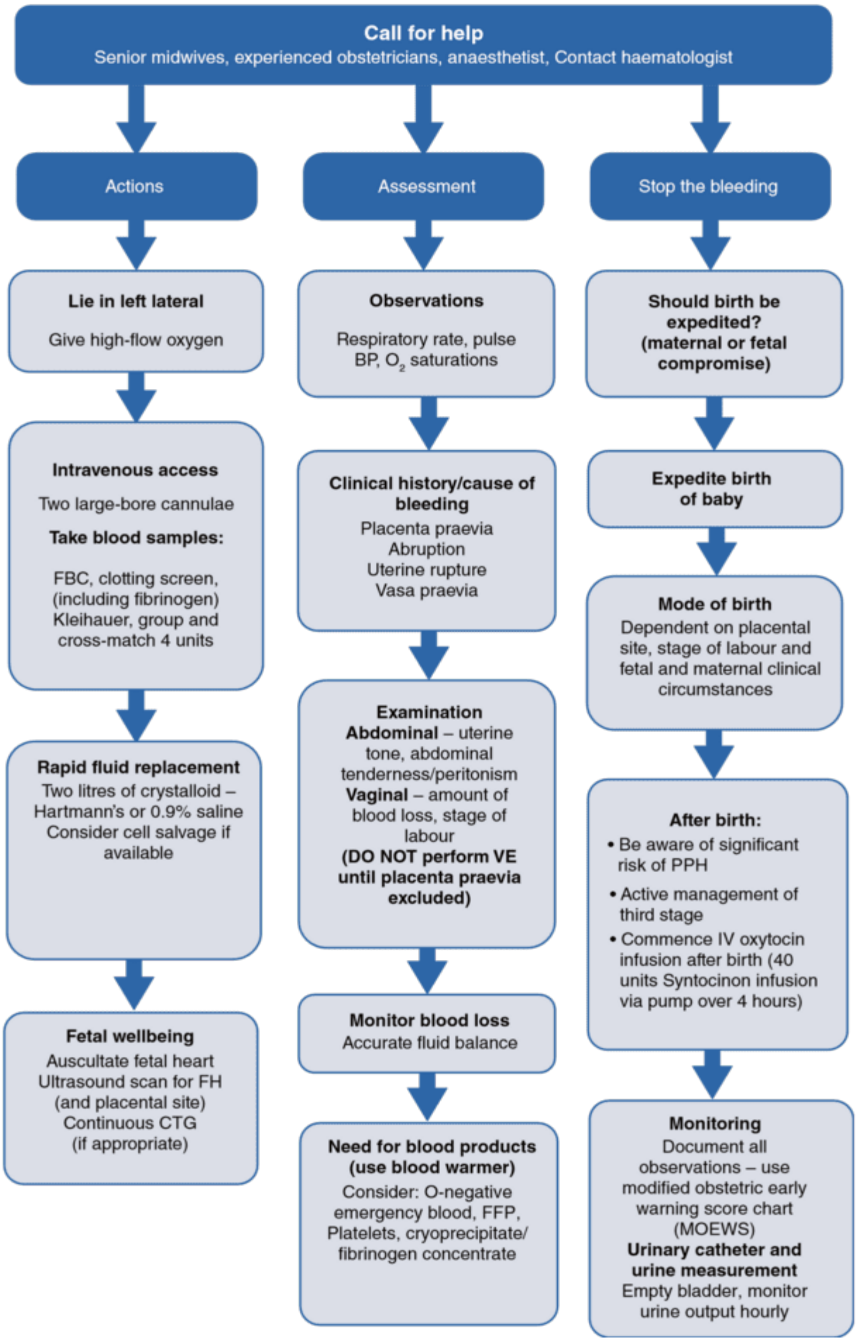
Qarxidda makaanka (Uterine rupture)	• • Waxa si degdeg ah u bilaabma xanuun qoto dheer (sharp) oo joogto ah. • Xanuun xuubka caloosha (Peritonism) • CTG aan caadi ahayn/cudur ah • Meelaynta ilmaha oo aan la gaari karin • Dhiig-bax (wuu qarsoonaan karaa) • Shoog (Shock) • Dhiig ku jira kaadidaHae maturia)	• Fooshu way joogsan kartaa	• • Suuragal in uu yeesho CTG aan caadi ahayn/dhibaato mujinaya •Ilmaha uurka ku jiraa oo laga dareemi karo dibadda makaanka	• Qalliin hore oo makaanka ah (Csaaridda - section, burooyinka makaanka, uur ku samaysamay bannaanka makaanka) • Dhalmo afar jeer ama ka badan • Dhaawac (trauma). • Iskubeerid a ilmaha. • Oxytocin inta lagu guda jiro foosha.
Xididdada dhiigga oo hoos mara afka makaanka (Vasa praevia)	• Dhiig-bax cusub oo xubinta taranka ka yimaada ka dib dillaaca xuubabka • Xaalad degdeg ah oo ilmaha yar halis ku jirta • Hooyadadu ma gasho shoog	• Caadi	• Xaalad degdeg ah oo ilmaha yar ee uurka ku jira halis ku jirta (CTG gaabis ah) • Dhimashada ilmaha yar ee uurka ku jira waa 33–100%	• • Mandheerta oo hooseysa • Qayb dheeraad ah oo mandheerta ah (Succenturiate lobe)

Dib ayaa loo daabacay iyadoo ogolaansho laga haysto the Licensor through PLSclear

6.2 Maaraynta

Maareynta dhiig-baxa xilliga uurka (APH) waxay u baahan tahay isku-dubba-ridka, iyo wadasocodka tallaabooyinka kala duwan. Isla mar ahaantaana, waa in la sameeyaa qiimeyn ku saabsan xaaladda hooyada, xaaladda ilmaha uurka ku jira, iyo sababta keentay dhiig-baxa. Tallaabooyinka gaarka ah ee la qaadayo waxay ku xidhan yihiin sababta iyo resources-ka la heli karo. Haddii qaddarka dhiigga lumay uu khatar gelinayo xaaladda hooyada uurka leh, tallaabooyinka dib u soo nooleynta (resuscitation measures) iyo joojinta dhiig-baxa si loo badbaadiyo nolosheeda waa inay mudnaanta koowaad yeeshaan.

Xaaladdan, dardar gelinta dhalmada waa in aan dib loo dhigin sababo la xidhiidha ilmaha uurka ku jira (tusaale ahaan, in la bixiyo steroids si loo gaadhsiiyo qaangaadhista sanbabada ilmaha uurka ku jira) iyadoo aan loo eegin da'da uurka (gestational age). Haddii ay jirto koox dhakhaatiirta carruurta ah, waa in loo yeedhaa si ay u daryeelaan ilmaha, dhalmada ka dib maadaama uu isna u baahan karo tallaabooyin dib u soo nooleyn ah ama dhiig shubis ah.



Jaantuska 6.2 *wuxuu sharxayaa mabaadi'da guud ee qiimeynta iyo maareynta dhiig-baxa (APH).*

Jaantuska 6.2 Qiimaynta Koowaad iyo Maaraynta APH [1]. (Reproduced with permission of the Licensor Through PLSclear)

6.3 Gunaanad

Dhiig-baxa xilliga uurka (APH) waa calaamad halisa oo ay keenaan sababo kala duwan, oo u dhexeeya kuwo fudud ilaa kuwo khatar gelin kara nolosha hooyada iyo ilmaha uurka ku jira labadaba. Go'aanka foolinta iyo dhalmaddu waa mid noqon kara mid aad u adag.

Tixraac

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Cutubka 7aad

7. Dhiig-karka Uurka iyo Suuxdinta La Xidhiidha

7.1 Hordhac: Taariikh iyo Caddeymo Qodobbada Muhiimka ah ee La Baranayo:

- Garashada calaamadaha iyo astaamaha pre-eclampsia ee wadata astaamo daran (severe pre-eclampsia).
- Fahamka darnaanta (severity) iyo dhibaatooyinka cadaadiska dhiigga ee aad u sarreeya (severe hypertension: cadaadiska dhiigga ee kasareeya systolic ≥160 mmHg).
- Aqoonta sida loo daweeyo cadaadiska dhiigga ee wata astaamaha daran.
- Maareynta suuxdinta eclampsia si sax ah oo degdeg ah.
- Barashadda nooca kormeerka ah ee ay u baahantahay hooyada qaadanaysa magnesium sulphate IV ah (xididka).

  Caqabadaha Joogtada ah:

- inaan si cad oo hufan loo sheegin dhibaatada.
- Ilaawidda in caawimaad loo yeedho, gaar ahaan dhakhtarka dumarka (obstetrician) ka iyo/ama dhakhtarka suuxinta (anaesthetist) ta.
- In aan lasiinin daaweyn ku filan oo cadaadiska dhiigga ee daran yaraysa ama dejisa. (cadaadiska dhiigga ee darani waa marka systolic ≥160 mmHg).
- Ku guuldareysiga xasilinta xaalada caafimaad ee hooyada ka hor inta aan la dedejin dhalmada.
- Ilaawidda in la sameeyo tallaabooyinka aasaasiga ah ee dib u soo nooleynta haddii ay dhacdo suuxdin eclampsia ah.

Ciladaha cadaadiska dhiigga ee sarreeya (hypertensive disorders), preeclampsia, iyo eclampsia waa sababta labaad ee ugu badan ee dhimashada hooyooyinka adduunka oo dhan. Cadaadiska dhiigga ee daran (severe hypertension: cadaadiska dhiigga marka systolic ≥160 mmHg) wuxuu si weyn u khatar geliyaa caafimaadka iyo nolosha hooyada iyo sidoo kale nolosha ilmaha uurka ku jira.

Daaweyn aan ku filneyn waxay u horseedi kartaa dhiig-bax maskaxda hooyada ah (maternal intracranial haemorrhage), taas oo markaa keenta cawaaqib xumo iyo saameyn xagga neerfaha ah oo aad u daran ama xitaa dhimasho. Dayacidda xakameynta cadaadiska dhiigga ee sarreeya waxay ka dhigan tahay guuldaro weyn oo ku timaadda daryeelka haweenka qaba preeclampsia ama eclampsia.

Qeexitaannada

Jadwalka 7.1, 7.2, 7.3, iyo 7.4 waxay soo bandhigayaan qeexitaannada preeclampsia, eclampsia, iyo cadaadiska dhiigga ee sarreeya.

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C. Monod et al., Simulation Training for Obstetric Emergencies in Low-Resource Countries, https://doi.org/10.1007/978-3-031-81931-5_7 ***jadwalka 7. 1*** *Qeexitaanka dhiig-karka, dhiig-karka joogtada ah, iyo dhiig-karka uurka la xidhiidha [10, 11]*

Xaaladda Caafimaad	**Qeexitaan**
Dhiig-kar xilliga uurka (Hypertension in pregnancy)	iska dhiigga oo ah ama ka sareeya ≥140 mmHg (systolic) ama ≥90 mmHg (diastolic) ama labadaba
karka daran ee xilliga uurka (Severe hypertension in pregnancy)	iska dhiigga oo ah ama ka sareeya ≥160 mmHg (systolic) ama ≥110 mmHg (diastolic) ama labadaba
)hiig-karka joogtada ah (Chronic hypertension)	ıadiska dhiigga oo ah ama ka sareeya ≥140 mmHg (systolic) ama ≥90 mmHg (diastolic) ama labadaba, kaas oo jiray uurka ka hor, ama ka hor 20 toddobaad uurkan, oo aan baabi'in ka dib dhalmada
-karka uurka la xidhiidha (Gestational hypertension)	iig-kar cusub oo soo baxa ka dib 20 toddobaad ee uurka, iyada oo aan lahayn barootiin badan oo kaadida ku jira (proteinuria)

jadwalka 7. 2 *Qeexitaanka WHO ee pre-eclampsia*

Xaaladda Caafimaad	**Shuruudaha baadhitaan ee lagu garto**
Pre- eclampsia	3ilaabashada dhiig-kar cusub xilliga uurka, vaxaana lagu ȝartaa: • Dhiig-kar joogto ah (cadaadiska dhiigga hoose ɔo ka bata ≥90 nmHg) **iyo** • Booratiin badan oo kaadida ku jira (>300mg/24 h baadhista kaadida oo muujiya barootiin 2+ ama 3+)
Eclampsia	Suuxdin guud (qallal), badanaaba lagu daro calaaamadaha pre-eclampsia

jadwalka 7. 3 Qeexitaan cusub oo pre-eclampsia ah (oo laga soo xigtay ururrada caalamiga ah)

Pre-eclampsia

Bilaabashada cusub ee dhiig-karka (cadaadiska dhiigga sare ≥140 mmHg s or ≥90 mmHg ka hoose) laba jeer oo kala fog 4 saacadood, ka dib 20 toddobaad ee uurka **iyo** jiritaanka mid ama in ka badan oo ka mid ah xaaladahan cusub ee soo socda:

- **Booratiin kaadida ku jira** (≥300 mg/24 Hr ama heerka protein/creatinine ≥30 mg/mmol ama 2+ marka la **baadh**o kaadida) **ama** cila**daha kale ee xubnaha hooyadada:**
- Kalyaha oo shaqeyn waaya (creatinine ≥0.9 mg/dL)
- Beerka oo ay saamayso (enzymes-ka beerka oo kor u kaca laba jeer heerka caadiga ah ama ka badan, iyadoo laga yaabo in xanuun ka jiro dhanka midig ee sare ee caloosha)
- Dhibaatooyinka neerfaha sida suuxdinta (eclampsia), miyirka oo isbedela, indho-la'aan, istaroowg, murqo-xanuun joogto ah (clonus), madax-xanuun daran, ama aragga oo isbedela (scotoma)
- Bărarka sanbabada (oedema)
- Dhibaatooyinka dhiigga sida xinjirowga oo yaraada (platelet count below 100,000/µL), dhiig xinjirow guud oo ka dhaca xididdada, ama burburka unugyada dhiigga cas.
-

Calaamadaha cilladda mandheerta sida koritaanka ilmaha yaroo dib u dhaca (ilmo ka yar sidkiisii) iyo dhimashada ilmaha xilliga uurka (stillbirth).

jadwalka 7. 4 Qeexitaanka xanuunka pre-eclampsia-ha ee leh calaamadaha halista ah, kaas oo laga soo xigtay ururrada caalamiga ah ee kala duwan" [2, 10, 12].

Qarka u saran inay isku beddesho suuxdin (eclampsia)

Pre-eclampsia leh dhiig-kar daran oo aan ka jawaabayn daawaynta ama ay la socdaan astaamahan:

- Madax-xanuun daran oo joogto ah ama soo noqnoqda
- Aragga oo khalkhal gala (shucaac yar yar ayaa dhex yaacaya, dhibco madow, ama iftiin bidhaamaya)
- Lalabo ama matag
- Xanuun dhinaca sare ee caloosha ah (bogga afkiisa)
- kaadida oo yaraata (Oliguria)
- Ka sii daridda natiijooyinka **shaybaadhka** dhiigga sida: kor u kaca barootiinka kelyaha (creatinine), kor u kaca ensaymka beerka (transaminases), ama hoos u dhaca unugyada xinjirowga dhiigga (platelets).

Qeexitaanka Ururka Caafimaadka Adduunka (WHO) ee preeclampsia wuxuu ku saleysan yahay cadaadiska dhiigga ee diastolic-ga oo sarreeya iyo joogitaanka borotiinka kaadida (proteinuria). Si kastaba ha ahaatee, tiro aan la iska indho tiri karin oo kiisas ah, preeclampsia ama eclampsia waxay isu badalaan si aan caadi ahayn oo degdeg ah, halkaas oo borotiinka kaadida uusan soo bixin ama uu soo baxo oo kaliya waqti dambe. Sidaa darteed, qeexitaannada cusub uma baahna borotiinka kaadida si loo ogaado preeclampsia ama eclampsia. Cadaadiska dhiigga ee sarreeya ee la xidhiidha ugu yaraan hal cillad oo ku dhacday xubin (organ) hooyadada ah ayaa ku filan in lagu ogaado cudurka.

Intaa waxaa dheer, waxaa muhiim ah in la tixgeliyo cadaadiska dhiigga ee systolic-ga ah sidoo kale. Cadaadiska dhiigga ee systolic-ga ah ee sarreeya ayaa ah go'aamiyaha aasaasiga ah ee dhibaatooyinka maskaxda hooyada sida dhiig-baxa maskaxda. Tan laguma tixgelin jirin qeexitaannadii hore ee preeclampsia. Qeexitaannada cusub ee preeclampsia waxay beddeleen ereyga "pre-eklaamsiyo daran" una beddeleen "pre-eklaamsiyo leh astaamo daran" si loo xoojiyo in pre-eklaamsiyadda fududi aysan u gudbin mid daran si toos ah.
Xaaladaha badankood, horumarka cudurka iyo samaysanka astaamaha daran waa mid aan la saadaalin karin, waana in hooyada si dhow loola socdaa dhammaan marxaladaha cudurka. Dhowr arrimood oo halis ah (Jadwalka 7.5) ayaa hooyada uurka leh u diyaariya inay ku dhacdo pre-eklaamsiya, laakiin cudurku wuxuu ku dhici karaa haweeney kasta oo uur leh.

Suuxdinta Eclampsia (Eclamptic Fit)

Eclampsia waxay ku timaadaa suuxdin guud—gacmaha iyo madaxa oo ruxma, midabka oo buluug noqda (cyanosis), qofka oo qaniina carrabkiisa, iyo luminta kaadida ayaa sidoo kale dhici karta badanaa xaaladan loo yaqaan eklaamshiyaha.

jadwalka 7. 5 *Dhibaatooyinka hooyadada ku dhaca ee ka dhasha (dhiig-karka) pre-eclampsia, laga soo xigtay [5]*

Dhibaatooyinka hooyadada ee dhiig-karka (pre-eclampsia)

- Dhiiga ku furma madaxa gudihiisa (Intracranial haemorrhage): (waana sababta ugu weyn ee dhimashada ka dhalata pre-eclampsia/eclampsia)
- Mandheerta oo ka soo go’da gidaarka makaanka (Placental abruption)
- Eclampsia: (suuxdin xilliga uurka ama dhalmada)
- Cilladda HELLP (HELLP syndrome): (haemolysis/kala burburka unugyada dhiigga cas, kor u kaca ensaymyada beerka, hoos u dhaca unugyada xinjirowga dhiigga)
- Xinjirowga dhiigga ee jidhka guud ahaan ku faafa (Disseminated intravascular coagulation - DIC)
- Shaqaynta kelyaha oo istaagta (Renal failure)
- Biyaha sambabada gala (Pulmonary oedema)
- Cilladda neefsashada degdegga ah oo daran

jadwalka 7. 6 *Dhibaatooyinka ilmaha uurka ku jira ee ka dhasha (pre-eclampsia), oo laga soo xigtay [5]*

Koritaanka ilmaha oo xoog u yaraada
Oksajiinta oo ku yaraata maskaxda Mandheerta oo gidaarka
ka soo go’da
Hooyada oo dhasha ilma aan sidkiisi dhamaysan

Dhibaatooyinka ilmaha uurka ku jira ee ka dhasha preeclampsia (Foetal complications of preeclampsia):

- Korriinka ilmaha uurka ku jira oo gaabiya (Intrauterine Growth Restriction - IUGR): **Sababtoo ah mandheerta oo aan helin dhiig ku filan [1].**
- Ilmaha oo aan shinkiisa dhamaysan (Premature birth): **Badanaa waxaa looga dhaliyaa ilmaha si degdeg ah si loo badbaadiyo hooyada ama ilmaha [2].**
- Mandheerta oo soo go'da (Placental abruption): **Taas oo horseedi karta dhiig-bax gudaha ah iyo ogsijiin la'aan soo gaadha ilmaha [1].**

- Ogsijiin la'aan (Hypoxia): **Tan waxay keeni kartaa dhibaatooyin dhanka neerfaha ah ama dhimashada ilmaha uurka dhexdiisa Stillbirth) [2].**
- Dhimashada ilmaha uurka ku jira ama ilmaha dhashay (Perinatal mortality) [1].

***jadwalka** 7. 7 Calaamadaha iyo astaamaha preeclampsia (Pre-eclampsia)*

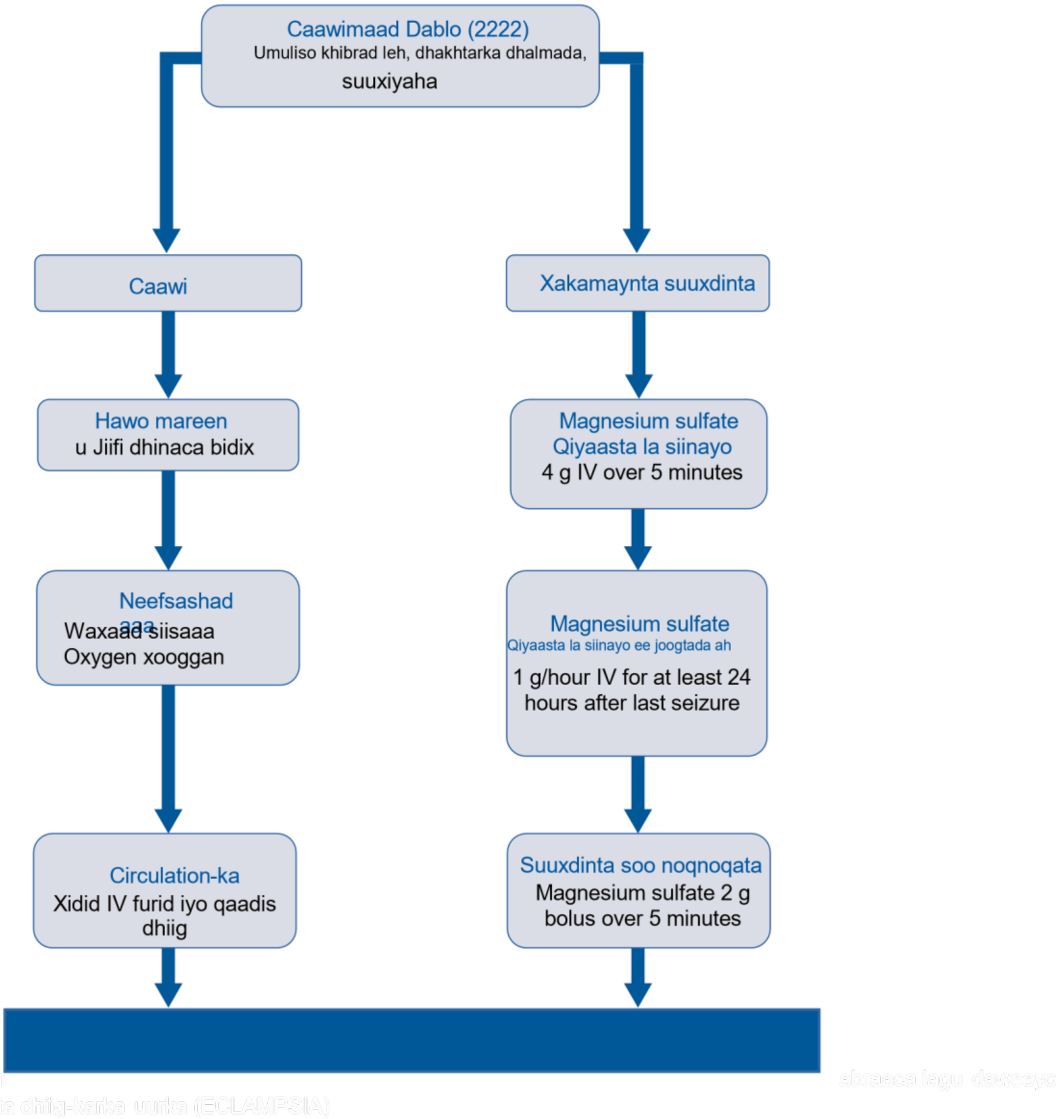
Madax xanuun
Khalkhal ku yimaada araga
Matag (hunqaaco
Xanuun ama jileec laga dareemo barta caloosha ee sare (epigastric) ama qaybta sare ee midig ee caloosha.
Kordhista falceliska neerfayaasha (Hyperreflexia) oo ay weheliso ama aanay la socon ruxanka muruqu (clonus).
Barar (gaar ahaan bararka wejiga) ama biyaha sambabada gala (pulmonary oedema).
Dhiig-kar cusub (Hypertension).
Borotiinka ku jira kaadida (Proteinuria).
Hoos-u-dhac degdeg ah oo ku yimid natiijooyinka dhiigga ee la xiriira unugyada (haematological) iyo kimisteriga dhiigga (biochemical).

Astaamaha iyo calaamadaha gariirka (eclampsia) waa kuwo iskood u istaagaya (self-limiting) oo soconaya wax ka yar 90 ilbidhiqsi.
Calaamadaha iyo astaamaha suuxdinta eclampsia iskood bay u joogsanayaan waxayna socdaan wax ka yar 90 ilbiriqsi. Hooyooyinka qaba eclampsia waxay inta badan la kulmaan cudurro daran oo la socda (sida lagu sharxay Jadwalka 7.6). Ilmaha ayaa sidoo kale leh halis sare oo dhimasho ah xilliga dhalmada (perinatal mortality) (Jadwalka 7.7).

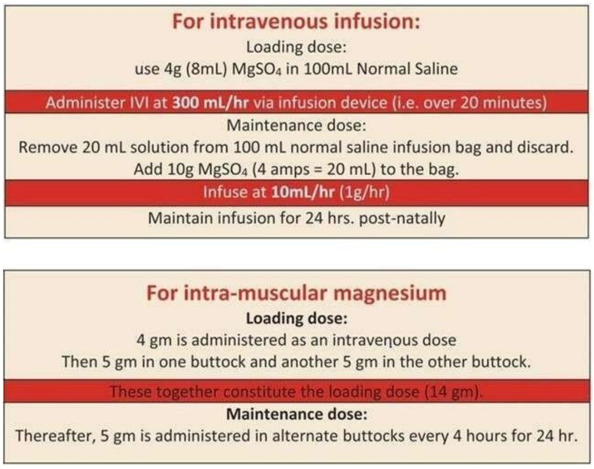
Preeclampsia, mandheertu uma shaqeyso si habboon, xaalad loo yaqaan 'ku filnaan la'aanta mandheerta' (placental insufficiency), taas oo keenta dhibaatooyin dhowr ah oo ilmaha uurka ku jira iyo ilmaha dhashay sida lagu sharxay Jadwalka 7.7.
Preeclampsia waa cillad saameysa habdhisyo badan (multisystem disorder). Calaamadaha iyo astaamaha ay muujiso ayaana ka tarjumaya xaqiiqadan. Calaamadaha iyo astaamaha ay tahay inay walaac kiciyaan in hooyadu ay qabi karto pre-eklaamsiya ayaa lagu sharxay Jadwalka 7.8.

7.2 Maareynta Preeclampsia ee Wadata Astaamo Daran iyo Eclampsia

Maareynta ugu horeysa ee eclampsia waxaa ka mid ah tallaabooyinka taageeridda ee aasaasiga (basic) ah, xakameynta suuxdinta, iyo ka hortagga soo noqnoqoshadooda iyadoo la isticmaalayo magnesium sulphate, iyadoo la doorbidayo in xididka la marsiiyo (IV).
Qiimeynta hore iyo maareynta preeclampsia leh...



Jaantuska 7.1. Maareynta ugu horeysa ee pre-eclampsia ee wadata astaamo daran [5]. (Waxaa tixraac loo isticmaalay iyadoo ogolaansho laga haysto the Licensor Through PLSclear)



For intravenous infusion:

Loading dose:
use 4g (8mL) $MgSO_4$ in 100mL Normal Saline

Administer IVI at **300 mL/hr** via infusion device (i.e. over 20 minutes)

Maintenance dose:
Remove 20 mL solution from 100 mL normal saline infusion bag and discard.
Add 10g $MgSO_4$ (4 amps = 20 mL) to the bag.

Infuse at **10mL/hr** (1g/hr)

Maintain infusion for 24 hrs. post-natally

For intra-muscular magnesium

Loading dose:
4 gm is administered as an intravenous dose
Then 5 gm in one buttock and another 5 gm in the other buttock.

These together constitute the loading dose (14 gm).

Maintenance dose:
Thereafter, 5 gm is administered in alternate buttocks every 4 hours for 24 hr.

Jaantuska 7.2 Habka Magnesium ee preeclampsia iyo eclampsia [3]. (Xuquuqda daabacaada 2024 oo ogolaansho laga haysto Elsevier)

astaamaha daran ama severe features iyo (pre-eklaamsiyo daran) asal ahaan waa isku mid. Inkasta oo preeclampsia leh astaamaha daran aysan suuxdin weli dhicin, haddana waa in la bixiyaa magnesium sulphate si looga hortago. Jaantuska 7.2 wuxuu muujinayaa habka magnesium-ka ee preeclampsia iyo eclampsia.

7.2.1.1 Sanduuqa Degdegga ah ee 'Pre-eclampsia/Eclampsia'

Waa faa'iido in la haysto sanduuqa degdegga ah ee preeclampsia/eclampsia oo ay ku jiraan dhammaan agabka, daawooyinka, iyo tilmaamaha deegaaneed ee muujinaya tallaabooyinka maareynta iyo qiyaasaha daawooyinka, diyaarna u ah in lagu isticmaalo qolka dhalmada ama qolka degdegga ah. Waxay badbaadisaa waqti qaali ah marka la maareynayo hooyo qabta xaaladahan waxayna ka caawisaa kooxda inay ay abaabulan yihiin.

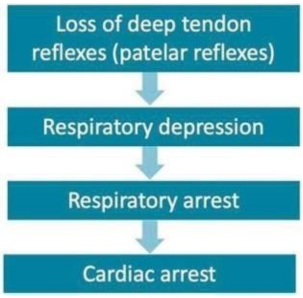
Dumarka qaba eclampsia, isticmaal kaliya magnesium sulfate si loo maareeyo suuxdinta.

7.2.1.2 Ku sumoobista Magnesium Sulphate (Magnesium Sulphate Toxicity)

Kelyaha ayaa soo saara magnesium sulphate. Haddii qaddarka kaadida ee la soo saaro uu caadi yahay, waxaa jirta khatar yar oo ah in hooyada lagu daweynayo dawaddan hab joogto ah oo magnesium sulphate ah ay la kulanto ku sumoobista magnesium-ka.

Jaantuska 7.3 Sanduuqa degdega ah ee preeclampsia/eclampsia

Jaantuska 7.4 4 Calaamadaha iyo astaamaha sumawga (ku sumoobista) magnesium sulfate. (Waxaa laga soo qaatay [5])



jadwalka 7. 8 *Waxyaabaha la qabanayo haddii ay dhacdo ku sumoobista magnesium sulphate (Magnesium sulphate toxicity) laga soo xigtay [5]*

Joogsiga wadnaha iyo neefsashada (Cardiopulmonary arrest) inta la siinayo magnesium sulphate:

- Jooji infusion-ka magnesium sulphate
- Bilaw badbaadinta/dib usoo noolaynta hooyada (maternal resuscitation)
- Ka sii 10% calcium gluconate 10 mL xididka gudihiisa (IV) muddo 10 daqiiqo gudahood ah
- Sii wad dhaqdhaqaaqyada soo noolaynta (reanimation manoeuvres) ilaa neefsashadu ka soo laabato

Si kastaba ha ahaatee, haddii hooyadu ay noqoto mid kaadi yar (oliguria) (qaddarka kaadida ee la soo saaro <100 mL in ka badan 4 saacadood), khatarta ku sumoobista ayaa kordheysa.

Xaaladahan, bixinta kaliya qiyaasta bilowga ah (loading dose) ee magnesium sulphate marka la soo galo isbitaalka ayaa noqon karta ikhtiyaar. Daawada xididka la marinayo waa in la joojiyaa haddii hooyada ay horey u qaadanaysay qiyaasta joogtada ah (maintenance dose). Xaaladda qaddarka kaadida oo yaraada, heerarka magnesium sulphate waa in lagu go'aamiyaa dhiigga (heerka daaweyntu waa 2–4 mmol/L). Calaamadaha iyo astaamaha ku sumoobista magnesium sulphate, iyo sidoo kale tallaabooyinka degdegga ah ee haddii ay dhacdo in ku sumoobidda magnesium-ka ay sare kacdo, ayaa lagu muujiyay Jaantuska 7.4 iyo Jadwalka
7.9).

7.2.2 Xakameynta Cadaadiska Dhiigga ee Sarreeya (Hypertension)

** Hoos u dhigista cadaadiska dhiigga ee sarreeya waxay badbaadin kartaa naf. Sidaa darteed, daaweynta cadaadiska dhiigga ee sarreeya si degdeg ah oo wx ku ool ah waa mid lama huraan ah. Cadaadiska dhiigga ee sarreeya wuxuu hooyada gelinayaa khatar dhiig-bax maskaxda ah, cawaaqib xumo neerfaha ah, iyo dhimasho. Cadaadiska dhiigga ee systolic-ga ah ee sarreeya ayaa ka dhigan khatarta ugu weyn ee dhiig-baxa maskaxda (Fig. 7.5). **

Cadaadiska dhiigga ee la hiigsanayo (target) xilliga pre-eclampsia/eclampsia

Systolic:135 mmHg: waa cadaadis dhiig oo la hiigsanayo oo wanaagsan

Diastolic: 85 mmHg: waa cadaadis dhiig oo la hiigsanayo oo wanaagsan

Tilmaamaha (recommendations) intooda badan waxay ku taliyaan in la isticmaalo nifedipine afka laga qaato (oral), alpha methyldopa, beta blockers oo ay ku jiraan labetalol xididka/murqaha laga qaato (parenteral), ama hydralazine xididka/murqaha laga qaato (parenteral). Sidaa darteed, dawooyinkan ayaa u muuqan kara inay yihiin doorashooyin macquul ah.

Severe Hypertension

Manifestation: Systolic BP ≥160 mm Hg or diastolic BP ≥110 mm Hg
Objective: Systolic BP <160 mm Hg and diastolic BP <110 mm Hg within 180 min
Management: Choose one of the following four classes of drugs and the preferred route and timing of administration
If BP control is not achieved despite maximal doses, move to another class of medication
If BP control is not achieved by 360 min despite 2 medications, consult critical care, consider ICU admission, stabilize and deliver (if undelivered)

First-Line Drug	Route of Administration and Dosage Units	0 Min	30 Min	60 Min	90 Min	120 Min	150 Min
Labetalol	Oral — mg	200	—	200	—	200	—
	Intermittent IV — mg	10–20	20–40	40–80	40–80	40–80	40–80
	IV infusion — mg/min	0.5–2.0	→	→	→	→	→
Nifedipine	Oral capsule — mg	5–10	10	—	10	—	10
	Oral tablet (PA/MR) — mg	10	—	10	—	10	—
Hydralazine	Intermittent IV — mg	5	5–10	5–10	5–10	—	—
Methyldopa	Oral (if other medications unavailable or for in utero transfer without monitoring) — mg	1000	—	—	—	—	—

Jaantuska 7.5. Daaweynta dhiig-karka daran (Xuquuqda daabacaadda © 2024, Bulshada Caafimaadka ee Massachusetts. Dib ayaa loo daabacay iyadoo ogolaansho laga haysto Bulshada Caafimaadka ee Massachusetts)

7.2.3 Kormeerid (Monitor)

Hooyada waa in si joogto ah loola socdaa, maadaama xaaladdeeda ay si degdeg ah uga sii dari karto. Kormeerka iyo xaaladeedaba waa in si sax ah loo diiwaan geliyaa.

- Cadaadiska dhiigga, garaaca wadnaha, iyo heerka neefsashada waa in la qaadaa 15-kii daqiiqo ee kasta ilaa ay xaaladeeddu ka degayso, ka dibna 30-kii daqiiqo ee kasta.
- Katiitar waa in la geliyaa, waxaana la kormeeraa qaddarka kaadida (urine output) ee saacad kasta la soo saaro.
- Heerka ogsijiinta ee dhiigga waa in la kormeeraa saacad kasta.
- Dhiig ayaa la qaadaa 6–24-kii saacadood ee kasta (haddii ay suurtagal tahay: tirinta dhiigga oo dhan, **baadh**itaanka dhiigga, urea, urate, creatinine, elektrolytka, iyo **baadh**itaannada shaqada beerka).

Haddii ay hooyadadu qaadanayso magnesium sulphate, si dheeraad ah hubi:

- Falcelinta tendons ee qotoda dheer (deep tendon reflexes) saacad kasta (gaar ahaan jilibka).
- Heerka neefsashada saacad kasta.

JOOJI Magnesium Sulphate haddii:

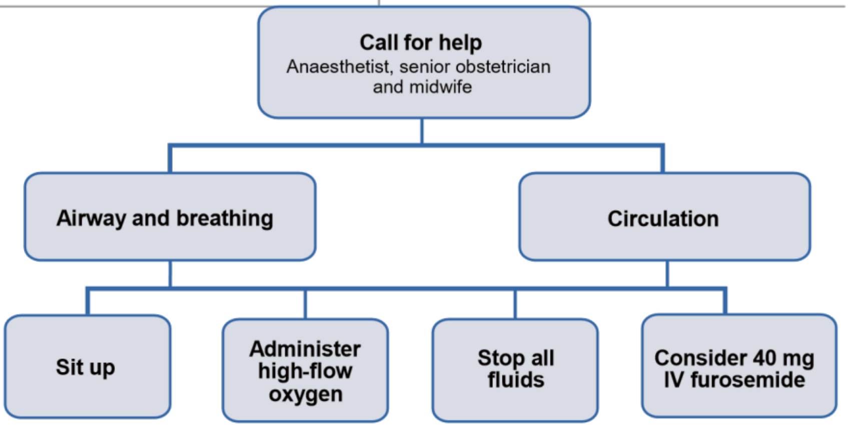
- Ay jirto lumis falcelinta tendons ka ama seedaha.
- Ay jirto kaadi yaraan (qaddarka kaadida <100 mL/4 saac).
- Heerka neefsashada uu ka yar yahay 16 neefsi/daqiiqadii.
- Heerka ogsijiinta uu ka yar yahay 90%.

7.2.3.1 Kormeerka/ la socodka Isku-dheelitirka Fluids iyo Ka Hortagga Bararka Sanbabada (Pulmonary Oedema)

Dumarka qaba preeclampsia wadata astaamo daran ama eclampsia waxay halis ugu jiraan inay ku dhacaan barar sanbabeed. Waxaa lagu qeexaa in dareere uu ku ururo sanbabada sababtoo ah dareere xad-dhaaf ah (fluid overload), waxaana laga yaabaa inay u horseeddo shaqada neefsashada oo istaagta. Sidaa darteed, la socoshada inta dareere ah ee la qaadanayo iyo qaddarka kaadida ee la soo saarayo waa mid aad muhiim u ah. Guud ahaan qaadashada dareeraha (oo ay ku jiraan dhammaan daawooyinka xididka laga siiyay, dareeraha afka laga qaato, iyo kuwa laga qaato muruqa) waa in aanay ka badnaan 1 mL/kg/saacaddii (qiyaastii 80 mL/saacaddii). Calaamadaha iyo astaamaha bararka sanbabada ayaa lagu sharxay Jadwalka 7.10 iyo Jaantuska 7.6.

jadwalka 7. 9 Astaamaha iyo calaamadaha bararka sambabada (pulmonary oedema) laga soo xigtay [5].

Astaamaha iyo calaamada dareeraha sambabada gala (pulmonary oedema)	
Neefsi gaabni	Neefsasho degdeg ah
Awood la'aanta inay jiifsato	Garaaca Wadnaha oo degdeg
Awood la'aan inay ku hadasho jumlad dhamays-tiran	cod sambabada ah- crackles
Wareer iyo irritblity	Hoos u dhaca ogsajiinta dhiga
	Isu-dheelitirka dareeraha xad-dhaafka ah
	Xab xumbo leh (Frothy sputum)



Jaantuska 7.6 Maaraynta of pulmonary oedema [5]. (Reproduced with permission of the Licensor Through PLSclear)

Jaantuuska 7.6 maaraynta bararka sambabada ku yimaada

7.2.4 Samaynta Qorshayaasha Dhalmada [8]

Dejinta hooyada ka hor inta aan la samayn qorshayaasha dhalmada ama foosha!

Daaweynta kaliya ee kama dambaysta ah ee preeclampsia/eclampsia waa ka dhalinta ilmaha. Kahor inta aan la qorsheyn dhalmada, hooyada waa in lagu dejiyaa magnesium sulphate iyo daawooyinka lagu yareeyo cadaadiska dhiigga. Go'aanka ka foolinta (induce labour) ama samaynta qalliinka (caesarean section) waxaa lagu gaadhaa, si gaar ah iyadoo la tixgelinayo da'da uurka, darnaanta ama samaysmitaanka preeclampsia, iyo xaaladda hooyada. Ka dib suuxdin eklaamsiyo ah, xasili hooyada oo dedeji dhalmada.

- ❖ Haddii uurka uu ka yar yahay 34 toddobaad, waa inaad si dheeraad ah uga wada hadashaan qaangaadhsiinta sanbabada ilmaha uurka ku jira. Waxaa jirta isku raac guud ah in dhalmadu ay noqoto hadafka haddii haweeneydu ay gaadhey 37 toddobaad.
- ❖ Kahor 34–36 toddobaad, faa'iidada maareynta sugitaanka ee ilmaha uurka ku jira waa in lagu dheelitiraa khatarta hooyada. Kahor 34 toddobaad, go'aanku xitaa waa mid aad u adag. Haddii ilmaha uurka ku jiraa uu gaadhay heerka uu noolaan karo oo haweeneyda xaaladeedddu ay dagan tahay oo ku filan in dhalmada dib loo dhigo 48

saacadood, markaa waa inaad samaysaa qaangaadhsiinta sanbabada ilmaha uurka ku jira adoo isticmaalaya corticosteroids si waafaqsan habraacyada ama guidlines deegaankaaga.

❖ Haddii xaaladda haweeneydu ay ka sii darto ka hor 48 saac, ka dhali ilmaha si loo ilaaliyo nolosha hooyada.

7.2.5 Dhalmada ka dib

Daawada magnesium sulphate ee muruqa laga siinayo waa in la sii wadaa ugu yaraan 24 saacadood dhalmada ka dib. Xaaladda hooyada oo ka sii daraysa iyo suuxdin eklaamsiya ah ayaa dhici karta dhalmada ka dib. Sidaa darteed, waa inaad sii waddaa kormeerka joogtada ah dhalmada ka dib ilaa haweeneydu ay ka noqoto mid degan gebi ahaanba.

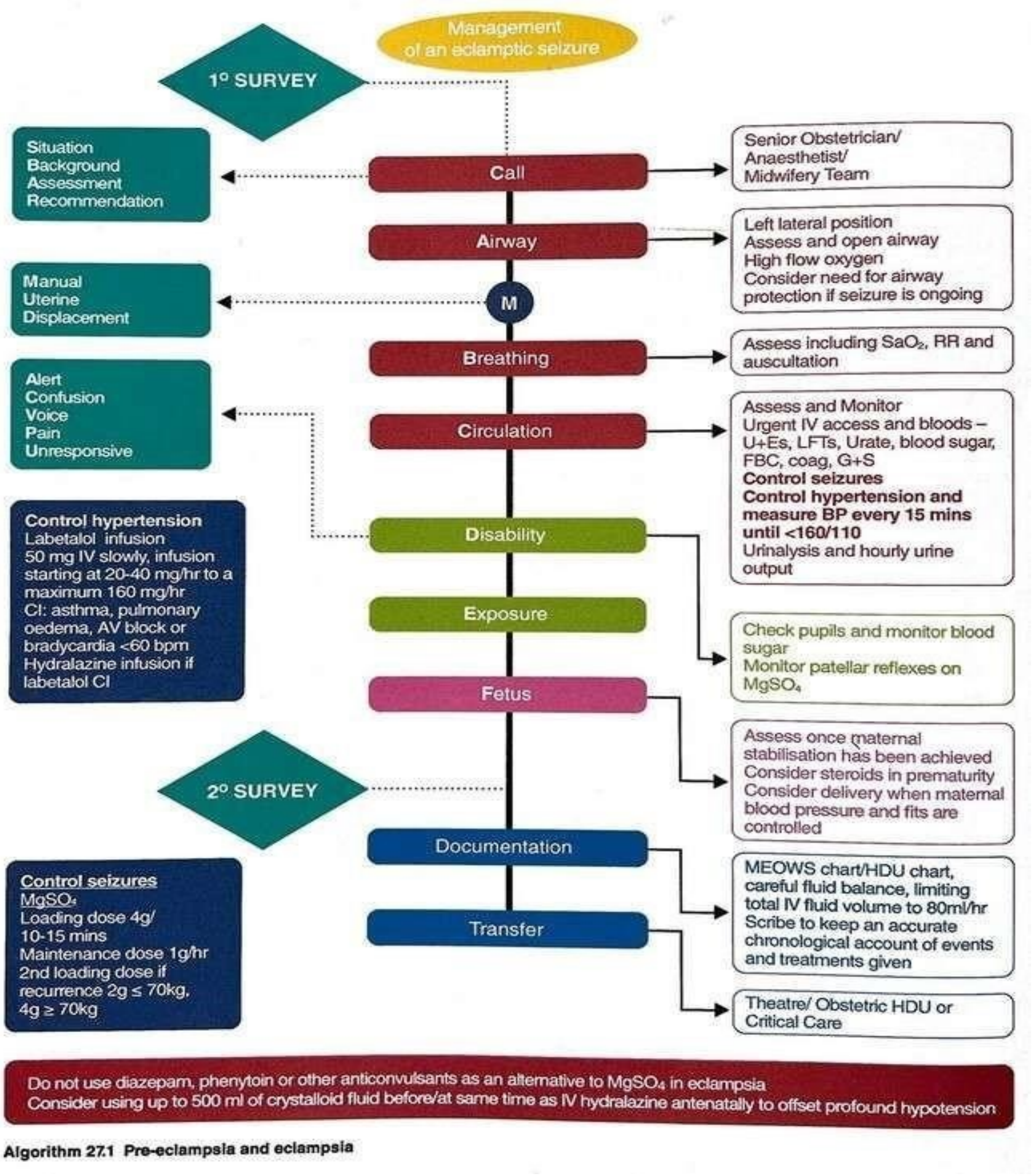
7.2.6 Wareejin (Transfer)

Haddii haweeney qabta pre-eklaamsiya ama eklaamsiya ay timaado xarruun daryeel caafimaad lagu bixiyo (xanaano), waa in loo wareejiyaa isbitaalka ugu dhow sida ugu dhakhsaha badan. Qiimeynta hore, ka hortagga suuxdinta iyadoo la isticmaalayo magnesium sulphate, iyo xakameynta cadaadiska dhiigga waa in ay dhacaan ka hor inta aan hooyada la wareejin, waana in dhammaan tallaabooyinka si taxadar leh loo diiwaan geliyo si loogu gudbiyo isbitaalka kale.

7.2 Habraaca (Algorithm)

Habraaca (algorithm) ee maareynta preeclampsia iyo eclampsia waxa lagu muujiyay Jaantuska 7.7.

Jaantuska 7.7. Maareynta pre-eclampsia iyo eclampsia [9]. (Waxa dib loo daabacay iyadoo ogolaansho laga haysto shirkadda bixisay ruqsadda PLSclear)



7.4 Gunaanad

Xakameynta cadaadiska dhiigga ee sarreeya iyo ka hortagga suuxdinta soo noqnoqota iyadoo la isticmaalayo magnesium sulphate, iyo sidoo kale dhalmada ilmaha oo waqtigeeda dhacda, waxay noqon karaan kuwo badbaadin kara hooyada uurka leh waxayna ka hortagi karaan waxyeeladda daran ee soogaadha neerfaha.

Tixraac

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Cutubka 8

8. Caabuqa Hooyada uurkaleh/Umusha

8.1 Hordhac: Taariikh and Caddeymo

Qodobada Muhiimka ah ee cutubkan Lagu Baranayo:

- In la garto (la fahmo) caabuqan ku dhaca hooyada uurkaleh
- In lagu baraarugsanaado baahida muhiimka ah ee siinta antibiyootigga xididka IV-ga iyo dheecaanada (ama dareerayaasha).
- In la barto talaabooyinka cilmiga ah ee gargaarka deg-dega ah ee caabuqa ku dhaca hooyada uurkaleh

Caabuqa hooyada uurkaleh (Jaantuska 8.1), waa caabuq culus oo ku dhaca haweenka xaamilooyinka ah inta ay uurka leeyihiin, marka ay umulaan, ama marka ay dhalaan ilmo dhicis ah. Caabuqani waxa uu ka mid yahay waxyaabaha sababa dhimashada hooyada uurkaleh iyo umusaha, waxaanu ku jiraa kaalinta saddexaad waxyaabaha sababa dhimashada hooyada uurkaleh iyo umusha, ka dib dhiig-baxa dhalmada (postpartum haemorrhage) iyo dhiig karka (hypertensive disorders) [1]. Sanadkii 2016, waxa ay hay'adda World Health Organization (WHO) soo bandhigtay qeexitaanka caabuqa hooyada uurkaleh iyo umusha "maternal sepsis." Qeexitaankaas waxaad ka dheehataa Jaantuska 8.1.

8.1.1 Maaraynta Caabuqa Hooyada uurkaleh iyo Umusha

8.1.1.1 Garashada Caabuqa

Daawaynta caabuqani waxa uu ku xidhan yahay kolba sida ugu dhakhsaha badan ee loo daaweeyo hooyada uurkaleh ama umusha. Hadaba, si markiiba loo daaweeyo caabuqan, waxaa muhiim ah in la garto (la fahmo) caaquban noocan uu yahay. Marka la garto (la fahmo) caaqubu inuu yahay caabuqa ku dhaca hooyada uurkaleh iyo umusha (maternal sepsis), waxaa fududaanaysa in si degdeg ah loo daweeyo hooyada uurkaleh ama umusha. Hadaba, waxay dhibaato badani ka jirtaa sidii loo garan lahaa caabuqan. Sababtoo ah, astaamaha (symptoms) lagu garto caabuqani maaha astaamo cayiman oo markiiba la garan karo. Hooyada uurkaleh, umusha, gabadha dhiciska dhasha, ama gabadha ilmaha lagasoo xaaqay 6 wiig ee u danbeeyey, waxay khatar aad u wayn ugu jiraan inuu ku dhaco caabuq marka la bar-bar dhigo dadka kale ee qaan-gaadhka ah (Fig. 8.2).

Haweenayda uu caabuqani ku dhaco waxaa lagu garanayaa marka ay yeelato astaamahan soo socda:

- Inay u muuqato qof xanuunsanaya.
- Inay u muuqato qof dawakhsan
- In heer-kulka jidhkeedu uu sareeyo ama uu hooseeyo
- Inay leedahay cadaadiska dhiiga oo hooseya (blood pressure) iyo wadne garaac sii kordhaya
- Inay ay kaadideedu yaraato
- Inuu neefsigeedu aad u badan yahay

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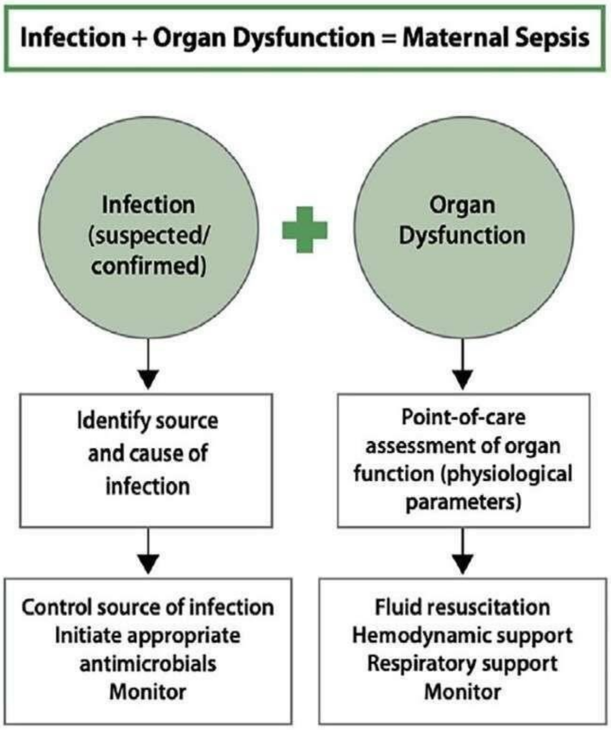
C. Monod et al., *Simulation Training for Obstetric Emergencies in Low-Resource Countries*, https://doi.org/10.1007/978-3-031-81931-5_8

Jadwalka 8. 1 *Qeexitaanka cusub ee WHO ee dhiigsumowga hooyada (maternal sepsis).*

Qeexitaanka dhiig-sumowga hooyada Qeexitaanka cusub ee WHO 2016



Jaantuska 8.1 Qeexitaanka Caabuqa (sepsis) ee WHO sanadka 2016

Caabuqani waxa uu halis geliyaa nolosha hooyada, isagoo khal-khal gelinaya xubnaha jidhka ugu muhiimsan; waana caabuq ku dhaca hooyada uurkaleh, umusha, umusha dhiciska dhasha, iyo marka ay haweenaydu umusho ka dib.
Xiggasho: Xuquuqda daabacaadda © 2024 **WHO, 2016 [2]**

Baadhitaanka Caabuqa
Baadhitaanka caabuqan waxaa sidoo kale lagu samayn karaa iyadoo la adeegsanayo hab cusub oo lagu magacaabo obstetrical modified qSOFA (sequential [sepsis-related] organ failure assessment) ama omqSOFA. Waxaa kaliya ee uu habkani baadhaa calaamadaha bukaansocodka (clinical parameters). waa hab si deg-deg ah usoo kala cadaynaya inuu bukaan-socodku caabuqa qabo iyo in aanu qabin. Natiijada kasoo baxda baadhitaankan way ka deg-deg badan tahay natiijada kasoo baxda shaybaadhada caadiga ah; maadaama shaybaadhadu ay u baahan yihiin wakhti dheeraad ah oo ay ku ogaadaan caabuqan. Qiimeyntiisu waa mid degdeg ah oo si fudud loo fulin karo. Natiijada omqSOFA ≥2 waxa ay tilmaamaysaa bukaan-socod hospitaalka jooga, oo caabuqu gaadhsiiyay halis sare oo dhimasho ah. Hooyada leh natiijadan waxa loo arkaa bukaan halis ah waana in oo loo maareeyo si waafaqsan xaaladdeeda (Jaantuska 8.2).

Dalbo caawimaad sida ugu dhakhsaha badan marka aad ka shakido inuu caabuqu jiro, maadaama waqtiga u dhaxeeya ogaanshaha caabuqa iyo bilaabidda daaweyntiisu uu yahay mid muhiim u ah badbaadada!

AVPU (oo loosoo gaabiyey: alert [baraarugsanaan]; voice [codka]; pain [xanuun]; unresponsive [aan jawaabi karaynin]) waxaa loo isticmaalaa in lagu ogaado in bukaan-socodku uu baraarugsan yahay iyo in aanu baraarugsanayn (Jaantuska 8.3).

Waa in aad sida ugu dhakhsaba badan loo baadhaa waxa sababaya caabuqa (Jaantuska 8.4).

Baadhida Isha Caabuqa (Source of Infection)

Waa in si degdeg ah loo qiimeeyaa isha suuragalka ah ee caabuqa (Jaantuska 8.4):

1. Caabuqa Ilma-galeenka (Uterine infection)

Xilliga uurka:

Ilmaha uurka ku jiraa ma leeyahay wadne garaac ka badan 160 bpm (tachycardia foetal)? OO Ma jirtaa in hooyada biyu ka jabeen (prolonged rupture of membranes) ama in lagu sameeyay faragelin gudaha ilmo- galeenka ah (intrauterine invasive procedure)?

Dhalmada ka dib: o Ma leedahay xanuun caloosha ah? o Ma bararsan tahay caloosheedu? o Ma jiraa dheecaan si xun u uraya oo ka imaanaya xubinta taranka? o Ma jiraan dhiig-bax ka imanaya xubinta taranka ama calaamado kale oo muujinaya infekshan gudaha ah?

Jaantuska 8.2 Caabuqa hooyada: Calaamadaha iyo Astaamaha (Laga soo xigtay: WHO2017, Qeexitaanka iyo Maamulka Sepsis-ka Hooyada [3], Xuquuqda daabacaadda © 2024)

Caabuqa Nabarka: Ma muuqdaa dhaawac xubinta taranka agteeda ah ama goobta qaliinka **caesarean ma u muuqataa** mid casaan ah, bararsan, kulul, ama xanuun leh?
Caabuqa kaadida: Ma dareemaysaa xanuun ama gubasho kaadida, ama xanuun dhabarka ah?
Mastitis puerperalis/Abscess-ka naaska: naasku ma leeyahay calaamadaha caabuqa, (sida casaan, barar, kulayl, ama xanuun?

Jadwalka 8. 2 *Miisaanka AVPU ee Qiimeynta Heerka Miyirka*

Evaluation of level of consciousness: AVPU scale

- **A—Alert (baaraarugsanaan):** Way soo jeedaa, waanay baraarugsan tahay.
- **V—Voice (Cod):** marka lala hadlo, codka way maqlaysaa
- **P—Pain (way damqanaysaa):** marka la xanuunjiyo (la qaniino ama ma qanjiidhiyo) way dareemaysaa.
- **U—Unresponsive (aan ku baraarugsanayn):** hadii lala hadlo ama la xanuunjiyo ma dareemayso.

Jadwalka 8. 3 *Noocyada jeermiska ee ku lugta leh sepsis-ka hooyada* ***[4] Infection: Pathogens***

Bacterial—common: Group A-beta-haemolytic Streptococcus(GAS) pyogenes
Escherichia coli
Group B Streptococcus
Klebsiella pneumoniae Staphylococcus aureus
Streptococcus pneumonia
Proteus mirabilus
Anaerobic organisms

Bacterial—less common *Haemophilus influenza*
Listeria monocytogenes
Clostridium species
Mycobacterium tuberculosis

Viral: Influenza
Varicella zoster virus
Herpes simplex virus
Cytomegalovirus

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Caabuqa neef-mareenka/Oof-wareenka (Respiratory infection / pneumonia): Ma leedahay qufac, xanuun cunaha oo daran, ama neefsasho kakan?
Meningitis: Ma dareemaysaa madax xanuun xooggan iyo xanuun dhabarka ah ama calaamado neerfaha kale?
Calaamado kale oo muujinaya infekshan: Isla waqtigaas waa in sidoo kale la qiimeeyaa calaamadaha muujinaya halis ("redflags"; Jaantuska 7.5). Sidaas awgeed waa in la cabbiraa cadaadiska dhiigga, garaaca wadnaha, tirada neefsashada, iyo haddii la heli karo, heerka oksijiinta dhiigga. Weydii hooyada (ama qofka la socda haddii ay miyir la'dahay) inay kaadiday 18-kii saacadood ee u dambeeyay.
Haddii mid ama in ka badan oo ka mid ah calaamadaha halista (red flags) hoos ku xusan ay jiraan:
● Jawaab celin keliya marka lala hadlo ama xanuun la saaro / ama aanay jawaab bixin.
● Cadaadiska dhiigga (systolic) ≤ 90 mmHg. ● Garaaca wadnaha > 130 bpm.

●Tirada neefsashada ≥ 25 neefsasho daqiiqaddii.

● U baahan oksijiin si heerka oksijiinta dhiigga uu ugu sii jiro ≥ 92 %.
● Fin aan caddaan noqon marka la riixo, ama maqaarka oo mottled, cawlan ama buluug ah (ashen/cyanotic).
● Ma uusan kaajin bukaanku 18-kii saacadood ee u dambeeyay.
● Soo-saarista kaadida oo ka yar < 0.5 mL/kg/saacaddii

Haddii midkood ama labaduba ay jiraan, si degdeg ah u bilow dariiqa daaweynta "Sepsis Six" (Jaantuska 7.6).

8.1.1.2 Daawaynta Caabuqa

Ujeeddadu waa in tallaabooyinka "Sepsis Six" la fuliyo saacad gudahood laga bilaabo shakiga

- Marka koowaad. Dalbo gargaar isla markiiba — Dakhtar ama suuxiye haddii ay suurtagal tahay.
- Sii oksijiin.
- Ka qaad dhiig ama shaybaadho (kaadi, xubinta taranka cunaha, lumbar puncture haddii loo baahdo) si loo aqoonsado isha infekshanka; qorshee xakameynta caabuqa iyo waqtiga dhalmada.
- Samee tijaabooyin dhiig: FBC, urea iyo electrolytes, shaqada beerka, xinjirowga, iyo lactate haddii la heli karo.
- Sii antibiotic IV ballaadhan iyadoo la raacayo borotokoolka maxalliga ah; hubi xasaasiyadda bukaanka ka hor.
- Sii faleenbooyin IV (normal saline) ilaa 30 mL/kg (qiyaastii 2 L).
- Cabbir kaadida si joogto ah.
- La soco neefsashada, cadaadiska dhiigga, garaaca wadnaha, iyo heerka oksijiinta dhiigga.
- La soco garaaca wadnaha ilmaha (intermittent auscultation).

8.1.1.3 Antibiyootigga (jeermis dile)

Waxaa lagama maarmaan ah in **antibiotic IV** lagu siiyo **1 saac gudihii** laga bilaabo shakiga sepsis halis ah, iyadoo ay jirto ama aanay jirin septic shock. Dhimashadu waxay kordhaysaa celcelis ahaan **7.6 % saacaddii** haddii daawaynta ku habboon dib u dhacdo. Tallaabooyin dheeraad ah ayaa laga yaabaa in loo baahdo iyadoo ku xidhan isha infekshanka:

- Chorioamnionitis (Infekshanka madheerta): (kicinta foosha ama qalliinka cesarean).
- Wax soo hadhay ama mandheerta aan dhammaystirnayn: waxaa laga yaabaa in loo baahdo kazoo xaadhid.
- Abscess-ka naaska ama dhaawac kale: waxaa loo baahan karaa jeexid iyo in biyaha laga sii daayo.
- Pneumonia: waxa lagama maarmaan ah sawirka laabta (raajato).

Hooyada uurka leh waxay u iman kartaa marxalad hore oo infekshanka ah. Xaaladdan, inkastoo calaamaduhu ay fududaan karaan, waa in si dhammaystiran loo qiimeeyaa loona bilaabaa daaweyn degdeg ah si looga hortago fiditaanka caabuqa.
Calaamadaha "Amber Flags" ee Caabuqa:

- Miyirka hooyada oo bedelma
- Hoos u dhac degdeg ah oo ku yimaadda awoodda shaqo ee jirka.
- Tirada neefsashada oo u dhaxaysa 21–24 neefsasho daqiiqaddii ama neefsasho adag.
- Garaaca wadnaha oo u dhexeeya 100–130 bpm ama arrhythmia cusub.
- Cadaadiska dhiigga (systolic) oo u dhexeeya 91–100 mmHg.
- Kaadi la'aan 12–18 saacadood ee u dambeeyay.
- Heerkulka jirka oo ka hooseeya <36 °C
- Qalliin ama faragelin gudaha ah oo la sameeyay 6-dii toddobaad ee u dambeeyay (qalliinka cesarean, ilmo qubtay wm).
- Biyaha oo jabay mudo dheer ka hor (prolonged rupture of membranes).
- Dhiig-bax, infenkshanka nabarka, ama dheecaan ka yimaada xubinta taranka.
- Garaaca wadnaha ilmaha oo aan degganayn ama tachycardia >160 bpm.

8.1.1.4 Daryeelka Cisbitaalka ka dib

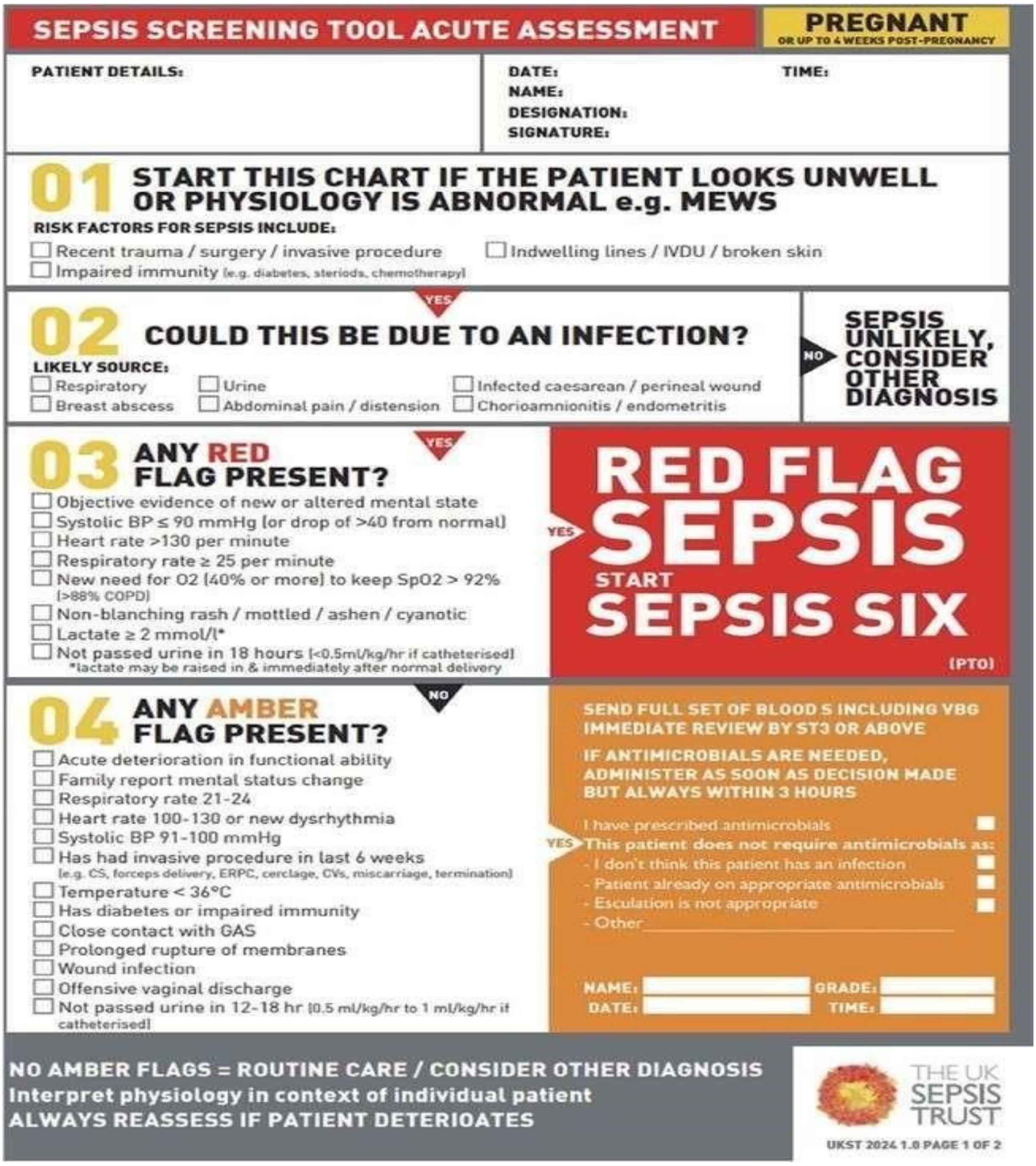
Hooyada uurkaleh ee gasha xaaaladda sepsis badanaa waxay u baahan tahay kormeer dhow oo joogto ah oo ku saabsan cadaadiska dhiigga, garaaca wadnaha, heerkulka jidhka, iyo kaadida waxaa lagu haynayaa meel gudaha isbitaalka ah oo kormeer noocan ah lagu xaqiijin karo, sida qolka umulisada ama haddii la heli karo qaybta daryeelka dheeraadka ah **(ICU)**.

8.1.1.5 Baadhitaanka Ilmaha

Haddii la tuhmo in chorioamnionitis ay sabab u tahay sepsis-ka hooyada, ilmaha waxaasidoo kale ku jira halis sare oo infekshan ah, waana in dhakhtar caruurta (paediatrician) uu si degdeg ah u baadho ilmaha ka dib dhalmada. Haddii hooyadu weli dhalin, waxaa laga yaabaa in loo baahdo dedejinta dhalmada iyada oo la adeegsanayo dawooyinka ka foolinta ama qalliinka cesarean.

8.1.1.6 Ka Hortagga Infekshanka iyo Caabuqa

Faahfaahinta dhamaystiran ee tallaabooyinka ka hortagga infekshanka iyo sepsis-ka ma aha mawduuca buuggan, hase yeeshee waxaa muhiim ah in la xasuusto in xeerarka nadaafadda fudud, sida: gacmo-dhaqid joogto ah oo biyo iyo saabuun ama jeermis-dile ah lagu sameeyo, iyo habdhalmo nadiif ah, waxay yeelan kartaa saameyn weyn oo wax ku ool ah oo ku saabsan ka hortagga infekshanka hooyada iyo ilmaha ilmaha uurka ku jira ah.



SEPSIS SCREENING TOOL ACUTE ASSESSMENT

PREGNANT
OR UP TO 4 WEEKS POST-PREGNANCY

PATIENT DETAILS:

DATE: **TIME:**
NAME:
DESIGNATION:
SIGNATURE:

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR PHYSIOLOGY IS ABNORMAL e.g. MEWS

RISK FACTORS FOR SEPSIS INCLUDE:

- ☐ Recent trauma / surgery / invasive procedure
- ☐ Indwelling lines / IVDU / broken skin
- ☐ Impaired immunity (e.g. diabetes, steriods, chemotherapy)

YES

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- ☐ Respiratory
- ☐ Urine
- ☐ Infected caesarean / perineal wound
- ☐ Breast abscess
- ☐ Abdominal pain / distension
- ☐ Chorioamnionitis / endometritis

NO ▶ **SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS**

YES

03 ANY RED FLAG PRESENT?

- ☐ Objective evidence of new or altered mental state
- ☐ Systolic BP ≤ 90 mmHg (or drop of >40 from normal)
- ☐ Heart rate >130 per minute
- ☐ Respiratory rate ≥ 25 per minute
- ☐ New need for O2 (40% or more) to keep SpO2 > 92% (>88% COPD)
- ☐ Non-blanching rash / mottled / ashen / cyanotic
- ☐ Lactate ≥ 2 mmol/l*
- ☐ Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

*lactate may be raised in & immediately after normal delivery

YES ▶ **RED FLAG SEPSIS**
START SEPSIS SIX
(PTO)

NO

04 ANY AMBER FLAG PRESENT?

- ☐ Acute deterioration in functional ability
- ☐ Family report mental status change
- ☐ Respiratory rate 21-24
- ☐ Heart rate 100-130 or new dysrhythmia
- ☐ Systolic BP 91-100 mmHg
- ☐ Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, cerclage, CVs, miscarriage, termination)
- ☐ Temperature < 36°C
- ☐ Has diabetes or impaired immunity
- ☐ Close contact with GAS
- ☐ Prolonged rupture of membranes
- ☐ Wound infection
- ☐ Offensive vaginal discharge
- ☐ Not passed urine in 12-18 hr (0.5 ml/kg/hr to 1 ml/kg/hr if catheterised)

YES ▶

SEND FULL SET OF BLOOD S INCLUDING VBG
IMMEDIATE REVIEW BY ST3 OR ABOVE

IF ANTIMICROBIALS ARE NEEDED, ADMINISTER AS SOON AS DECISION MADE BUT ALWAYS WITHIN 3 HOURS

I have prescribed antimicrobials ☐
This patient does not require antimicrobials as:
- I don't think this patient has an infection ☐
- Patient already on appropriate antimicrobials ☐
- Esculation is not appropriate ☐
- Other ____________

NAME: ______ **GRADE:** ______
DATE: ______ **TIME:** ______

NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS
Interpret physiology in context of individual patient
ALWAYS REASSESS IF PATIENT DETERIOATES

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Jaantustka 8.3 Calaamadaha darnaanta ee caabuqa hooyada: calaamadaha cas. Dukumeentigan lama cusboonaysiin doono si waafaqsan cusboonaysiinta UK trust.

SEPSIS SCREENING TOOL - THE SEPSIS SIX

PREGNANT
OR UP TO 4 WEEKS POST-PREGNANCY

PATIENT DETAILS:

DATE: TIME:
NAME:
DESIGNATION:
SIGNATURE:

COMPLETE ALL ACTIONS WITHIN ONE HOUR

01 ENSURE ST3+ ATTENDS, CALL CONSULTANT
NOT ALL PATIENTS WITH RED FLAGS WILL NEED THE 'SEPSIS 6' URGENTLY.
A SENIOR DECISION MAKE MAY SEEK ALTERNATIVE DIAGNOSES/ DE-ESCALATE CARE.
NAME: GRADE:
TIME

02 OXYGEN IF REQUIRED
START IF O2 SATURATIONS LESS THAN 92% - AIM FOR O2 SATURATIONS OF 94-98%
IF AT RISK OF HYPERCARBIA AIM FOR SATURATIONS OF 88-92%
TIME

03 SEND BLOODS INCLUDING CULTURES
BLOOD CULTURES, VBG, BLOOD GLUCOSE, LACTATE, FBC, U&Es, LFTs, CRP AND CLOTTING
LUMBAR PUNCTURE IF INDICATED, CONSIDER RAPID PATHOGEN ID
TIME

04 GIVE IV ANTIBIOTICS, CONSIDER DELIVERY
MAX. DOSE BROAD SPECTRUM THERAPY (CONSIDER ESCALATION IF ALREADY ON ANTIBIOTICS)
CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS
EVALUATE NEED FOR IMAGING/ SPECIALIST REVIEW TO HELP IDENTIFY SOURCEIF SOURCE
AMENABLE TO DRAINAGE ENSURE ACHIEVED ASAP BUT ALWAYS WITHIN 12H
TIME

05 GIVE IV FLUIDS
IF LACTATE > 2mmol/L OR SBP < 90 mmHg GIVE 500mL over 15 min AND CALL
ITU REPEAT IF NO IMPROVEMENT.
TIME

06 MONITOR
USE EARLY WARNING SCORE e.g. MEWS. MEASURE URINARY OUTPUT: THIS MAY REQUIRE A URINARY
CATHETER. REPEAT LACTATE HOURLY IF INITIAL LACTATE HIGH OR CLINICAL CONDITION CHANGES
TIME

RED FLAGS AFTER ONE HOUR - ESCALATE TO CONSULTANT NOW
Monitor at least every 30 mins using early warning score e.g. MEWS

RECORD ADDITIONAL NOTES HERE:

e.g. allergy status, arrival of specialist teams, de-escalation of care, delayed antimicrobial decision making, variance

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UKST 2024 1.0 PAGE 2 OF 2

Jaantuuska. 8.4 Management of maternal sepsis: sepsis six pathway [7]. This document will not be updated in line with the updates of UK trust

8.1.3 Gunaanad

Ka digtoonow suurtagalnimada in haweeney ay qabto caabuq daran (sepsis) xilliga uurka iyo ilaa lix toddobaad ka dib. Qodobada muhiimka u ah maareyn guuleysata waa in la garto caabuqa oo si degdeg ah loo qaado tallaabooyin lagu daweeyo. Xusuusnow in labadan qodob ee muhiimka ah ay noqon karaan kuwo adag in la gaaro, maadaama calaamadaha iyo astaamaha caabuqa ay noqon karaan kuwo aan gaar ahayn.

Tixraac

1. WHO. WHO statement on maternal sepsis. WHO; 2017.
2. World Health Organization. WHO recommendations for prevention and treatment of maternal peripartum infections. WHO; 2015.
3. Global Maternal and Neonatal Sepsis Initiative. GLOSS the global maternal sepsis study. WHO; 2020.
4. Bowyer L, Robinson HL, Barrett H, Crozier TM, Giles M, Idel I, et al. SOMANZ guidelines for the investigation and management sepsis in pregnancy. Aust N Z J Obstet Gynaecol. 2017;57(5):540–51.
5. McNarry AF, Goldhill DR. Simple bedside assessment of level of consciousness: comparison of two simple assessment scales with the Glasgow Coma scale. Anaesthesia. 2004;59(1):34–7.
6. Shields A, de Assis V, Halscott T. Top 10 pearls for the recognition, evaluation, and management of maternal sepsis. Obstet Gynecol. 2021;138(2):289–304.
7. The UK Sepsis Trust. 2020.

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Cutubka 9aad

9. Adkaanta Garabka/ Rakashada Ilmaha (Shoulder Dystocia)

9.1 Hordhac: Taariikh iyo Caddeyn

9.1.1 Qeexid

Adkaanta garabku rakashada ilmaha (shoulder dystocia) waxaa lagu qeexaa inay tahay dhalmo xubinta taranka gabadha ah oo madaxa ilmaha horay u soo baxay, laakiin u baahan faragelin umuliso oo dheeraad ah si loo soo saaro ilmaha uurka ku jira ka dib markii madaxii soo baxay oo uu dadaalka jiidista tartiibka ah uu ku guuldareystay. Badanaa, garabka hore ayaa ku xidhma lafta simfisiska hooyada. Marar aan caadi ahayn, garabka dambe ayaa ku xayirma lafta dhabarka hoose (sacral promontory). Jaantusyada 9.1 iyo 9.2 waxay muujinayaan hababka adkaanta garabka.

Adkaanta garabku waa xaalad degdeg ah oo aan la saadaalin karin taas oo yeelan karta cawaaqib xumo weyn. Heerka ay dhacdo waxa lagu qiyaasaa qiyaastii 0.6–0.7% ee dhalmada caadiga ah. Xitaa maareyn habboon, adkaanta garabku waxa lala xidhiidhin karaa cudurro iyo dhimasho badan oo hooyada iyo ilmaha ah. Hase yeeshee, waxaa lagu qiyaasaa in dhaawacyada hooyada iyo ilmaha ee ku dhowaad kala bar kiisaska ay sababeen daryeel aan heerka loo baahan yahay ahayn waana laga hortegi karayay.

Aad ayay muhiim u tahay in la aqoonsado arrimaha halista ka hor iyo inta lagu jiro dhalmada, inkasta oo qof kasta oo bixiya daryeel caafimaad oo ku lug leh dhalmada uu waajib ku yahay inuu u diyaar garoobo dhacdadan oo uu awood u yeesho inuu isticmaalo tallaabooyinka lagama maarmaanka ah wakhti kasta. Arrimaha halista waxa lagu taxay Jadwalka 9.1.

Hal dariiqo oo lagu sawirayo xaaladda ayaa ah in la qiyaaso gaadhi xamuul ah oo ku xayirmay buundo hoosteeda, halka darawalku uu sii wado cadaadiska gaaska, taas oo kaliya ka sii daraysa dhibaatada. Sidoo kale, in madaxa ilmaha uurka ku jira la jiido inta garabku ku xayiran yahay gadaasha lafta simfisiska ma sii daynayso ilmaha. Taas beddelkeeda, jiidista xad-dhaafka ah waxay keentaa fiditaan khatar ah oo ku yimaada neerfayaasha ka imanaya laf-dhabarka (koox neerfayaal ah oo loo yaqaan 'brachial plexus') kuwaas oo shaqeysiiya gacanta (Jadwalka 9.2; Fig. 9.3). Natiijadu waa dhaawac ama xitaa jeexid ku timaada neerfayaashaas taas oo keenta curyaanimo gacanta iyo addinka ilmaha ah.

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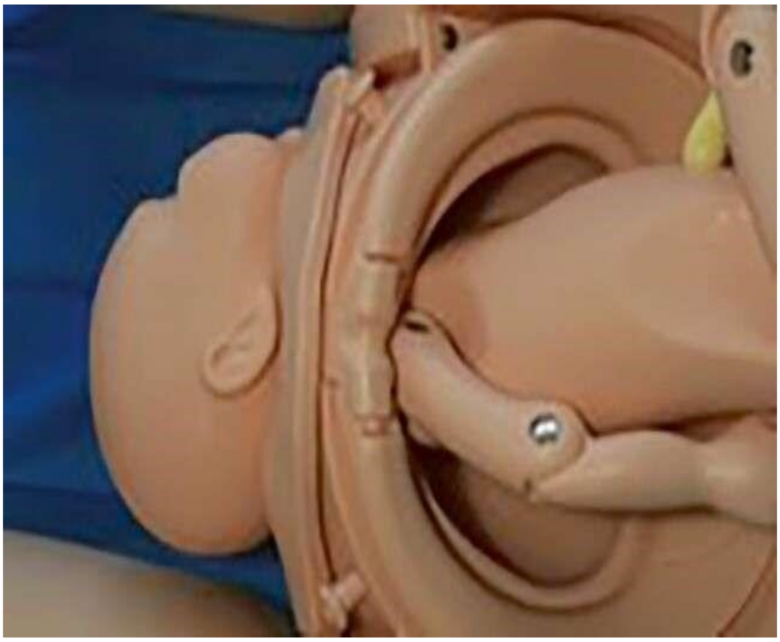
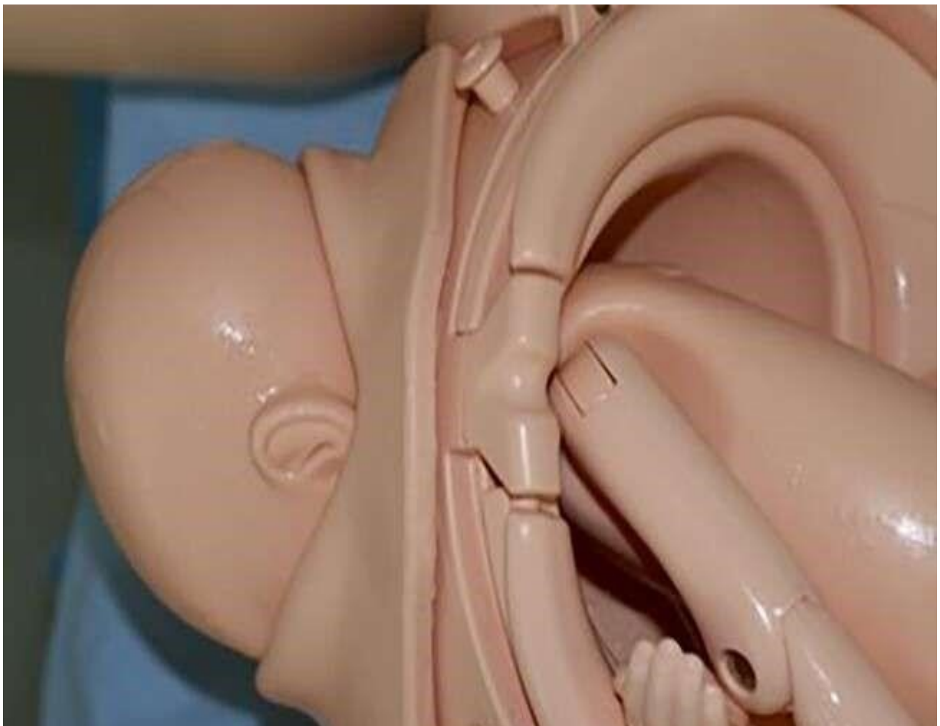
C. Monod et al., *Simulation Training for Obstetric Emergencies in Low-Resource*



Countries;https://doi.org/10.1007/978-3-031-81931-5_9

Jaantuuska 9.1 Habka adkaanta garabka: garabka midig ee hore ee ilmaha uurka ku jira oo ku xayirmay gadaasha lafta simfisiska hooyada

Jaantuska 9.2 Habka adkaanta garabka: garabka bidix ee hore ee ilmaha uurka ku jira oo ku xayirmay gadaasha lafta simfisiska hooyada



Jadwalka 9. 1 *Arrimaha halista*

Dhalmada ka hor (Pre-labour)	Xilliga foosha (Intrapartum)
Garab-is-qabashadii hore (Shoulder dystocia)	Foosha oo wejiga koowaad dheeraaday
Miisaanka ilmaha uurka ku jira oo weyn (Macrosomia)	wejiga labaad ee foosha oo dheeraada.
Da'da uurka (Gestational age)	Fool la caawiyay (Labour augmentation)
Macaanka xilliga uurka (Maternal diabetes mellitus)	Dhalmo qalab lagu caawiyay (baako ama birta forceps-ka)
Miisaanka culus (baruurta) haweenayda	

Jadwalka 9. 2 *Qeexitaanka: neerfaha loo yaqaan "brachial plexus" (waxaa laga soo qaatay [6])*

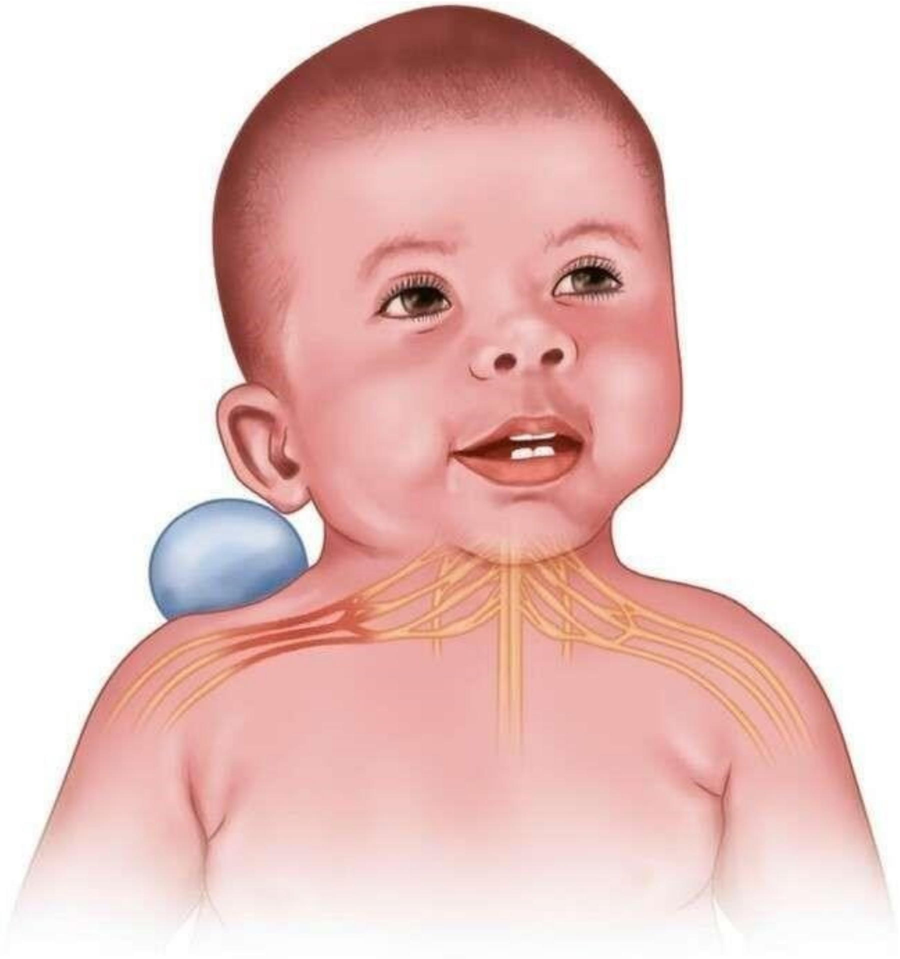
Qeexitaanka: Neerfaha Brachial Plexus

Neerfaha brachial plexus waa xidhmo neerfayaal ah oo ka soo bilaabma laf-dhabarta una gudba garabka iyo gacanta. Kooxdan neerfayaasha ah waxay xukumaan muruqyada garabka, xusulka, curcurka, iyo gacanta, iyo sidoo waxay siiyan dareen(sensitivity) gacanta.

...gacanta iyo addinka. Adkaanta garabka waxa lala xidhiidhiyaa neef-qabatin ku yimaada ilmaha (perinatal asphyxia) iyo curyaanimo maskaxda ah (cerebral palsy). Khatarta neefqabatinka ayaa korodha marka uu sii dheeraado waqtiga lagu xallinayo adkaanta garabka iyo dhalmada ilmaha. Inkasta oo aysan suurtagal ahayn in si sax ah loo go'aamiyo waqtiga ay dhibaatooyinka hypoxia (ogaajiin yaraan) ay dhacaan, waxay u muuqataa in heerka dhaawaca hypoxia ischaemic uu hooseeyo haddii dhibaatada lagu xalliyo 5 daqiiqo gudahood. Sidaa darteed,

Jaantuska 9.3 Fiditaanka neerfayaasha 'brachial plexus' ee adkaanta garabka (shoulder dystocia).

hadafku yahay in la ogolaado inuu ilmuhu ku dhasho 5 daqiiqo gudahooda laga bilaabo dhalmada madaxa. Cudurka maskaxda ee hypoxic ischaemic waxa lagu qeexaa



Jadwalka Waqtiga
Si looga hortago cawaaqibka hypoxia ischaemic ee ilmaha, hadafku waa in la xalliyo adkaanta garabka oo la ogolaado dhalmada ilmaha 5 daqiiqo gudahood ka dib madaxa.
Ilmaha ku dhali wakhti aan ka badnayn 5 daqiiqo gudahood!

Jaantuska 9.4 Meelaynta gacanta ee curyaanimada 'brachial plexus'

Jadwalka 9. 3 *Qeexitaanka: xanuunka maskaxda ee ka dhasha ogsijiin la'aanta iyo dhiig la'aanta (hypoxic ischaemic encephalopathy - HIE****) [1]***

Qeexitaanka: **Hypoxic ischaemic encephalopathy (HIE)**

HIE waa dhaawac maskaxda ku yimaada marka ay maskaxdu heli waydo ogsijiin ku filan ama socodka dhiigga uu istaago muddo cayiman.

Hypoxic macnaheedu waa ogsijiin la'aan. **Ischaemic** macnaheedu waa dhiig la'aan (socodka dhiigga oo yaraada). Carruurta uu saameeyo HIE (perinatal), tusaale ahaan xilliga ay dhalanayaan, waxay yeelan karaan naafanimo neerfaha ah oo u dhaxaysa mid fudud iyo mid daran, sida qalalka (epilepsy), curyaanka maskaxda (cerebral palsy), ama garaadka oo hooseeya.

Jadwalka 9. 4 Dhibaatooyinka soo gaara hooyada iyo ilmaha dhashay ee ka dhasha adkaanta garabka (shoulder dystocia) [2, 5]

Xanuunada/Dhibaatooyinka Hooyada (Maternal morbidity)	Xanuunada/Dhibaatooyinka Ilmaha (Neonatal morbidity)
Dhiig-baxa dhalmada ka dib (11%)	Dhaawaca neerfaha *brachial plexus*
Jeexniinka heerka saddexaad iyo afaraad ee xubinta dhalmada (3.8%)	Dhaawaca lafaha
Jeexniinka Makaanka afkisa ku imaada (Cervical tear)	Dhaawaca ka dhasha ogsijiin la'aanta (curyaanka maskaxda)
Vaginal laceration: Jeexniinka derbiga (xubinta dhalmada).	
Uterine rupture: Makaanka oo qarxa	
Bladder and urethral rupture: Kaadi-haysta iyo marinka kaadi-mareenka oo dillaaca.	
Psychological birth trauma: Shoogta ama dhaawaca nafsiga ah ee ka dhasha dhalmada.	

9.2 Maaraynta

9.2.1 Garashada Adkaanta Garabka (Recognizing Shoulder Dystocia)

Tallaabada ugu horreysa ee maareynta saxda ah ee adkaanta garabka waa garashada dhibaatada. Calaamadaha adkaanta garabka waa sida soo socota:

- Adkaanta dhalmada wejiga ama garka.
- Calaamadda 'qoorta diinka ' (turtle-neck sign) (soo bixid aan dhameystirnayn ee madaxa ilmaha uurka ku jira, si daanka hoose ee ilmaha uurka ku jira iyo qadaadka ay u sii cadaadiyaan lafta hooyada. Sida diinku uu madaxiisa dib ugu celisiyo qolofkiisa oo kale) (Fig. 9.5).
- Ku guuldareysiga dhaqdhaqaaqa dib u soo celinta ee madaxa.
- Ku guuldareysiga garabka inuu hoos u soo dego.

9.2.2 Jiidis Joogto ah (Routine Traction)

Jiidis joogto ah oo la jaanqaadaysa dhidibka laf-dhabarka ilmaha uurka ku jira waa la isticmaali karaa si loo ogaado cudurka, laakiin nooc kasta oo kale oo jiidis ah WAA IN LAGA FOGAADAA. Jiidista hoos u socota ama dhinaca ah waxay wax yeelo u gaysataa neerfayaasha 'brachial plexus' waxayna kordhisaa khatarta dhaawaca ku yimaada.

9.2.3 U Yeedho Caawimaad Dheeraad ah

U yeedho caawimaad dheeraad ah isla marka aad aqoonsato dhibaatada. U yeedh umulisada ugu khibradda badan eed heli kartid iyo haddii ay suurtagal tahay dhakhtarka umusha, dhakhtarka carruurta, iyo dhakhtarka suuxinta. U diyaargarow in xirfadle daryeel caafimaad ah uu diyaar u ahaado inuu daryeelo ilmaha dhashay iyo inuu bilaabo tallaabooyinka dib u soo nooleynta haddii loo baahdo. Marka ay kooxdu timaado...

Jaantuska. 9.5 Astaanta Qoorta Diinka

...ku dhawaaq dhibaatada si qaylo ah si dhammaan xubnaha kooxda ay u ogaadaan waxa socda: 'Waxa jirta adkaanta garabka' (We have a shoulder dystocia).

9.2.4 Ka Jooji Hooyada Cadaadiska (Pushing) oo Jooji Oxytocin

Hooyada waa in ay joojisaa cadaadiska, waana in aad joojisaa oxytocin si looga fogaado in garabka ilmaha uurka ku jira uu sii xayirmo gadaasha lafta simfisiska. Sidoo kale, cadaadiska

gunta ilmogaleenka (fundal pressure) wuxuu ka sii darayaa dhibaatada wuxuuna hooyada u bandhigayaa khatarta soo jeexidda ilmo-galeenka.

9.2.5 Samee Habka McRoberts (McRoberts Manoeuvre) oo Samee Cadaadis Kaadiheysta Sare ah (Suprapubic Pressure)

Habka McRoberts waa hab fudud oo waxtar leh oo lagu xalliyo adkaanta garabka waana in loo isticmaalo habka ugu horreeya. Heerka guushu wuxuu gaari karaa ilaa 90%! Waxaad u baahan tahay kaaliye si uu u sameeyo. Waxaa lagu dari karaa cadaadis kaadiheysta sare ah si loo caawiyo garabka hore inuu wareego oo uu hoos maro lafta simfisiska.

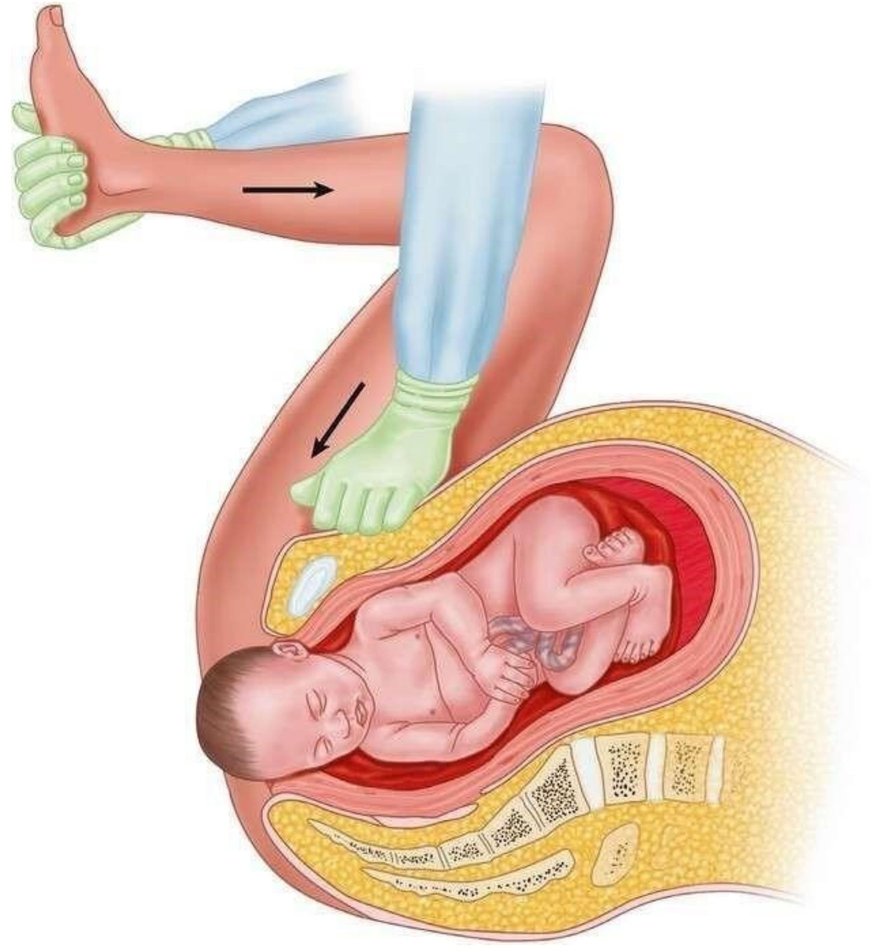
9.2.5.1 Sida Loo Sameeyo Habka McRoberts

- Jiifi hooyada; hadii barkimooyin ka hooseeyaan dhabarkeeda waa in laga saaraa.
- Qof kasta oo ka mid ah kaaliyeyaasha dhalmada waa inuu qabtaa hal lug oo hooyada ah, marka hore waa inuu fidiyaa lugta ka dibna si xad dhaaf ah ayuu ugu laabayaa bowdada caloosheeda.
- Ku celi habka laba ilaa saddex jeer.
- Isku day in aad ilmaha dhaliso adigoo isticmaalaya jiidis joogto ah oo ku socota dhidibka madaxiisa.

9.2.5.2 Sida Loo Sameeyo Cadaadiska Kaadiheysta Sare ah

Sida ugu habboon, waxa la riixayaa dhinaca dhabarka ilmaha.

- Waxa kaliya oo laga riixayaa meesha ka sarreysa lafta miskaha hore (**symphysis pubis**) ee hooyada.
- Jihada riixistu waa xagga hoose iyo dhinaca.
- Waxaa loo samayn karaa si joogto ah ama dhaqdhaqaaq 'ruxruxid' ah



Jaantuska 9.6 Habka McRoberts iyo cadaadiska kaadiheysta sare ah (suprapubic pressure).

9.2.6 Goorta La Sameynayo Jeexidda (Episiotomy)

Waa in la tixgeliyo jeexida gumaarka (**episiotomy**) si loo oggolaado gelitaanka marinka dhalmada ee hooyada, si ay gacanta kalkaaliyaha (nurse) ama dhakhtarku u wada geli karto si loo sameeyo dhaqdhaqaaqyada badbaadada. Haddii gelitaanku uu fudud yahay iyada oo aan la samayn episiotomy, looma baahna in la jeexo, laakiin arrintan waa in lagu diiwaan-geliyo faylka dhalmada ee hooyada. Adkaanta Garab ka ilmaha (**shoulder dystocia**) waa dhibaato lafaha ah oo aan lagu xallin doonin episiotomy oo kaliya.

9.2.7 Maxaa Xiga ee La Sameynayaa Haddii habka fudud ee badbaadadu ay Guuldareystaan?

9.2.7.1 Habka Gelitaanka Xubinta Taranta Gabadha

Gelitaanka xubinta taranka gabadha waa in laga helaa xagga dambe. Sababta ayaa ah in godka lafta dhabarka hoose (sacral hollow) uu yahay qaybta ugu ballaaran ee miskaha hooyada.

Gelitaanka waa in sidoo kale lagu gaaraa gacanta oo dhan, iyadoo la laabayo sida lagu muujiyay Jaantusyada 9.7 iyo 9.8. Hooyada waa in loo dhaqaajiyaa cidhifka sariirta.

Jaantuska 9.7 Gacanta oo dhan

Jaantuska 9.8 Gelitaanka xubinta taranka gabadha ee xagga dambe iyadoo la isticmalayo gacanta oo dhan (Posterior vaginal access with the whole hand)

9.2.7.2 Dhaqdhaqaaqyada Wareegga (Rotation Manoeuvres)

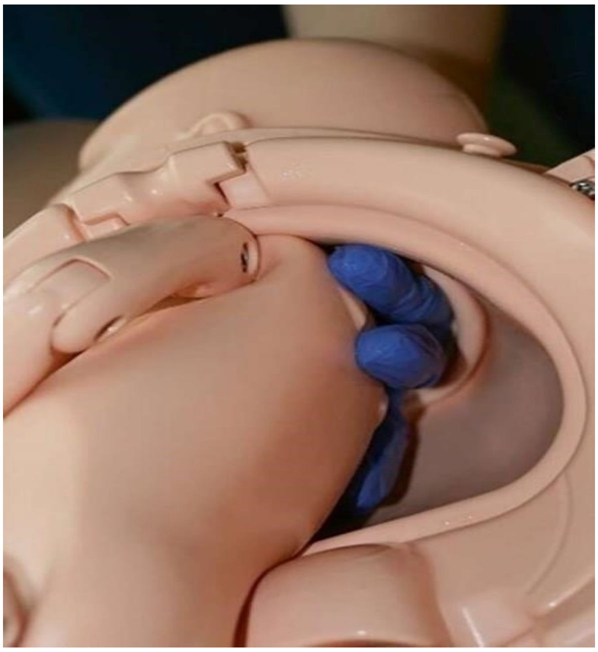
Gacanta oo cadaadis saareysa garabka dambe, taas oo sida ugu habboon ka imanaysa dhinaca dhabarka

ilmaha uurka ku jira, ku wareeji jirka ilmaha uurka ku jira dhexroor qalloocan ama ugu fiican wareeg 180degree ah. Cadaadiska la saaro qaybta dambe ee garabka dambe ee ilmaha uurka ku jira waxay

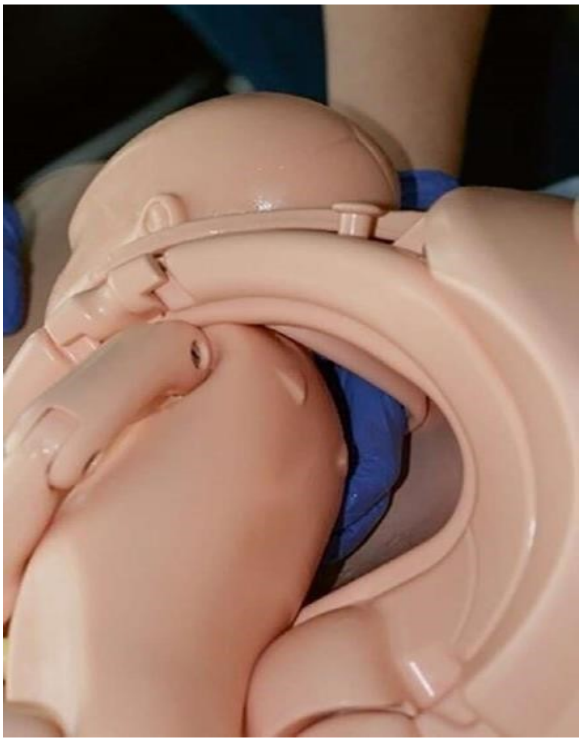
yareynaysaa dhexroorka u dhexeeya labada garab, taas oo fududeyneysa sii deynta garabka xayirmay. Haddii tan aan la gaari karin, wareegga laga bilaabo

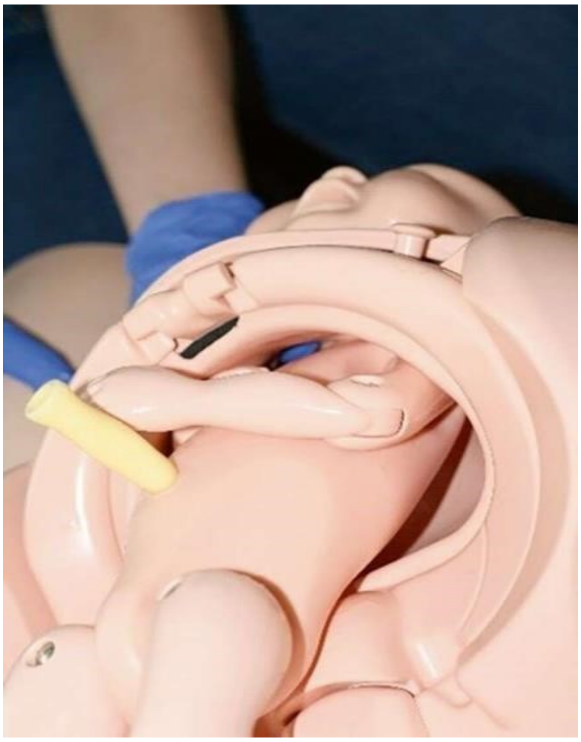
qaybta hore ee garabka dambe ee ilmaha uurka ku jira waa suurtagal.

Jaantuska 9.9 Rogrogida wareejinta gudaha (1)



Jaantuuska 9.10 Rogrogida wareejinta gudaha Jaantuuska 9.11 Rogrogida wareejinta gudaha (3) (2)





9.2.7.3 Soo sarista Gacanta Dambe (Delivery of the Posterior Arm)

Dhaqdhaqaaqani wuxuu yareynayaa dhexroorka u dhexeeya garabka. Gacanta kaaliyaha ayaa qabanaysa curcurka ilmaha uurka ku jira, waxayna si tartiib ah gacanta ilmaha uurka ku jira uga soo saaraysaa (birth cannal) iyadoo ku jiidaysa xariiq toos ah. Jabka lafta gacanta sare (humerus) ayaa lagu arkaa 2–12% kiisaska lagu isticmaalo habkan, laakiin ma cadda in tani ay sabab u tahay farsamada lafteeda ama dabeecadda adag ee xaaladda. [3] (Jaantuska 9.12).

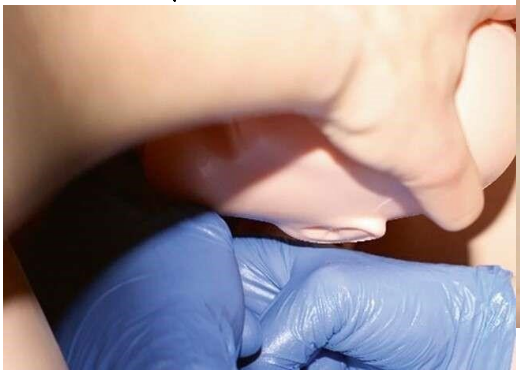
Jaantuska 9.12 soo sarist gacanta danbe

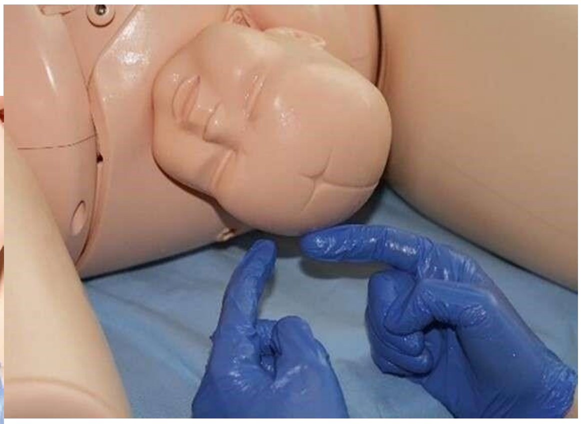
9.2.7.4 Qaabka kale ee la samayn karo (Posterior Axillary Traction)

(Posterior Axillary Traction), inkastoo aan lagu darin tilmaamo badan oo caalami ah, si fiican ayaa loogu faahfaahiyay buugaagta caafimaadka, waxaana ay u muuqataa mid leh heer guul oo lagu qanco iyo heer dhibaatooyin oo hooseeya marka si sax ah loo sameeyo. **Habka loo sameeyo: ** Farsamadani, waxa samaynaya (umulisada ama dhakhtarka) ayagoo jilba joogsanaya sariirta horteeda, iyagoo gelinaya labada farood ee murdisada ah (index finger).
Dabadeed, jiidid xagga hoose ah ayaa lagu dabaqaa jihada dhabarka hooyada si garabka hore loogu simbiyo (slide) xagga hoose ee lafta simfisiska (symphysis) ee hooyada. Waa lama huraan in jiidista lagu sameeyo jihadaan.

Digniinta Caafimaadka:
Jiidista toosan (Axial traction) waxay keenaysaa halista dhaawaca xididada neerfayaasha garabka (plexus brachial injury).

Jaantuska 9.13 meesha ay farta murdisada ahi ka
.





Jaantuuska 9.14si aad usamyso habkan, kor u qaad

9.2.7.5 Soo sarista qaybta danbe ee Ilmaha uurka ku jira (Delivering the Foetal Trunk)

Marka dhaqdhaqaaqyada lagu guuleysto oo adkaanta garabka la xalliyo, waa in la sameeyaa jiidis joogto ah oo la jaanqaadaysa dhidibka (axial traction) si loo soo saaro jirridda ilmaha uurka ku jira. Hooyadu waxay sidoo kale samayn kartaa dadaallo cadaadis oo tartiib ah.

9.2.8 Maxaa Xiga ee La Sameeya Haddii Dhaqdhaqaaqyada Fudud ay Ku Guuldareystaan?

(All-Fours Position)

Badi habkan waxa samayn karta waa hooyo dhuuban, oo si fiican u dhaqaaqi karta, ayaa isku meelayn karta (gacmaha iyo jilbaha). Tani waa beddel wanaagsan oo lagu sameeyo dhaqdhaqaaqyada gudaha, laakiin habka la isticmaalayo marka hore waxay ku xidhan tahay xaaladda iyo khibradda kaaliyaha dhalmada. Maskaxda ku hay in hadafku yahay in adkaanta garabka la xalliyo 5 daqiiqo gudahood si looga hortago neef-qabatin ku imaada ilmaha.

9.2.9 Dhaqdhaqaaqyada Ugu Dambeeya (Last-Resort Manoeuvres)

Kahor inta aan loo gudbin waxa loogu yeero dhaqdhaqaaqyada ugu dambeeya, ku celcelinta taxanaha oo dhan laga bilaabo bilowga, taas oo sida ugu habboon uu sameeyo kaaliye kale oo dhalmada ah, ayaa weli xallin karta kiisas badan. Tallaabooyinka ugu dambeeya waxay leeyihiin cudurro iyo dhimasho oo ku yimaada ilmaha iyo hooyada. Nasiib wanaag, waxaad awood uhelaysa inaad si nidaamsan u fuliso tallaabooyinka kor lagu sharxay, kaliya habkani wuxuu lagama maarmaan noqdaan kiisas gaar ah.

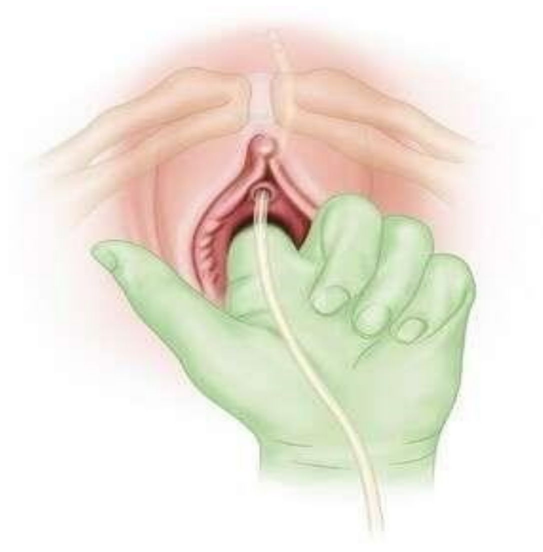
Lama oga midka ugu habboon ee dhaqdhaqaaqyada ugu dambeeya. Waxaan si kooban halkan ugu sharxaynaa suurtagalnimada.

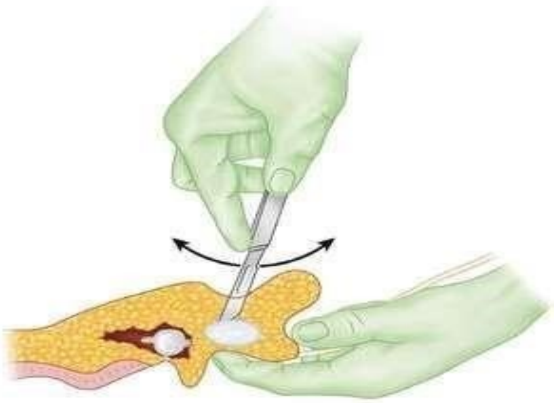
9.2.9.1 Jeexidda Lafta Simfisiska (Symphysiotomy)

Tallaabadani waxay ka dhigan tahay kala qaybinta xaga hore ee seedaha simfisiska. Ku dadaal in xubinta kaadi haysta ee hooyada la ilaaliyo iyadoo la gelinayo tuubo kaadida soo qaada (urinary catheter) loona dhaqaajinayo kaadi haysta dhinaca hal gacan. Taabo lafta simfisiska si loo aqoonsado seedaha simfisiska oo qayb ahaan loo kala qaybiyo. Ogow in cudurrada hooyada ay sarreeyaan: dhaawacyada ku yimaada kaadi mareenka iyo kaadiheysta, kala tagga simfisiska, barokaca kalagoysyada sacroiliac, ama cilladda neerfaha ee bowdada oo dhinaca ah (Fig. 9.15).

9.2.9.2 Dhalmada Xubinta galmada gabadha ka Dib Gelitaanka Caloosha (Vaginal Delivery After Abdominal Access)

Habraacan, hal kaaliye dhalmada ah ayaa sameeya qalliin degdeg ah wuxuuna cadaadis saaraa garabka hore si uu ugu oggolaado inuu hoos maro lafta simfisiska (Fig. 9.16). Kaaliye kale oo dhalmada ah ayaa ilmaha ka dhalinaya (vaginal birth) gabadha. Dhaqdhaqaaqyada gudaha ee xubinta (vaginal birth) gabadha waa la samayn karaa isku mar iyadoo lala kaashanayo





dadaallada caloosha si loo dhaliyo ilmaha.

Jaantuska 9.15 Jeexida Lafta Simfisiska Symphysiotomy [1]

Jaantuska 9.16 Gelitaan caloosha ah oo la isku daray iyo dhalmada ilma (vaginal birth) gabadha ee adkaanta garabka [4]

9.2.9.3 Dib u Celinta Madaxa (Dhaqdhaqaaqa Zavanelli)

Dhaqdhaqaaqan, madaxa ilmaha ayaa dib loogu celiyaa caloosha hooyada si ka soo horjeeda habka uu ugu soo degay miskaha. Heerka dhibaatooyinka hooyada lama oga, waxaana soo gaadha dhaawacyo daran ilmaha uurka ku jira waana kuwo aad u badan.

9.2.9.4 Jabinta kalxamaha (Cleidotomy)

Kaaliyaha dhalmada ayaa faraha ama qalab ku jabinaya lafta kalxanta ilmaha uurka ku jira si loo yareeyo dhexroorka u dhexeeya garabka.

9.2.10 Dhalmada ka dib

9.2.10.1 Dhibaatooyinka Hooyada

Waxaa jirta khatar sare oo jeexid ku timaada marinka dhalmada, taas oo keeni karta dhiig lumis weyn iyo naafonimo hooyo oo muddo dheer ah. Si taxadar leh u hubi (vaginal cannal) gabadha iyo perineum ka si aad u aragto jeexitaanno heer sare ah, jeexitaanno afka ilmo-galeenka ah, ama jeexitaanno kale. Dhaawaca xubinta kaadida mareenka, kaadiheysta, iyo soo jeexidda ilmogaleenka ayaa dhammaantood ah dhibaatooyin la yaqaan. Haddii loo baahdo, ha ka waaban inaad hooyada u wareejiso qolka qalliinka si loo oggolaado soo-bandhigid habboon iyo dayactirka dhaawacyada. Weydiiso caawimaadda dhakhtar ama umuliso, haddii la heli karo oo sii hooyada xanuun baabi'iye ama suuxin ku filan. Khatarta daciifnimada ilmo-galeenka iyo dhiig-baxa dhalmada ka dib ayaa sidoo kale sareysa, markaa u diyaar garow inaad wax ka qabato dhacdadan.

9.2.10.2 Dhibaatooyinka Ilmaha

Dhakhtarka carruurta waa inuu baadhaa ilmaha si loo arko dhaawacyada lafaha iyo neerfayaasha.

9.2.10.3 Waa in loo sheega Hooyada

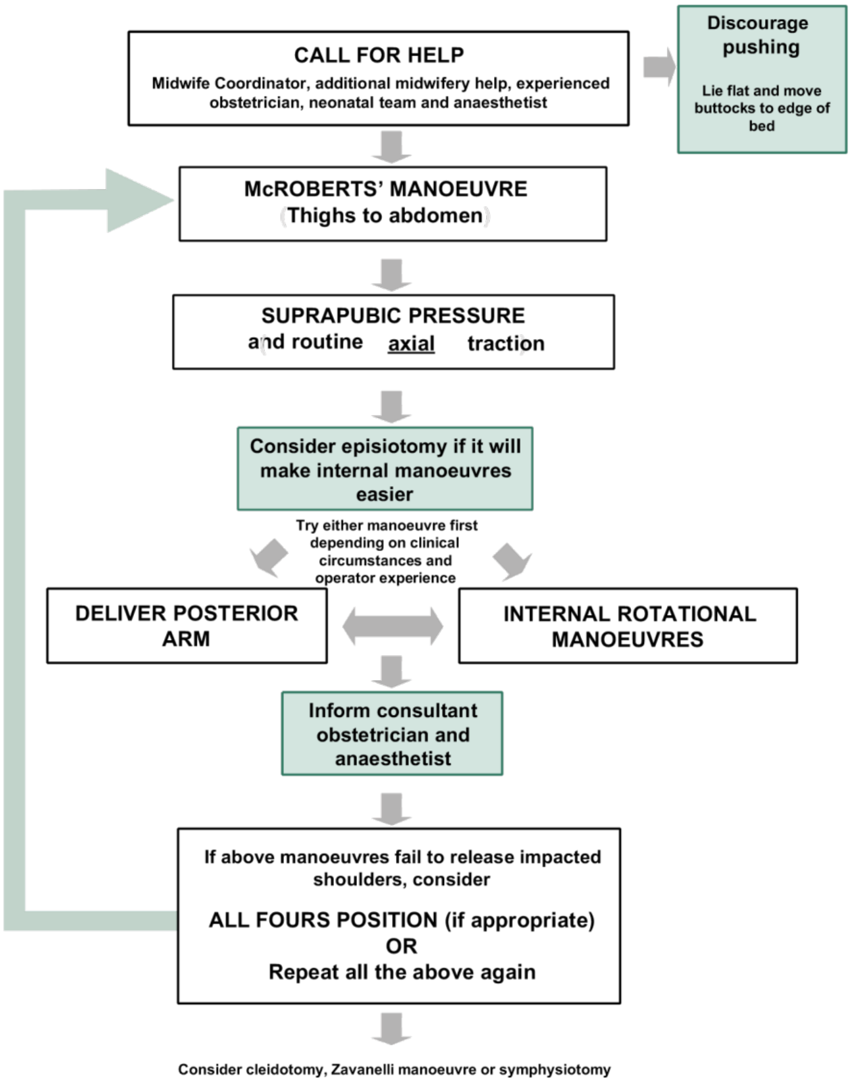
Waa lama huraan in lala hadlo hooyada oo loo sheega habka dhalmada. Waa inaad u sharaxdaa socodka dhacdooyinka si fudud, erayo ay fahmi karto. Markaad sidaas samayso, waxaad gacan weyn ka geysaneysaa ood ka hortaggaysa in is fahan waa dhaco.

9.2.10.4 Diiwaan Gelinta (Documentation)

Si taxadar leh u diiwaan geli taxanaha dhaqdhaqaaqyada aad samaysay, sababta aad u samaysay ama aadan u samayn jeexidda haddi aad samysay, iyo haddii garabka midig ama bidix uu xayirmay, iyadoo ku xiran booska ilmaha uurka ku jira.

9.3 Habraaca Talaabooyinka (Algorithm)

Habraaca (Algorithm) ee maareynta Adkaanta Garabka (Shoulder Dystocia).



Ilmaha dhashay waxaa dib u eegis ku samayn doona dhakhtarka mujada (neonatologist) dhalmada ka dib, waxaana loo gudbin doonaa dib u eegis dhakhtar la taliye ilmaha ah (Consultant Neonatal) haddii ay jiraan wax walaac ah.

Jaantuska 9.17 wuxuu sharaxayaa maareynta adkaanta garabka [5]. (Reproduced from: Royal College of Obstetricians and Gynaecologists. Shoulder Dystocia. Green-top Guideline No. 42 (Second edition). London: RCOG, March 2012, with the permission of the College. e52, with the permission of the College)

9.4 Gunaanad

Adkaanta garabka (shoulder dystocia) waa xaalad degdeg ah oo aan la saadaalin karin, waana in qof kasta oo kaaliyaha dhalmada ah uu u diyaar garoobaa inuu wax ka qabto wakhti kasta. Daryeelka heerkiisu hooseeyo ayaa mas'uul ka ah cudurrada iyo dhimashada ugu badan ee muddada dheer ah ee soo gaadha hooyada iyo ilmaha labadaba. Xaalado badan, kaaliye

dhalmo oo xirfad leh ayaa dhibaatada ku xallin kara si guul leh isagoo garanaya dhibaatada goor hore oo samaynaya dhaqdhaqaaqyada saxda ah si nidaamsan, taas oo yareynaysa cudurrada iyo dhimashada hooyada iyo ilmaha.

Tixraac

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4. Gilstrop M, Hoffman MK. An update on the acute management of shoulder dystocia. Clin Obstet Gynecol. 2016;59(4):813–9.
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6. Enekwe A, Rothmund R, Uhl B. Abdominal access for shoulder dystocia as a last resort—a case report.

   Geburtshilfe Frauenheilkd. 2012;72(7):634–8.
7. RCOG. Shoulder dystocia. Green-top guideline no. 42, 2nd ed. 2012.

Further Reading

Wikipedia. Brachial plexus. https://enwikipediaorg/wiki/Brachial_plexus.

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Cutubka 10aad

10. Qalabka Soo-nuugista ama Vacuum ka ee Dhalmada Lagu Caawiyo.

10.1 Hordhac: Taariikh iyo Caddeymo

Qodobbada Muhiimka ah ee La Baranayo:

- Marka si badbaado leh loo sameeyo dhalmada lagu caawinayo qalabka vacuum ka, waxay ka hortagi kartaa qalliinnada C-section ka ee aan loo baahnayn iyo dhibaatooyinka ku dhici doona uurarka mustaqbalka.
- Shuruudaha dhalmada badbaadada leh ee qalabka vacuum-ka lagu caawiyo waa in afka ilmo-galeenku (Cervix) si buuxda u furmo iyo xuubabka biyahu in ay oo dillaacaan, la smeeyey qiimeyn sax ah oo ku saabsan meesha ilmuhu joogo, iyo farsamo sax ah wax kasta oo la qabanayo.
- Waa muhiim in koobka qalabka loo saaro madaxa uur jiifka si sax ah iyo in la ogaado sida loo garto barta laabista (flexion point) ee VAB.

Dhalmada xubinta taranka gabadha ee qalabka lagu caawiyo (Operative vaginal birth - OVB) waxay ka dhigan tahay ka caawinta dhalmada xubinta taranka gabadha ee ilmaha iyadoo la isticmaalayo qalab. Qalabkii ugu horeeyay ee lagu qabto umusha (obstetric forceps) waxa la sameeyay qarnigii lix iyo tobnaad, qalabkan vacuum ka ee casriga ah ee ugu horreeyana badhtamihii qarnigii labaatanaad. Cutubkan wuxuu sharxi doonaa sida loo isticmaalo Nidaamka Dhalmada ee Nuugista ee Kiwi® (Vacuum Delivery System), kaas oo ah qalab nuugiseed balaastig ah oo si fudud loo heli karo si loo caawiyo dhalmada xubinta taranaka gabadha (vaginal delivery).

Samaynta VAB si badbaado leh waa fursad gaar ah oo lagu hagaajin karo natiijooyinka dhalmadda loogana hortegi karo qalliinnada C-section ka ee aan loo baahnayn, taas oo ka hortagaysa dhibaatooyinka hooyada ee uurarka mustaqbalka. Si kastaba ha ahaatee, VAB waxay u baahan tahay xirfado iyo farsamooyin gaar ah kuwaas oo ay adkaan karto in la helo ama la sii lahaado (maintain). Sidaa darteed, aqoonta ku saabsan calaamadaha, mabaadi'da badbaadada, iyo isticmaalka wax ku oolka ah ee qalabkan ayaa ah arrin lagama maarmaan ah [3, 4].

Macluumaad Dheeraad ah: Nooca online-ka ah ee buuggan wuxuu ka kooban yahay agab dheeraad ah oo laga heli karo: https://doi.org/10.1007/978-3-031-81931-5_10.

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C. Monod et al., *Simulation Training for Obstetric Emergencies in Low-Resource Countries*,
https://doi.org/10.1007/978-3-031-81931-5_10

10.1.1 Furitaanka Afka Ilmo-galeenka (Cervix)

Shuruudaha ugu horreeya ee lagu samaynayo VAB waa furmitaan buuxa ee afka ilmo-galeenka iyo xuubabkii biyaha ah oo dillaacay.

Shuruudda kowaad ee VAB waa furmitaan buuxa ama dhamaystiran ee afka ilmo-galeenka iyo xuubabkii biyaha ah oo dillaacay.

10.1.2 Kala-saarid (Classification)

VAB waxaa loo kala saaraa iyadoo loo eegayo meesha (station) iyo booska (position) madaxa ilmaha uurka ku jira. Meesha ama station- ka madaxa ilmaha uurka ku jira waxay tilmaamaysaa hoos u soo degidda qaybta hore ee madaxa gudaha marinka dhalmada (birth canal ka), marka loo eego lafaha ischial ee hooyada. Boosku ama position wuxuu tilmaamayaa booska qadaadka ilmaha uurka ku jira (foetal occiput) marka loo eego lafta simfisiska hooyada (maternal pubic symphysis). Meesha ilmaha uurka ku jira waa inay ugu yaraan la mid noqotaa heerka lafaha ischial ama ka hooseysaa si loo buuxiyo shuruudaha VAB ee badbaadada leh.

Qadaadka madaxa ilmaha oo dhinac ah (occipito-transverse) iyo qadaadka oo xagga dambe ah (occipito-posterior) way ka adag yihiin kuwa qadaadka oo xagga hore ah (occipito-anterior), maadaama boosaska khaldan ee ilmaha uurka ku jira ay u baahan yihiin wareegid (internal rotation) godka miskaha hooyada dhexdeeda ah. VAB waxaa loo sii kala saaraa kuwa leh ama aan lahayn wareeg. Shuruudda labaad ee lagu samaynayo VAB badbaado leh waa in si sax ah loo qiimeeyo meesha iyo booska ilmaha uurka ku jira.

Shuruudda labaad ee VAB badbaado leh waa soo-bandhigid madaxa ah (cephalic presentation) iyo qiimeyn sax ah oo ku saabsan meesha (station) iyo booska (position) ilmaha uurka ku jira. Boosaska khaldan ee ilmaha uurka ku jira (soo-bandhigidda wejiga iyo foolka) iyo soo-bandhigidda lugaha/dabada (breech presentation) dhammaantood waa ka mamnuuc (contraindications) samaynta dhalmada qalabka lagu caawinayo.

Jaantuuska 10.1 Calaamadaha Muhiimka ah ee madaxa Ilmaha uurka ku jira *Anterior Fontanel Posterior fontanel*

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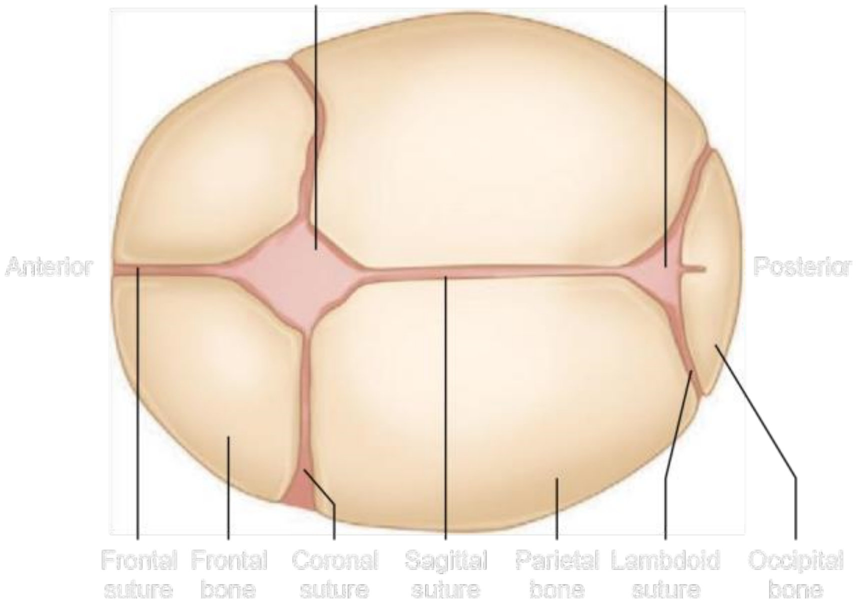
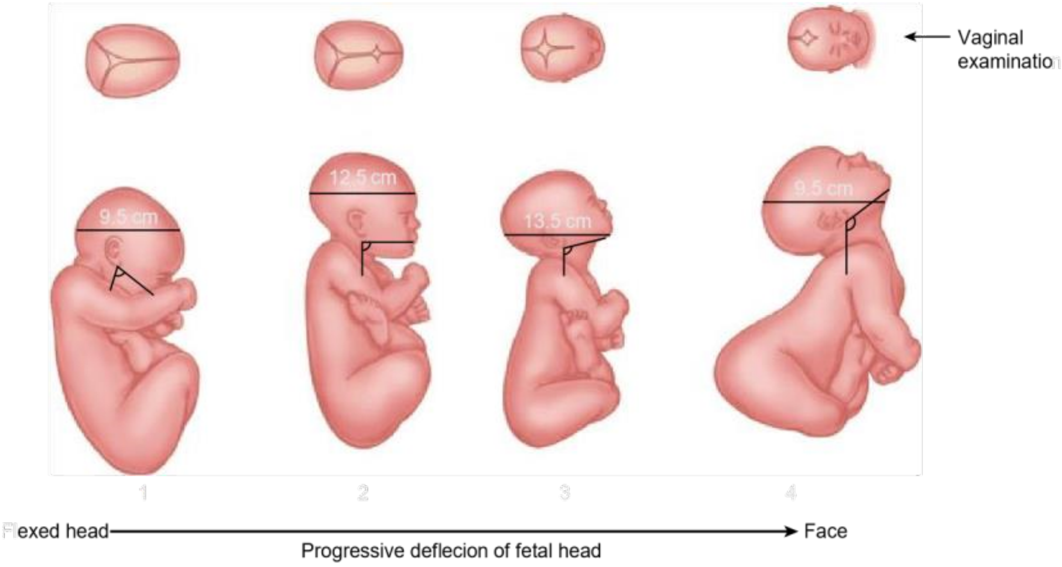


10.1Introduction: Background and Evidence



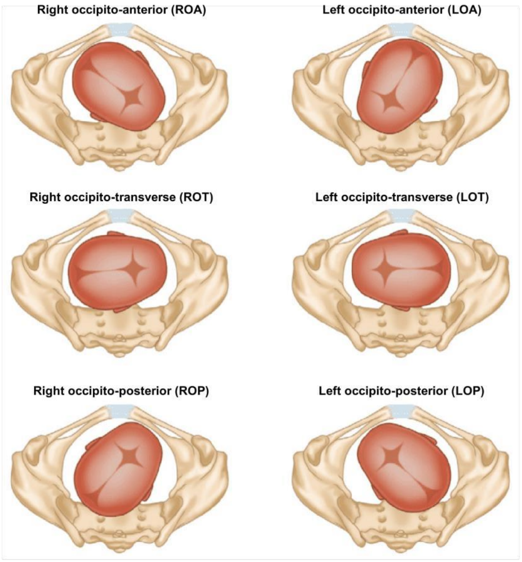
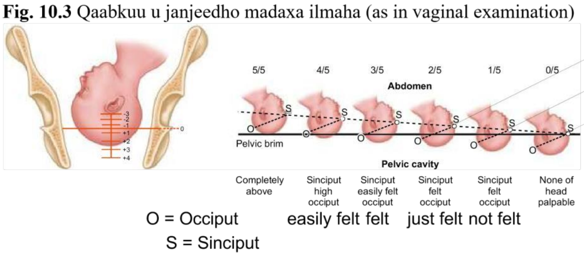


Fig. 10.3 Qaabkuu u janjeedho madaxa ilmaha (as in vaginal examination)



jaantuuska 10.2 Qaabka uu u janjeedho madaxa ilmaha uurka ku jira: qalooca (flexion) sii badanaya

Jaantuuska 10.4 Cabbirka heerka soo degidda madaxa ilmaha ee baadhitaanka xubinta taranka iyo caloosha

Jadwalka 10. 1 Kala saarista dhiig-baxa xubinta dhalmada ee xilliga dambe ee uurka (VAB) [1]

(Waxaa lagu soo saaray oggolaanshaha Shati bixiyaha iyadoo loo marayo PLSclear)

Afka hore	Madaxa ilmaha waa la arki karaa iyadoon la kala fogayn dibnaha xubinta dhalmada
	Madaxa ilmuhu (lafaha madaxa) wuxuu soo gaadhay sagxada hoose ee miskaha.
	Sagittal suture ee ilmuhu waxay ku jirtaa dhexroorka hore iyo gadaal (A.P diameter ka), ama booska bidix ama midig ee foolujeedka hore ama gadaal (*occipito-anterior and occipitoposterior*).
	(wareegga madaxu kama badna 45 digrii).
	Madaxa ilmaha wuxuu joogaa ama saaran yahay perineum-ka (meesha u dhaxaysa dabada iyo xubinta taranka).
Hoos	Qaybta ugu horraysa ee lafta madaxa ilmuhu (ma ahan bararka maqaarka madaxa/caput) waxay joogtaa cabbirka *station* oo lagu daray 2 cm ama ka badan, balse weli ma soo gaadhin sagxadda miskaha.

	Wuxuu u qaybsamayaa laba:
	Wareegga madaxa oo leeg ama ka yar 45° marka loo eego booska fool-u-jeedka hore (*occipito-anterior*).
	Wareegga madaxa oo ka badan 45° oo ay ku jirto booska foolujeedka gadaal (*occipito-posterior*).
Dhexe	Madaxa ilmaha waxaa caloosha laga dareemi karaa wax aan ka badnayn shan-meloodoow meel (1/5).
	Qaybta ugu horraysa ee lafta madaxa waxay ka sarreysaa cabbirka joogga oo lagu daray 2 cm (station +2 cm), balse kama sarrayso lafaha dhuuban ee miskaha (ischial spines).
	Laba qaybood ayaa hoos yimaada:
	Wareegga madaxa oo ka yar 45° marka loo eego booska foolujeedka hore (*occipito-anterior*).
	Wareegga madaxa oo ka badan 45° oo ay ku jirto booska foolujeedka gadaal (*occipito-posterior*).
Sarre	Kuma jirto classification-ka maadaama aan lagu talin dhalmo qalab lagu caawiyay (operative vaginal delivery) xaaladdan oo kale; halkaas oo madaxa ilmaha caloosha laga dareemi karo shanmeelood oo labo meelood (2/5) ama ka badan, qaybta soo horraysana ay ka sarrayso heerka lafaha dhuuban ee miskaha (ischial spines).

Kala-soocidda dhiig-baxa xubinta dhalmada ee xilliga dambe ee uurka (VAB) waxaa lagu sifeeyay Shaxda 10.1.

10.1.2.1 Xaaladaha loo Bahan Yahay (Indications)

Habka go'aan-qaadashada ka hor inta aan la samayn VAB waa mid adag. VAB waa in la bixiyaa oo kaliya marka faa'iidooyinku ay ka badan yihiin khataraha. Qiimeyntan ma noqon karto mid fudud in la sameeyo. Ikhtiyaarka kale ee ugu horreeya ee VAB waa in la oggolaado in hooyadu ay cadaadis samayso si ay u dhasho si dabiici ah. Tani waxay u horseedi kartaa neef-qabatin ilmaha uurka ku jira ama dhimasho haddii uu ku jiro xaalad degdeg ah ama xitaa natiijo xun oo hooyada ah sida dhiig-bax dhalmada ka diba (PPH) ama jeexitaanno gumaarka (perineium) ka ah oo qoto dheer iyo isku-furan (fistulae) haddii marxaladda cadaadisku ay socoto saacado. Doorashada labaad waa in la sameeyo...

Jadwalka 10. 2 *Tilmaamaha iyo waxyaabaha ka mamnuuca ah dhalmada qalabka lagu caawiyo (VAB) [1] (Waxaa lagu soo saaray oggolaanshaha Shati bixiyaha iyadoo loo marayo PLSclear)*

Nooca (Type)	Tilmaamaha loo isticmaalo [Xaaladaha loo bahan karo] (Indication - relative)	Waxyaabaha ka mamnuuca ah (Contraindication - relative)	Mamnuucis gaar u ah qalabka la isticmaalayo (Instrument-specific contraindication)

Isbedel la'aan (Inadequate progress)	Dumarka markii ugu horraysay dhalaya (Nulliparous): is bedel la'aan socota muddo 3 saacadood ah haddii la isticmaalay suuxdinta regional-ka ah (regional anaesthesia) ama 2 saacadood haddii aan la isticmaalin suuxdintan.	Waxaa laga shakisan yahay in madaxa ilmaha iyo miskaha hooyadadu is leekayn (Suspected cephalopelvic disproportion).	
	Dumarka horey u dhalay (Multiparous): Isbedel la'aan socota muddo 2 saacadood ah haddii la isticmaalay suuxdinta regional-ka ah (regional anaesthesia) ama saacad haddii aan la isticmaalin suuxdintan.		
Ilmaha uurka ku jira (Fetal)	Xaalad loo malaynayo in uu khatar ku jiro ilamahu (Presumed fetal compromise)	U nuglaanshaha jabniinka lafaha (tusaale: xanuunka lafaha jajaba ee *osteogenesis imperfecta*)	Fakiyuum (Vacuum): Da'da uurka oo ka yar 34–36 toddobaad
		Soo bixid qaldan (Malpresentation) (sida marka ilmaha foodda u soo horeeyo/brow, ama marka wejigu soo horeeyo ee gadhku xagga dambe jiro/mento-posterior)	Weji soo horeeya (face presentation)
			Xanuunada dhiigbaxa ilmaha uurka ku jira
			Birta loo yaqaano midcavity/rotational forceps): Xanuunada dhiigbaxa ilmaha uurka ku jira

Hooyada	Daal/Awood-gab	In la diido oggolaanshaha	
	Xaaladaha caafimaad ee horjoogsanaya ama keenaya dhib riixidda hooyada ay riixayso iyado iskeed sida xanuunada wadnaha (cardiac disease), dhibaatada dhiig-karka daran (hypertensive crisis), iyo xanuunada ku dhaca xididdada dhiigga ee maskaxda (cerebrovascular disease).		

[a] Wadarta guud ee wejiga labaad ee foolmada (midka firfircoon iyo midka aan firfirconaynba).

...qalliin C-section oo furitaan buuxa ah, taas oo sidoo kale noqon karta faragelin leh khatar badan oo dhibaato ku dhacaysa hooyada iyo ilamaha yar ba (dhiig-bax, jeexitaanno, joogitaanka isbitaal oo muddo dheer, soo jeexid ilmo-galeenka ah, iyo mandheer ku hadha uurarka mustaqbalka; la gelidda ilmahii dhashay qaybta daryeelka ilmaha, dhaawac soo gaara ilmaha, iwm.).
Jadwalka 10.2 wuxuu sharxayaa calaamadaha tilmaamaya xaaladaha baahida loo qabo iyo kuwa ka mamnuuca ah VAB. Dhowr calaamadood ayaa inta badan si wadajir ah u horseedi doona go'aanka samaynta VAB. Tusaale ahaan, waxaad samayn kartaa VAB xaaladda laga shakiyey in xaalad degdeg ah oo ilmaha ku jiro ee haweeney cadaadis samaynaysay saacad. Go'aanka faragelintani wuxuu ku xidhan yahay dhowr arrimood, oo ay ku jiraan doorashada hooyada, waxaana had iyo jeer la isku dheelitiraa khataraha iyo faa'iidooyinka.

10.1.2.2 Dhibaatooyinka VAB

Dhibaatooyinku waa lama huraan procedure- kasta oo qalliin ah ka dib, oo uu ka mid yahay VAB, laakiin waa in la yareeyaa dhibaatooyinka iyadoo loo isticmaalayo si ku habboon oo ku dhisan tababar. Si kastaba ha ahaatee, kaaliyeyaasha ka dhalinaya hooyadu waa inay ka warqabaan in qiimeyn aan sax ahayn ee xaaladda caafimaad ay u horseedi karto dhibaatooyin waaweeyn hooyada iyo ilmaha labadaba:

- Ku guuldareysiga in la ogaado boos khaldan oo ilmaha uurka ku jira ah waxay u horseedi kartaa VAB in uu fashilmo.
- In aan la ogaanin calaamdaha isku-dheelitir la'aanta madaxa iyo miskaha (cephalopelvic disproportion) ama in la qiyaasiin miisaanka ilmaha uurka ku jira ee ka weyn sidii caadiga ahayd waxay horseedi kartaa VAB inay fashilanto ama shoulder dystocia.

- Qalliinka C-section ee marxaladda labaad ee dhalmada ka dib VAB fashilantay oo lagusoo guul daraystay waxay noqon kartaa mid adag sababtoo ah madaxa ilmaha uurka ku jira'i wuxuu uu ku xayirmay miskaha hooyada.
- VAB-yada si liidata loo sameeyay waxay lala xidhiidhiyaa jeexitaanno gumaarka ah oo xagga sare ah, jeexitaanno gidaarka xubinta taranka iyo afka ilmo-galeenka ah, dhiigbax dhalmada ka dib, iyo cawaaqib xumo daba-dheer oo miskaha soo gaadha. Ilmaha, dhibaatooyinka sida dhaawacyada shoogga leh, dhiig-baxa maskaxda, ama dhibaatada maskaxda ee hypoxic-ischaemic ayaa soo bixi kara. Kuwaas, dabcan, waa dhammaan dhibaatooyinka ka dhalan kara dhalmada xubinta taranka ah ee iskeed u dhacda ama qalliinka C-section ee si liidata loo sameeyay. Maareyn joogto ah oo nidaamsan ayaa had iyo jeer muhiim u ah in la yareeyo dhibaatooyinkan kor ku xusan.

10.2 Maareynta

Kahor inta aan la samayn VAB, hubi in shuruudaha oo dhan la dhamaystiray oo la gaadhay (Jadwalka 10.3).

10.2.1 Farsamo (Technique)

Jadwalka 10.4 wuxuu sharxayaa meelaha muhiimka u ah VAB, barta laabista iyo barta dhexe ee ku aaddan madaxa ilmaha uurka ku jira.

Shan tallaabo oo VAB ah:

1. Soo hel barta laabista oo xisaabi masaafada gelinta koobka kahor inta aan la gelin koobka nuugista ama vacuum ka.
    a. Dib u hubi booska qadaadka (occipital) iyo barta laabista.
    b. Masaafada gelinta koobka waxaa lagu qiyaasi karaa iyadoo la kaashanayo farta dhexe inta la samaynayo baadhintaanka hore.
2. Qabo oo geli koobka
    a. Si tartiib ah ugu riix gumaarka (perineum) laba farood.
    b. Koobka waxaa laga geliyaa hal dhaqdhaqaaq foosha ka dib.
3. Ku hagaaji koobka xagga barta laabashada
    a. marka maduxu hoos usoo dhaco (low stations)- isagoo wajiguna u jeedo (*occipitoanterior*), barta laabistu waxay ahaan doontaa gudaha ama meel u dhow afaafka xubinta taranka sidaas darteed, gelinta iyo hagaajinta koobku waxay u baahnaan doontaa daddal yar oo kooban.
    b. Haddii madaxu dhexda ku jiro Mid Stations-ka ama u jeedo (*occipito-posterior ama occipito-tranvserse*), barta laabistu waxay ka fogaanaysaa afaafka xubinta taranka, waxayna u dhawaanaysaa xagga lafta dhabarka hoose ee hooyada

(sacrum). Sidaas darteed, waxa loo baahan doonaa riixid ama hagaajin qoto dheer si koobka loo saaro meesha saxda ah.

c. marka madaxa ilmuhu ku jiro *occipito-posterior ama occipito-tranvserse*, barta flexion point waxay u socotaa ama u dhaqaaqdaa Anterio-posterior Axis ee marinka

dhalmada…

Jadwalka 10. 3 *waxyaabaha loo baahanyhay ka hor intaan la isticmaalin qalabka lagu caawinayo foosha VAB [1] (Reproduced with permission of the Licensor through PLSclear)*

Prerequisites for operative vaginal delivery

Baadhitaan dhammaystiran oo caloosha iyo xubinta dhalmada ah	• Madaxa ilmaha laga dareemi karo caloosha wax aan ka badnayn shan-meelood oo meel (1/5) • Joogga madaxa (*station*) inuu joogo heerka lafaha miskaha ama ka hooseeyo • Makaanka oo si buuxda u furmay iyo biyihii oo dillaacay • Ogaanshaha jihada saxda ah ee madaxa ilmaha (si qalabka meel sax ah loo dhigo) • Qiimeynta bararka madaxa (*caput*) iyo isfuulidda lafaha (*moulding*)—is-fuulidda aan dib u noqonaynin waxay muujin kartaa in madaxa iyo miskaha hooyadu is leekayn • In la xaqiijiyo in miskuhu ballac ahaan ku filan yihiin
U diyaarinta hooyada	• In sharraxaad cad la siiyo hooyada, oggolaanshona laga helo • Suuxdin ku habboon • In kaadi-haysta hooyada la faaruqiyo; kaatiitar na
	waa in laga saaraa ama balloon-kiisa la fujiyo • Isticmaalka hababka ka hortagga jeermiska (*aseptic technique*)

U diyaarinta shaqaalaha	• Qofka dhalmada samaynaya waa inuu leeyahay aqoonta, khibradda, iyo xirfadda loo baahan yahay • Agab ku filan oo diyaar u ah (qalabka, sariirta, iyo laydhka) • Waa in uu jiraa qorshe labaad oo diyaar ah haddii dhalmada qalabka uu guuldarraysto. Dhalmada dhexda (*midcavity*), shaqaalaha qalliinka waa inay diyaar ahaadaan si qalliin makaanka ah loo sameeyo dib-udhac la'aan (<30 min). Dhakhtar sare oo senior obstetricain ah waa inuu joogaa haddii uu dhalmada samaynayo arday tababaranaya ama resident. • Saadaalinta dhibaatooyinka imaan kara (sida shoulder dystocia ama dhiig-baxa dhalmada ka dib) • Joogitaanka shaqaale u tababaran soonoolaynta ilmaha dhashay
	Saadaalinta dhibaatooyinka iman kara (tusaale: garabis-qabashada ama dhiig-baxa dhalmada ka dib).
	Joogitaanka shaqaale u tababaran soo-noolaynta ama gargaarka degdegga (neonatal resuscitation ah ee ilmaha dhashay.

[a] Waxaa laga soo xigtay Ururka Boqortooyada ee Dhakhaatiirta Umusha iyo Haweenka (Royal College of Obstetricians and Gynaecologists) 2011.

…halka ay in yar uun u dhaqaaqdo dhinacyada. Si ay dhalmadu kuugu noqoto mid guulayata ah, ku xidh koobka vacuum barta flexion point ee madaxa ilmaha iyadoo la raacayo jihada Pelvic Axis-ka ee miskaha hooyada.

Hubi in tissues ama cad ay hooyada leedahay aan lagu qaban gudaha koobka, laakiin ka taxaddar in aanad koobka ka saarin. Waxaa laga yaabaa inaysan suurtagal ahayn in la hubiyo in tissues ama cad ka hooyada lagu qabtay xagga dambe ee boosaska OP (qadaadka dambe) iyo OT (qadaadka dhinaca), laakiin khatartu waa mid aad u hooseysa maadaama vaginal tissues ka ee dambe ay aad ugu fidsan yihiin madaxa ilmaha uurka ku jira xaaladdan.

4. Samee oo ilaali cadaadiska nuugista (vacuum)

- kordhi cadaadiska vacuum ka ilaa uu ka gaadho 60–80 kPa. Haddii aadan hubin in cad kii hooyada lagu soo qabtay iyo in kale, joogso kadib markuu gaadho 20 kPa dib u hubi ka hor inta aadan sii kordhin cadaadiska mar kale.
- Bilow inaad si tartiib ah u jiiddo ilmaha marka ay foosha/ nabarka xigaa qabto iyadoo lala kaashanayo dadaallada riixmada hooyada. Jiidista xooggan waa in dib loo dhigaa ilaa chignon-ka (barar macmal ah oo ah madaxa ilmaha) uu si buuxda u samaysmo qiyaastii 1 daqiiqo ka dib.

Jadwalka 10. 4 *qeexitaanka: barta laabista iyo barta dhexe ee madaxa ilmaha yar [1] (Reproduced with permission of the Licensor through PLSclear)*

Waxyaabaha Muhiimka ah: Barta laabashada (flexion point): Waa meesha ugu habboon ee laga saaro koobka vacuum-ka ee madaxa ilmaha si loo fududeeyo dhalmada.

Barta dhexe ee madaxa ilmaha (midpoint of the foetal head): Waa bartamaha madaxa ilmaha, taas oo ka caawisa in si sax ah loo qiimeeyo booska iyo meesha uu madaxu ku sugan yahay.

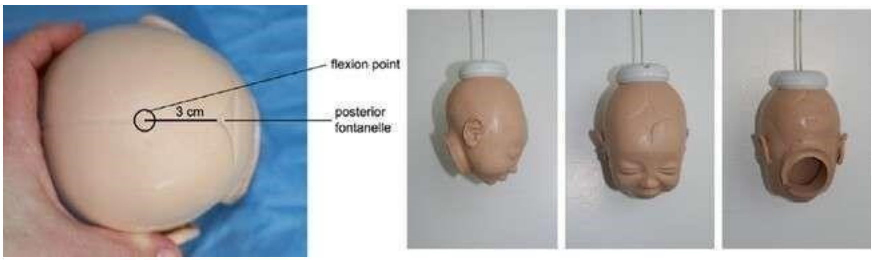
Barta Laabista (Flexion Point)

Barta laabashadu waa bar male-awaal ah oo ku taal tolmada lafaha madaxa (sagittal suture) ee madaxa ilmaha, 3 cm ka horaysa dhinaca hore ee nasinta dambe (posterior fontanelle). Waxay calaamadeysaa barta ka bixitaanka dhidibka mentovertical-ka waana astaan aad u muhiim ah oo loo isticmaalo dhalmada lagu caawinayo qalabka vacuum ka (VAB). Marka bartamaha koobka vacuum ka la saaro barta laabashada oo jiidista la sameeyo, dhidibka madaxa ilmahu wuxuu noqon doonaa midka ugu habboon dhalmada (tusaale ahaan, madaxa waxaa loo dhaqaajin doonaa boos laaban).

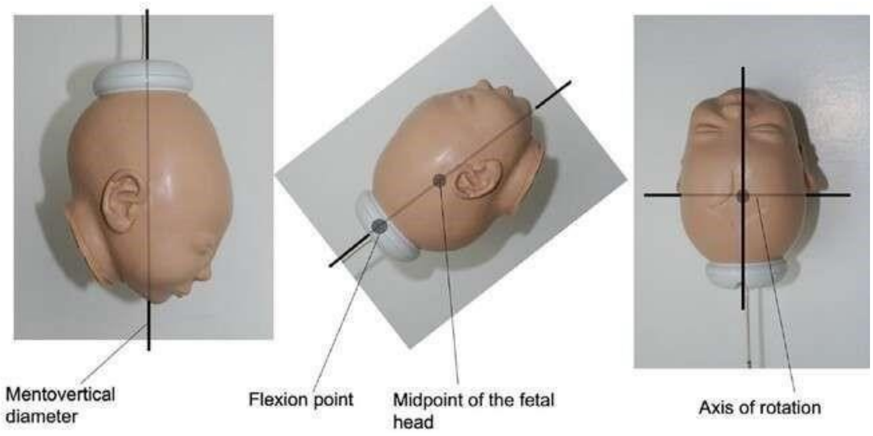
Barta Dhexe (Mid-point)

Barta dhexe ee madaxa ilmaha waxay ku taal dhidibka mentovertical-ka laakiin gudaheeda dhanka lafaha madaxa (cranium), qiyaastii 6 cm u jirta meesha ugu sarreysa madaxa (vertex). Dhidibka dheer ee madaxa ilmaha ayaa ku wareega heerka barta dhexe marka madaxu soo dego. Sidaa darteed, jiidista qalabka vacuum ka looma isticmaali karo xagga sare ilaa barta dhexe ay ka hoos marto lafta simfisis pubis ka hooyada.

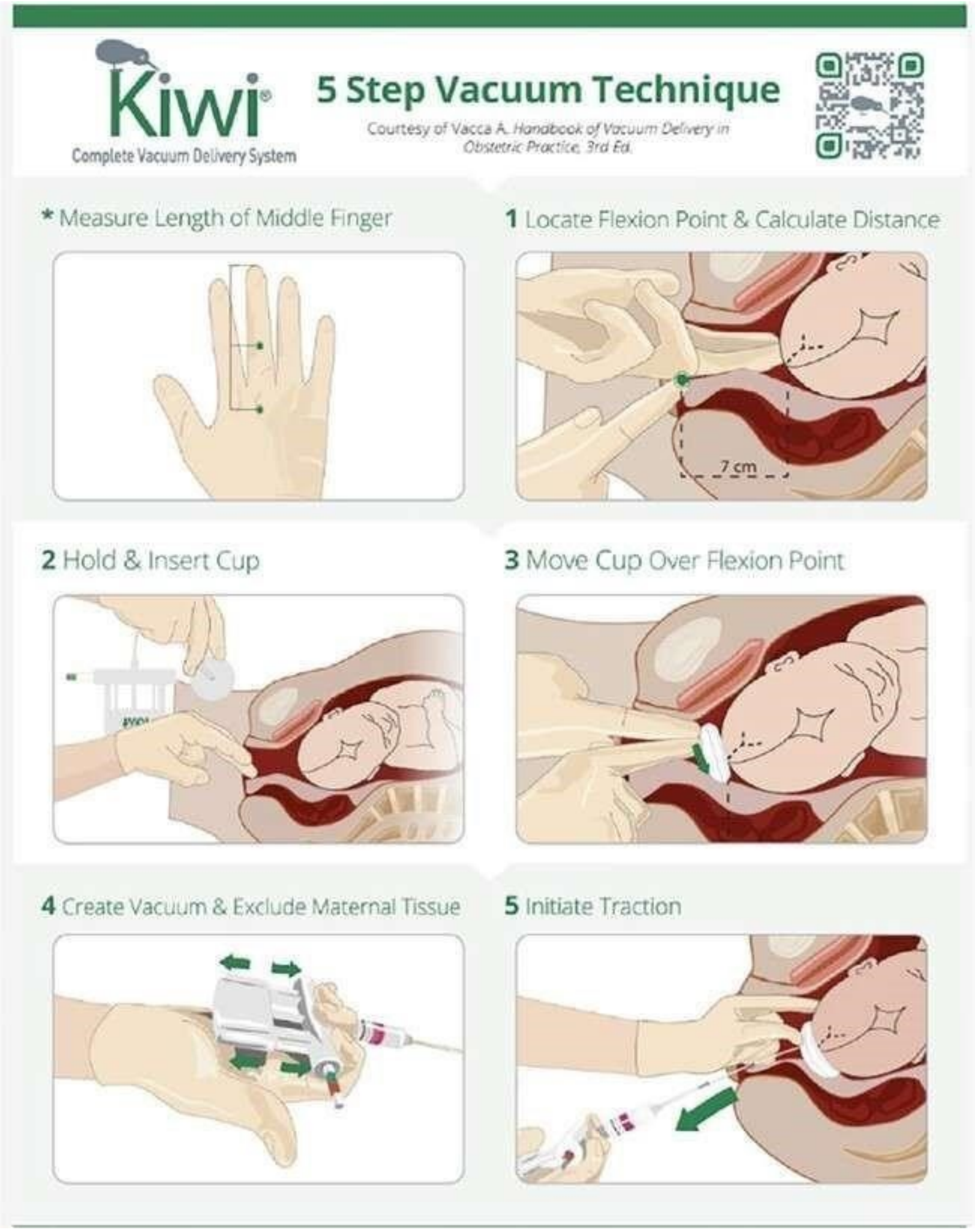
Maadaama barta dhexe ay ku taal isla heerka dhidibka ugu ballaadhan ee madaxa ilmaha, iska caabbinta dhalmadu way ka weyn tahay heerkan marka loo eego heerka koobka vacuum ka. Saamaynta ku saabsan dhaqdhaqaaqa ayaa ah in marka koobka vacuum ku uu gaadho afaafka xubinta taranka, dhidibka ugu ballaadhan ee madaxa ilmaha uu marayo qaybta ugu cidhiidhisan ee marinka dhalmada, kuwaas oo ah salka miskaha iyo gumaarka. Marxaladdan VAB guud ahaan waxaa lala xidhiidhiyaa heerarka iska caabbineed ee ugu badan marka loo eego kuwa lala kulmo iyagoo ku jira marxaladda soo degidda.



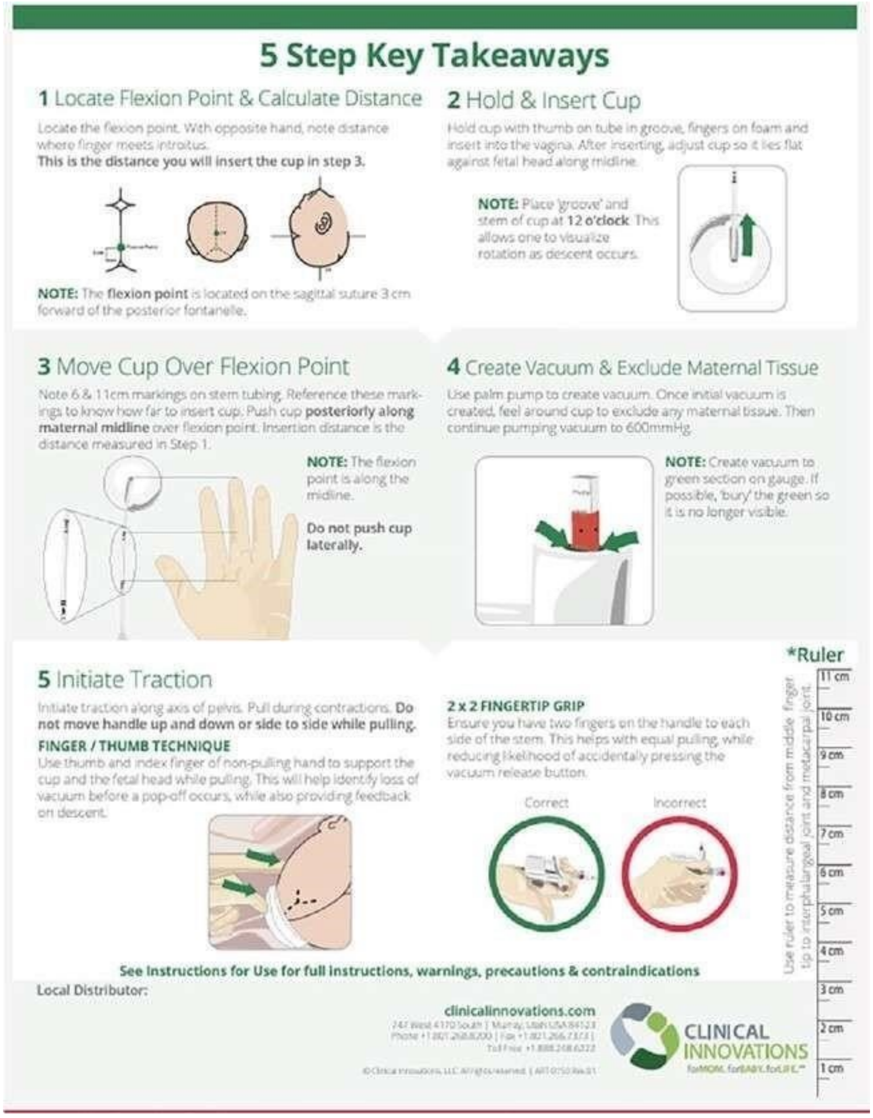
Jaantuuska 10.5 barta laabista ee madaxa iyo meelaynta koobka nuugista



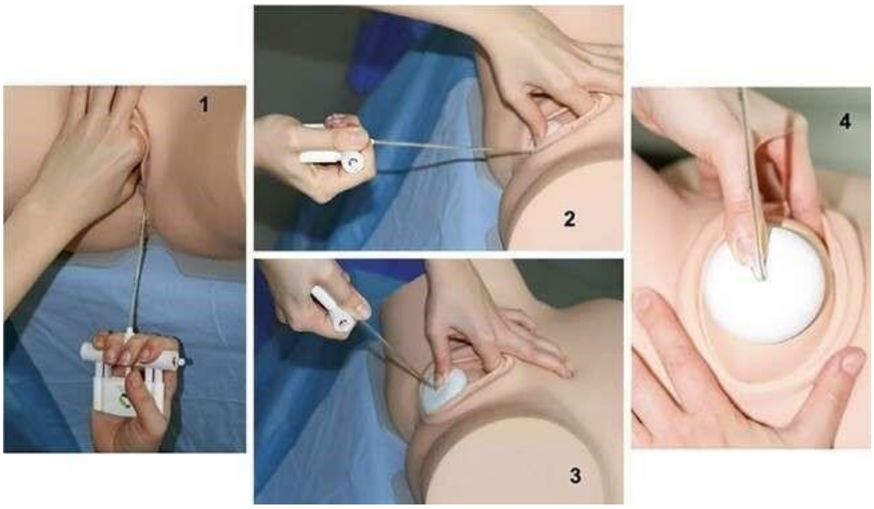
Jaantuska 10.6 Dhidibka Mentovertical-ka, barta laabista, iyo barta dhexe ee madaxa ilmaha uurka ku jira iyo meelaynta koobka



Jaantuska 10.7 Farsamada Nuugista ee Talaabo-tallaabada ah



Jaantuska 10.8 Shanta Qodob ee Farsamada Muhiimka ah. Ruqsad Laga Haysto Laborie



Jaantuska 10.9 Jihada jiidista ee dhalmada lagu caawinayo qalabka xubinta taranka

5. Samee Jiidista (Apply traction)

- Jihada jiidista waa in marka hore loo isticmaalo xagga hoose, iyadoo la raacayo jihada dhidibka miskaha (pelvic axis), had iyo jeerna lala kaashanayo dadaallada riixmada hooyada.
- Marka koobka VAB-ku gaadho afaafka xubinta taranka ama marka madaxu soo dego, jihada jiidistu waxay si tartiib tartiib ah isugu beddeli doontaa xagga sare.
- Ku dhejinta koobka ee madaxa ilmaha ayaa ka waxtar badan marka jihada jiidistu ay si toos ah ugu beegnaato dhexda koobka.
- Jiidistu waa hawl u baahan laba laba gacmood. 'Gacanta jiidaysa' waxay samaynaysaa soo jiidista, halka 'gacanta aan jiideynin' ay bixinayso cadaadis celis (ilaalin) ah waxayna ka hortagtaa in koobku ka baxo madaxa.
- Jiidista waa in la sameeyaa oo kaliya marka ay fooshu socoto iyo marka ay hooyaddu riixayso foosha. Haddii foosha ilmo-galeenku ay aad u daciif tahay, waa in la bilaabo daawada oxytocin xididka laga siiyo.
- Ka fogow wareegidda ama dhaqdhaqaaqa dhinac-ilaa-dhinac ah.

Booska 'farta-caaradeeda' ee gacanta jiidaysa: Shaqooyinka gacanta jiidaysa waa sida soo socota:

- In jihada jiidista loo raaco dhidibka dhexe ee miskaha hooyada si loo laabo madaxa ilmaha, si loo gaadho dhidibka ugu habboon ee madaxa ilmaha ee dhalmada.
- In la sameeyo jiidis dheeraad ah laakiin aan xad dhaaf ahayn marka lagu daro riixista hooyada.
- In la xaddido xoogga jiidista iyadoo kaliya lagu jiidayo caarada faraha, iyo kaliya inta ay fooshu socoto marka hooyadu riixayso.

Booska 'farta-iyo-suulka' ee gacanta aan jiideynin:

- Suulka gacanta aan jiideynin waa in la saaraa dusha sare ee koobka si loo bixiyo xoog ama cadaadis celis (ilaalin) ah marka loo baahdo, inta lagu jiro jiidista.
- Farta murdisada ee gacanta aan jiideynin waa in ay saarnaataa madaxa ilmaha ee ka horreeya koobka, oo ay xakameyso isbedelada kala duwan sida (soo degidda, laabista, wareegidda maduxu iskii u samaynayo). Waa in lagu ilaaliyaa booskan farta-iyo-suulka ah ilaa inta madaxu ka soo baxo (crowned) ama laga dhaliyo.
- Bixinta taageerada perineum ka ama (ilaalinta perineum ka) waa in uu bixiyaa kaaliyuhu ama nurse ta, ee ma aha qofka isticmaalaya qalabka vacuum ka.

10.2.2 Astaamaha Isbedellada Kala Duwan (Signs of Progress)

Waa inuu jiraa isbedel muuqda oo la arkayo jiidis kasta. Waa in ay jirtaa isbedel dhab ah oo uu samaynayo madaxa ilmaha, ee ma aha oo kaliya fiditaanka maqaarka madaxa sare (caput). Farta murdisada ee gacanta aan jiideynin waa in ay dareentaa soo degidda, laabashda, iyo wareegidda madaxa ilmaha. Tuunbada jiidista ee qalabka vacuum ku ayaa noqon doonta mid si muuqata uga baxaysay afka xubinta taranka.

Laba marxaladood ayaa lagu kala sooci karaa VAB:

- **Marxaladda soo degidda**, laga bilaabo saarista koobka ilaa uu ka muuqdo afka xubinta taranka.
- **Marxaladda salka miskaha (pelvic floor stage)**, ilaa dhalmada laga dhammaystirayo.

Xaalado badan, waxa la isticmaala tiro badan oo jiidis ah inta lagu jiro marxaladda salka miskaha (**pelvic floor stage)** marka loo eego marxaladda soo degidda. Dhaqan ahaan, 'xeerka saddexda jiidis' ayaa lagu dabaqaa VAB si ay u noqoto mid badbaado leh. Xeerku wuxuu leeyahay 'haddii aysan jirin horumar wanaagsan oo la sameeyay saddexdan jiidis ka dib, kiiska waa in si taxadar leh dib loo qiimeeyo'. Si kastaba ha ahaatee, dhaqanka (practice) casriga ah ayaa laga yaabaa inuu oggolaado ilaa saddex jiidis oo lagu sameeyo soo degidda iyo saddex jiidis oo kale oo lagu sameeyo marxaladda salka miskaha.

10.2.3 Ka Bixitaanka Koobka ama 'Pop-Off'

Inta badan ka bixitaanka (pop-off) wuxuu dhacaa inta lagu jiro marxaladda **pelvic floor stage.** Sababta waxaa laga yaabaa inay tahay isku-dheelitir la'aanta baaxada madaxa ilmaha iyo miskaha hooyada ama bararka madaxa ilmaha oo aad u weyn. Si kastaba ha ahaatee, xaaladaha badankood, jihada jiidista vacuumka oo khaldan, (aan waafaqsanayn pelvic axis ayaa ah sababta. Waxaad u dulqaadan kartaa ilaa laba jeer oo koobku ka baxo. Taas ka dib, waa inaad tixgelisaa tallaabooyin kale, sida jeexidda gumaarka (episiotomy) haddii dhalmadu ay u muuqato mid dhow, ama haddii kale qalliin C-section ah. Xeerarka badbaadada waxa lagu sharxay Jadwalka 10.5.

Jadwalka 10. 5 *Xeerarka badbaadada: Ogoow goorta la odhanayo 'JOOJI'! [2] Ogoow goorta la odhanayo 'JOOJI'!*

- Haddii fooshu ay samayn waydo wax horumara (soo degida) jiidis kasta.
- Haddii dhalid la gaadhi waayo ama aysan soo dhowaan saddex jiidis ka dib.
- Markuu dhamaado waqtiga guud ee xaddidan oo ah 15–20 daqiiqo.
- Haddii koobka vacuum ku uu ka baxo wax ka badan 2 daqiiqdood. If the vacuum cup detaches (pop-off) more than 2 times

10.2.4 Jeexidda Gumaarka (Episiotomy)

Dhaqan ahaan, jeexidda gumaarka (**episiotomy)** waxaa loo arkayay mid khasab ah dhalmada VAB. Maalmahani, waxa lagu talinayaa isticmaal xaddidan oo episiotomy ama jeexidda gumaarka, waana in aan la samayn episiotomy joogto ah. Si kastaba ha ahaatee, waxaad u baahan kartaa jiidis dheeraad ah si aad ugu oggolaato gumaarka inuu fido ka hor inta aan la dhammaystirin dhalmada iyada oo aan la samayn episiotomy. Waxaa muhiim ah in la oggolaado waqti ku filan si gumaarka uu si tartiib tartiib ah u fido.

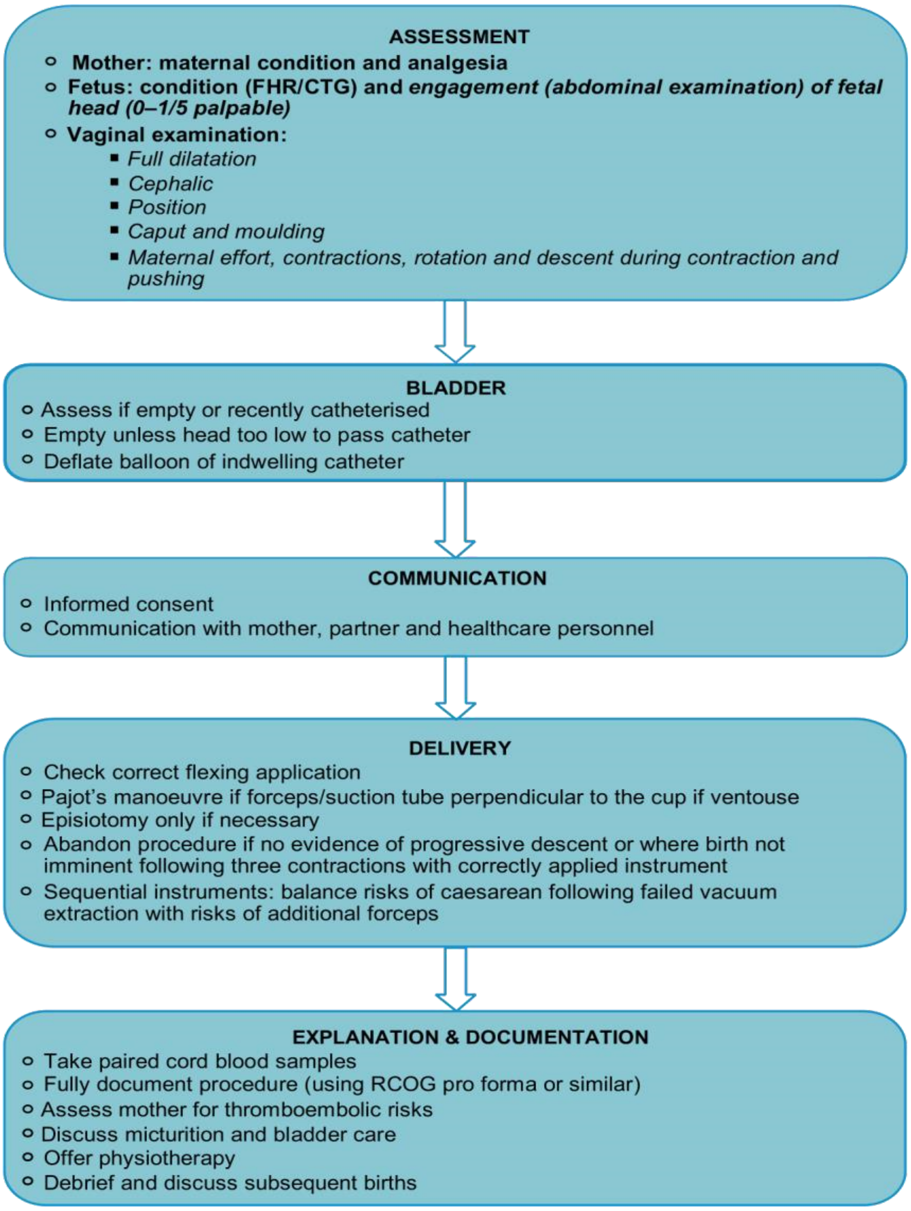
10.2.5 Dhalmada ka dib

Ka dib marka madaxu uu dhasho, siidaa cadaadiska vacuum-ka oo dhammaystiran dhalmada sidii caadiga ahayd. U sheeg waalidiinta in bararka madaxa ilmuhu (chignon) ee dhashay uu si degdeg ah u baaba'i doono. Haddii ilmuhu si fiican ula qabsanayo (fully adapting), sii ilmaha hooyada si ay isku bartaan. Shaqaalaha dib u soo nooleynta ilmaha (resuscitation unit) waa inay diyaar ahaadaan haddii ay dhacdo dhalmo oo VAB ah. Dib u eeg salka miskaha hooyada si aad u aragto jeexitaanno ka dib markaad siiso suuxdin area-dan oo ku filan. Ugu sharax dhalmada iyo isticmaalka vacuum-ka ereyo fudud oo ay hooyadadu fahmi karto, oo ka jawaab su'aalaheeda.

Haweeneydu waa inay kaadisaa 4 ilaa 6 saacadood ugu badnaan ka dib dhalmada. Haddii aysan awoodin inay sidaas samayso, waa inaad ka shakidaa in kaadidu ay ku xidhan tahay (ku istaagtay) oo aad ku xidhaa kaatiitar (catheterize the bladder). Khatarta kaadida oo xiranta way jirtaa ka dib dhalmada xubinta taranka ah ee iskeed u dhacda (SVD) laakiin way kordheysaa dhalmada VAB ka dib.

10.3 Habraaca Talaabooyinka (Algorithm)

Jaantuska soo socda ee 10.10 wuxuu soo bandhigayaa shaxda socodka ee VAB badbaado leh. Ogow isticmaalka xusuusta ABCDE.



Jaantuska 10.10 Shaxda socodka ee ROBuST ABCDE: Habraaca (algorithm) dhalmada lagu caawinayo qalabka Vacuum" (ROBuST flow chart ABCDE: Vacuum-assisted birth algorithm [1] (reproduced with permission of The Licensor through PLSclear)

10.4 Gunaanad

Iyadoo la isticmaalayo hab nidaamsan iyo xirfado farsamo oo wanaagsan, waxaad ka hortegi kartaa qalliinka dhalmada (C-section) oo aan loo baahnayn adigoo ku dhaqmaya habab caafimaad oo badbaado leh.

Tixraac

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Cutubka 11

11.Madaxa Ilmaha ee Isku-dheggen Xilliga Qalliinka Umusha

11.1 Hordhac: Taariikh and Caddeymo

Iyadoo ay sii kordhayaan guud ahaan heerarka qalliinnada qaybta (caesarean sections), ayaa sidoo kale waxaa la arkayay koror ku yimid qalliinnada qaybta ee lagu sameeyo xilliga uu ilmaha madaxiisu si buuxda u soo degay (CSFD) tobannaankii sano ee la soo dhaafay [8]. Qalliinnada CSFD waxay u kordhayeen si heer sare oo ah dhibaatooyinka soo gaadha hooyada iyo ilmaha ay dhashay, sababtoo ah farsamo ahaan way adkaan karaan (Shaxda 11.1) [13]. Halista dhimashada hooyada ee ka dhalata qalliinnada C/S ee degdegga ah ee heerka labaad ee foosha (second stage) ayaa si aan kala sooc lahayn sare ugu kacda waddamada soo koraya ama dhexdhexaadka yahay, iyo dumarka ku nool waddamada Saxaraha ka hooseeya [14].

Dhibaatooyinka farsamo ee xilliga CSFD waxay ka dhashaan hababkan soo socda:

- Madaxa ilmaha ayaa si qoto dheer ugu dheggan miskaha hooyada (Sawirka 11.1), badanaana ku jira meel qalloocan, sida kubbadda oo kale oo dheri ku jirta.
- Waxaa jira faakiyuum (vacuum) u dhexeeya unugyada ilmaha iyo hooyada.
- Gacanta dhakhtarka qalliinka ma lahan meel ay kala dhex gasho madaxa ilmaha iyo lafta isku xidha miskaha hooyada (maternal symphysis).

Dhibaatooyinkan farsamo dhamaantood waxay keenaan adkaanshaha soo saarista ilmaha, iyo dhibaatooyin soo gaadha hooyada iyo ilmaha dhashay. Madaxa ilmaha ee isku-dheggan wuxuu adkayn karaa xitaa 1 ka mid ah 10kii qalliin ee degdegga ahaa ee ilmo dhalidda [2].

Macluumaad Dheeraad ah: Nooca online-ka ah ee buuggan wuxuu ka kooban yahay agab dheeraad ah oo laga heli karo: https://doi.org/10.1007/978-3-031-81931-5_11.

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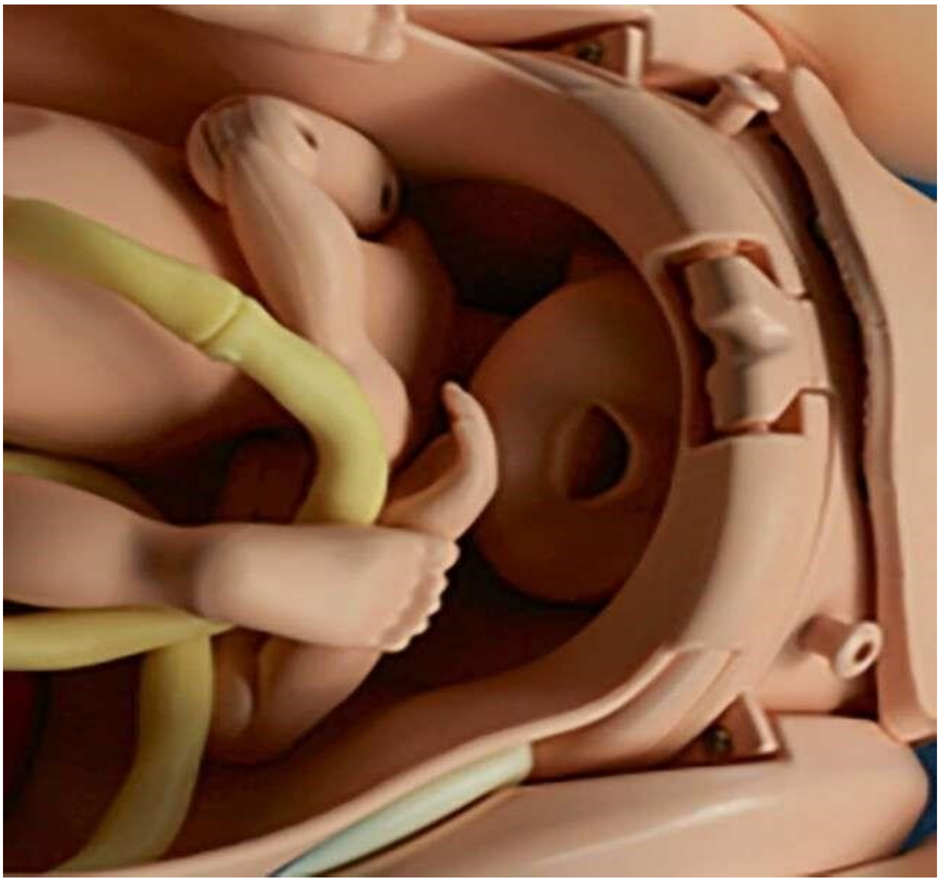
https://doi.org/10.1007/978-3-031-81931-5_11

Jadwalka 11. 1 *Dhibaatooyinka ka dhasha qalliinka Makaanka ee degdegga ah (CSFD) iyo marka madaxa ilmaha uu si aad ah ugu dhago miskaha (deeply impacted foetal head) [1, 5, 6]*

Dhibaatooyinka Hooyada	**Dhibaatooyinka Ilmaha**
Jeexniinka Makaanka (sida afka Makaanka, unugyada agagaarka Makaanka, ama jirka Makaanka)	Dhaawacyada ka dhasha ogsijiin la'aanta iyo dhiig la'aanta (HIE)
Dhaawacyada kaadimareenka ama kaadihaysta	Dhaawaca lafaha (sida jabniinka)
Jeexniinka derbiga xubinta dhalmada (siilka)	Dhiig-baxa madaxa gudihiisa ah (Intracranial bleeding)
Dhiig-baxa dhalmada ka dib (Postpartum haemorrhage)	Dhaawaca neerfaha ee garbka (neerfaha *brachial plexus*)

jaantuuska 11.1 Madaxa ilmaha uurka ku jira oo si aad u mool ah ugu steeyay miskaha isaga oo u jeeda dhinaca dhabarka-gadaal-is-rogidda ah (dorso-posterior-deflected-position).



11.2 Maaraynta

Qaybtani waxay qeexaysaa sida loo maareeyo CSFD si loo yareeyo dhibaatooyinka hooyada iyo ilmaha dhashay.

11.2.1 Aqoonsiga iyo ogaanta Qodobbada Halista leh

Waxaa muhiim ah in laga warqabo qodobbada halista u ah

CSFD:

- Fool dheer oo marxaladda koowaad iyo labaad ah.
- Mudo dheer oo u dhaxaysa go'aaminta qalliinka C/S iyo bilawga hawlgalka (qalliinka).
- Madaxa ilmaha oo si qoto dheer ugu dheggan miskaha hooyada (interspinal).
- qalloocan ku timid sida uu uso baxayo (gaar ahaan marka madaxa ilmuhu xagga dambe u jeedo, occipito-posterior presentation).
- Ilmo weyn (foetal macrosomia).
- Cayilka hooyada (BMI > 30 kg/m^2).

11.2.2 Tallaabooyinka ka Hor Tagitaanka Qalliinka c/s

- Jooji daawada fududaysa foosha (oxytocin) isla markaaba ka dib go'aaminta qalliinka qaybta.
- Mar labaad baadhitaan xubinta taranka ah (vaginal examination) ku samee qolka qalliinka, wax yar ka hor inta aan hawsha la bilaabin. Haddii mawqifka ilmaha uu hadda hooseeyo oo ku filan in lagu soo saaro qalabka xubinta taranka (operative vaginal delivery), u sheeg kooxda, oo samee VAB (Vaginal Assisted Birth) gudaha qolka qalliinka.
- Ka warqab mawqifka ilmaha; waxay caawin doontaa jihaynta haddii ay adkaato.
- Hooyada jiifi miiska qalliinka iyadoo lugaha wax yar kala fidsan yihiin haddii loo baahdo in xubinta taranka la galo.

Hakad Kooxeed (Team Time Out): Isticmaal liiska hubinta badbaadada qalliinka oo uga dig kooxda dhibaatooyinka suurtogalka ah: soo saarid adag oo ilmaha ah, halista dhiig-bax ka dib dhalmada; haddii ay suurtogal tahay, la socodsii kooxda dhakhaatiirta carruurta.

11.2.3 Tallaabooyinka Xilliga Qalliinka ee CSFD

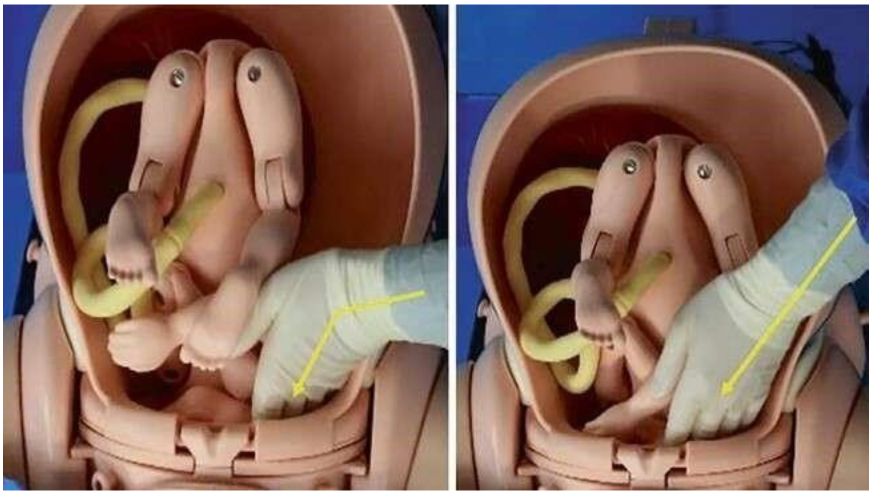
11.2.3.1 Tallaabooyinka Hore

- Miiska qalliinka hoos u dhig si ku filan, ama isticmaal kursi tillaabooyin leh. Tani waxay u oggolaanaysaa xagal wanaagsan oo lagu gaaro madaxa ilmaha, waxayna yaraynaysaa halista jeexitaanka ilmo-galeenka xagga makaanka (cervix) iyo xubinta taranka.
- Haddii ay jirto CSFD, samee xuubka kaadi haysta oo yar (small bladder flap) ka hor inta aan la jeexin ilmo-galeenka (uterotomy). Tani waxay caawinaysaa in la aqoonsado qaabdhismeedka haddii jeexitaanka ilmo-galeenka uu sii fiddo.

  Jeexitaanka ilmo-galeenka meel ka sarreysa sidii caadiga ahayd (qiyaastii 2 cm) si looga fogaado in shil ahaan jeexitaanku ugu fido xubinta taranka. Si kastaba ha ahaatee, xaqiiji in jeexitaanka ilmo-galeenka uu weli ku jiro qaybta hoose ee ilmo-galeenka.

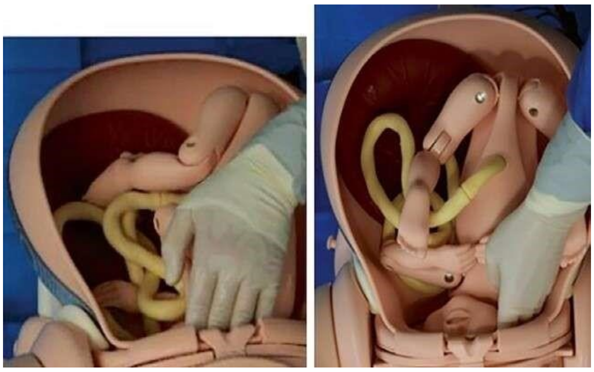
  Gacanta ka geli dhinaca madaxa ilmaha haddii aysan jirin meel ku filan oo u dhaxaysa madaxa ilmaha iyo lafta isku xidha miskaha hooyada (symphysis).

  Hel marin dhinaca ah oo aad ku gaarto madaxa ilmaha haddii aysan jirin meel ka hoosaysa lafta symphysis.



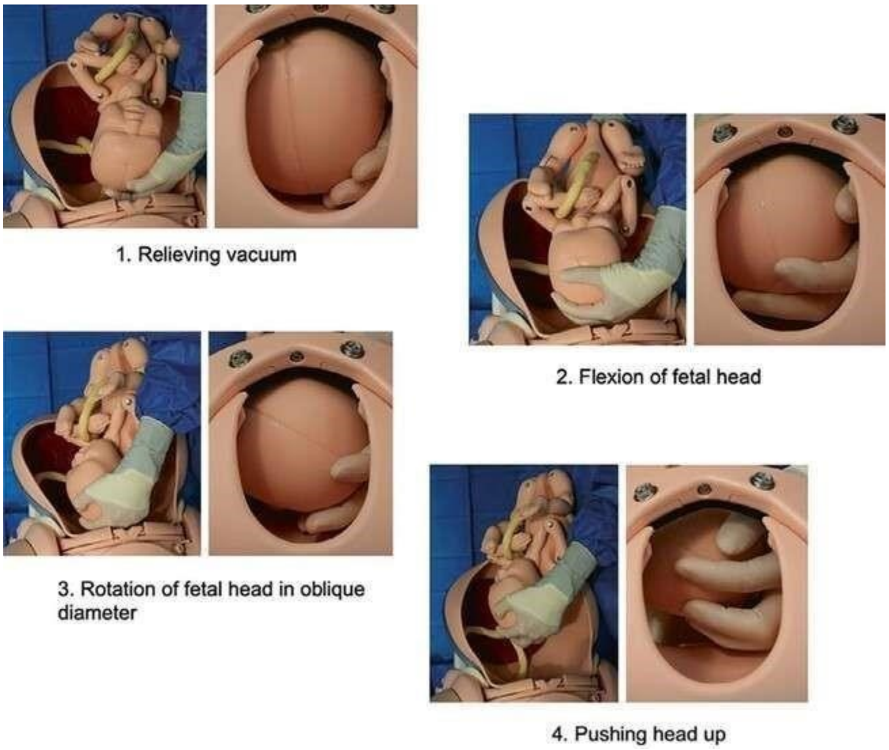
Jaantuuska 11.2 Importance of positioning of the operating table at the right height

jaantuuska 11.3 Habka dhinac-ka-gelitaanka ee madaxa ilmaha uurka ku jira (Lateral access to the foetal head



11.2.3.2 Habka loo Dhiibo Madaxa Ilmaha

Marka la dhiibayo madaxa ilmaha (foetal head) ee si qoto dheer u galay (impacted) xilliga qalliinka dhalmada (caesarean section), waa in aad ixtiraamtaa mabda'a farsamada dhalmada (logic of birth mechanics) si aad u guulaysato. Dhaqdhaqaaqyada uu madaxa ilmuhu raaco marka uu ka soo baxayo miskaha (pelvis) waa kuwa ka soo horjeeda kuwa uu raacay markii uu soo degayay. Waxaad u malaysan kartaa dhaqdhaqaaq furitaan ah (unscrewing movement) si aad si fiican u fahanto. Waa muhiim in la sii daayo *vacuum*-ka, la leexiyo (flex) madaxa ilmaha, (occiput posterior position) ka hor inta aan la isku dayin in kor loo riixo madaxa oo laga soo saaro daloolka ilmogaleenka (uterotomy) (Jaantusyada
11.4 iyo 11.5).



jaantuuska 11.4 Habka ama xirfada dhalmada xilliga qalliinka Makaanka (caesarean section).

Jaantuuska 11.5 Habka dhalmada inta lagu guda jiro qalliinka Makaanka (caesarean section).

1.2.3.3 Maxaa xiga haddii aadan ku guulaysan in aad dhiibto (soo saarto) ilmaha?

Waxaa lagu faahfaahiyay laba hab oo kala ah: habka riix-iyo-jiidista (push-and-pull method) iyo soo saaridda dabo keenka oo dib loo rogo (reverse breech extraction). Ma jirto caddayn muujinaysa habka ay tahay in marka hore la sameeyo. Shaxda 11.1, waxaa ku qoran faa'iidooyinka iyo khasaaraha labada hab. Marka la soo gaabiyo, inkasta oo soo saaridda daba keenku oo dib loo rogo ay farsamo ahaan noqon karto mid adag, waxay yaraynaysaa dhibaatooyinka hooyada, ugu horrayn jeexitaannada daloolka ilmogaleenka (uterotomy tears) iyo dhiig-baxa. Jirrooyinka ilmaha (neonatal morbidity) ayaa badan habka riix-iyo-jiidista, laakiin dhaawaca ilmaha ayaa laga yaabaa inuu isku mid noqdo labada hab.
Waa muhiim in si fiican loo barto labada farsamooyin oo la diyaariyo qorshe ficil oo wanaagsan marka ilmaha aan lagu dhiibi karin farsamooyinka caadiga ah (Shaxda 11.2).

11.2.3.4 Habka Riixista-iyo-Jiidista (Push-and-Pull Method)

- Marka hore, isku day in aad si tartiib ah u jiiddo oo u rogto garbihii ilmaha (foetal shoulders). Mararka qaarkood, tani way ku filnaan doontaa in ay meesheeda ka soo saarto madaxa ilmaha (Jaantuska 11.6).
- Kadib weydiiso kaaliyaha in uu madaxa kor uga riixo xubinta taranka haweenka (vagina). Isku day in aad madaxa kor ugu riixdo calaacasha adoo ku riixaya gacantaada intii suurtogal ah si aad uga fogaato cadaadis meel gaar ah saaran madaxa (skull) oo faraha ka yimaada. Isla markaas, waa in aad isku daydaa in aad leexiso (flex) madaxa ilmaha (Jaantuska 11.7).
- Isla markaas, dhakhtarka dhalmada (obstetrician) waa in uu gacan geliyaa madaxa hoostiisa si uu u leexiyo, u rogo, korna ugu riixo madaxa oo uu uga soo saaro daloolka ilmo-galeenka (uterotomy).

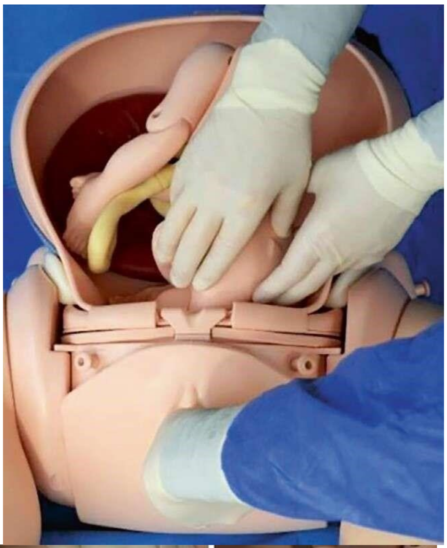
Jadwalka 11. 2 *Comparison of outcomes between the push-and-pull method and reverse breech extraction*

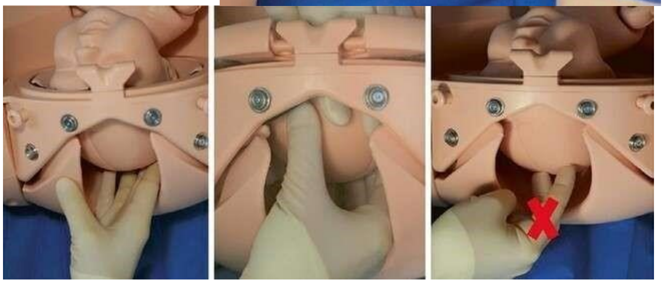
[1, 3, 7]

Natiijada	Habka (method)	
	Riix hadana soo- jiid	Rogida dabo keenka (Reverse breech)
Neonatal morbidity: Xanuunada ama dhibaatooyinka caafimaad ee ku dhaca ilmaha dhashay.	↑	↓
Neonatal trauma: Dhaawacyada soo gaara ilmaha dhashay xilliga dhalmada.	=	=
Intensive neonatal care unit (NICU): Qaybta xannaanada gaarka ah ee ilmaha dhashay (ama qaybta carruurta dhashay ee xaaladdoodu halista tahay).	↑	↓
Uterotomy tears: Jeexniinka ku yimaada darbiga Makaanka inta lagu jiro qalliinka.	↑	↓
Maternal blood loss: Dhiigga ka baxa hooyada.	↑	↓
Endomyometritis: Caabuqa ku dhaca xuubka gudaha iyo muruqa Makaanka (caabuqa Makaanka).	↑	↓

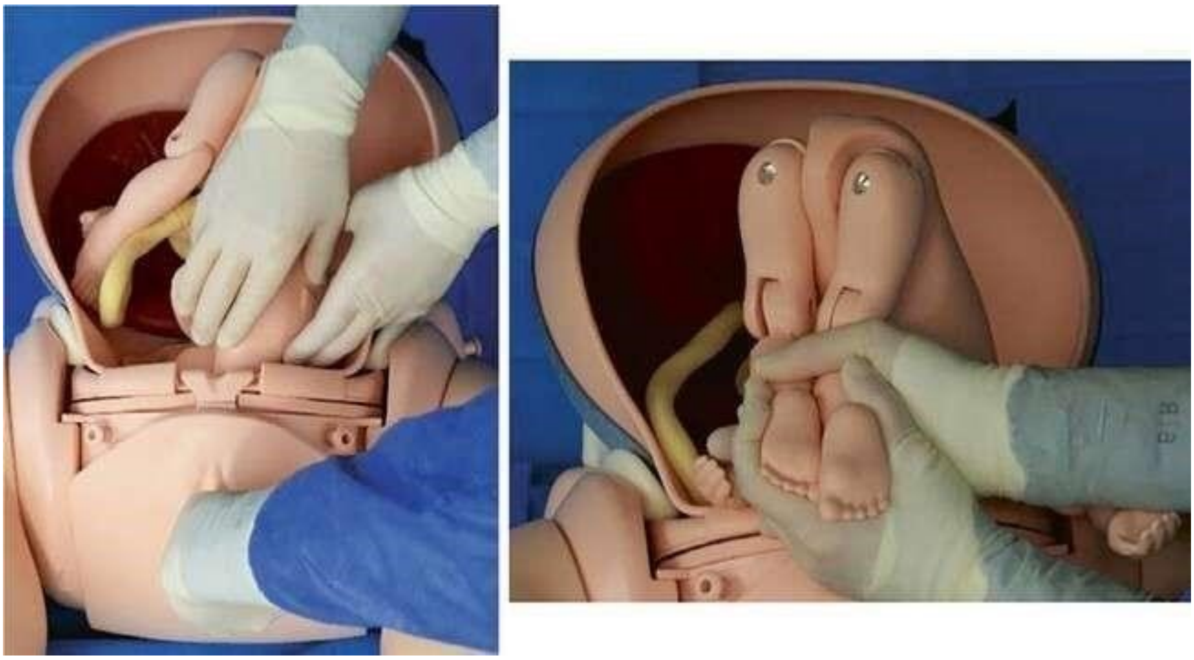
jiidida tartiib ah iyo ilmaha uurka ku jira.

Jaantuuska 11.6 soo -





jaantuuska 11.7 Kor u riixidda madaxa ilmaha uurka ku jira ee dhanka xubinta taranka.



jaantuuska 11.8 Habka riix-iyo-soo-jiidka (push-and-pull) iyo soo-saarista ilmaha ee lugaha (reverse breech extraction).

11.2.3.5 Soo Saaridda dabo-kenka oo Dib Loo Rogo (Reverse Breech Extraction)

Habkan, cagaha iyo jidhka ilmaha ayaa marka hore la soo saaraa, madaxana ugu dambayntii (Jaantuska 11.8). Farsamadani waxay noqon kartaa mid adag xagga farsamada. Sidaa darteed, waa in aad haysataa qorshe cad oo ku saabsan tallaabooyinka ay tahay in la gaaro si loo guulaysto:

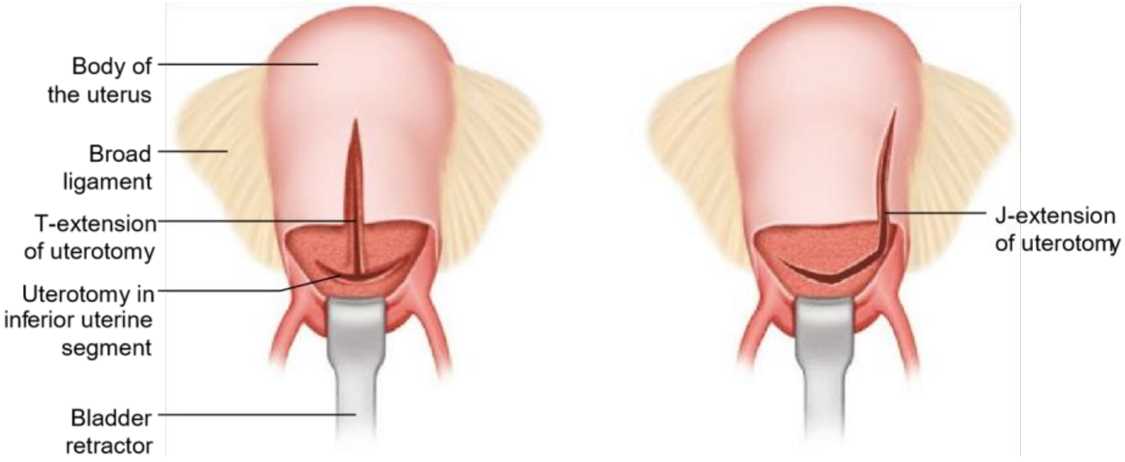
- Haddii aad si fudud ugu guulaysato in aad labada gacmood ka soo saarto daloolka ilmogaleenka (uterotomy), soo saar. Haddii kale, u gudub tallaabada xigta. Soo saaridda gacmaha marka hore waxaa sharaxay Patwardhan iyo kuwo kale, waxaana laga yaabaa in ay fududayso soo saaridda gacmaha iyo garbaha dhammaadka, laakiin maaha mid qasab ah.

- Gacantaada geli gudaha ilmo-galeenka oo raadi hal cag ama haddii ay suurtogal tahay labada cagoodba. Haddii ay kugu adkaato in aad hesho cagaha, raac dhabarka ilmaha xagga dabadisa iyo lugaha. Kadib, waxaad awoodi doontaa in aad qabsato ugu yaraan hal cag.

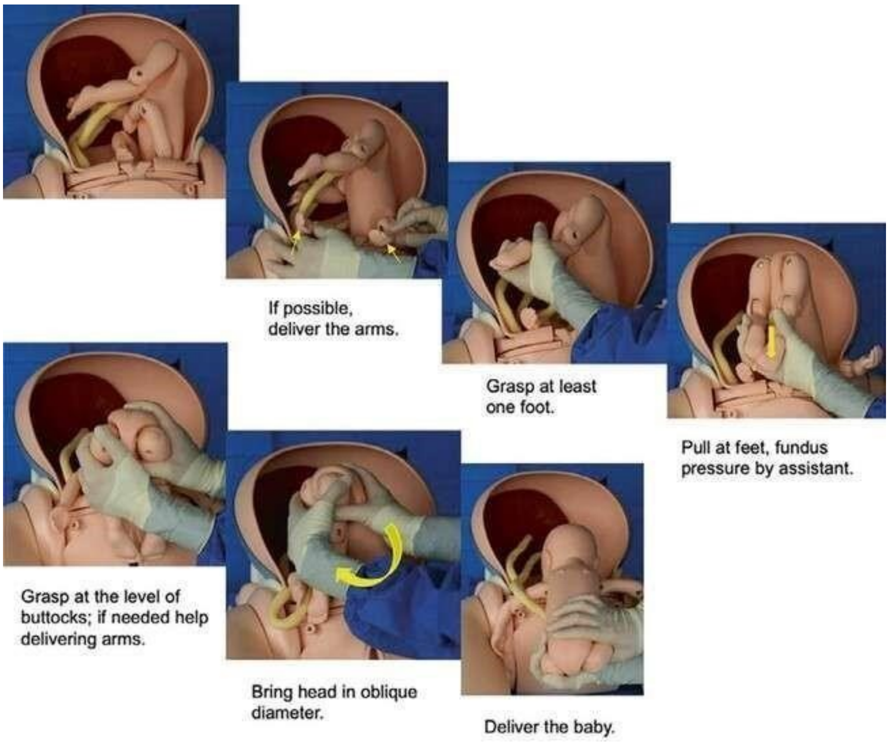
- Ballaadhinta daloolka ilmo-galeenka qaab T ama J ah maaha mid qasab ah. Waxay kordhinaysaa halista jeexitaanka ilmo-galeenka ee uurarka dambe. Haddii aadan haysan meel ku filan oo aad ka hesho cagta ilmaha, samee ballayrinta (Jaantuska 11.9). Ha u sii ballaadhin daloolka ilmo-galeenka dhinacyada, maxaa yeelay tani waxay halis weyn ku tahay jeexitaan qoto dheer oo soo gaara *parametrium*-ka, dhiig-bax badan, dayactir adag, iyo dhaawac soo gaara kaadi-mareenka (*ureter*).

- Ka jiid cagta ama cagaha ilmaha ilaa jidhka laga soo saaro. ku Qabashada cagaha tuwaal marxaladan waxay kaa caawin kartaa in aysan ka siiban gacmahaaga. Dhanka kale, kaaliyahaaga waa in uu ku caawiyaa isagoo cadaadis saaraya xagga sare ee ilmogaleenka (*fundus*).

- Ka caawi soo saaridda garbaha iyo gacmaha haddii loo baahdo.
- Si loo soo saaro madaxa ilmaha, waa in la sameeya farsamada dhalmada (*birth mechanics*). Tallaabadani way adkaan kartaa, in kastoo. Ka qabo ilmaha meesha badhida. Ka taxadar in aadan cadaadis saarin unugyada jilicsan ee caloosha. Isku day in aad si tartiib ah ugu dhaqaajiso madaxa dhexroor qalloocan ama mid isdhaafsan ka hor inta aadan soo saarin. Ugu dambayntii, dhaqaaq loo yaqaan *Veit–Smellie–Mauriceau manoeuvre* si loo leexiyo madaxa ayaa laga yaabaa inuu noqdo mid lagama maarmaan ah. Tallaabooyinkan waxaa lagu muujiyay Jaantuska 11.10.



jaantuuska 11.9 Fidinta dillaaca Makaanka ee qaabka T-ga ama J-ga ah, haddii loo baahdo si loo gaaro lugta ilmaha.



jaantuuska 11.10 Habka soo-saarista ilmaha ee lugaha (Reverse breech extraction) [1]

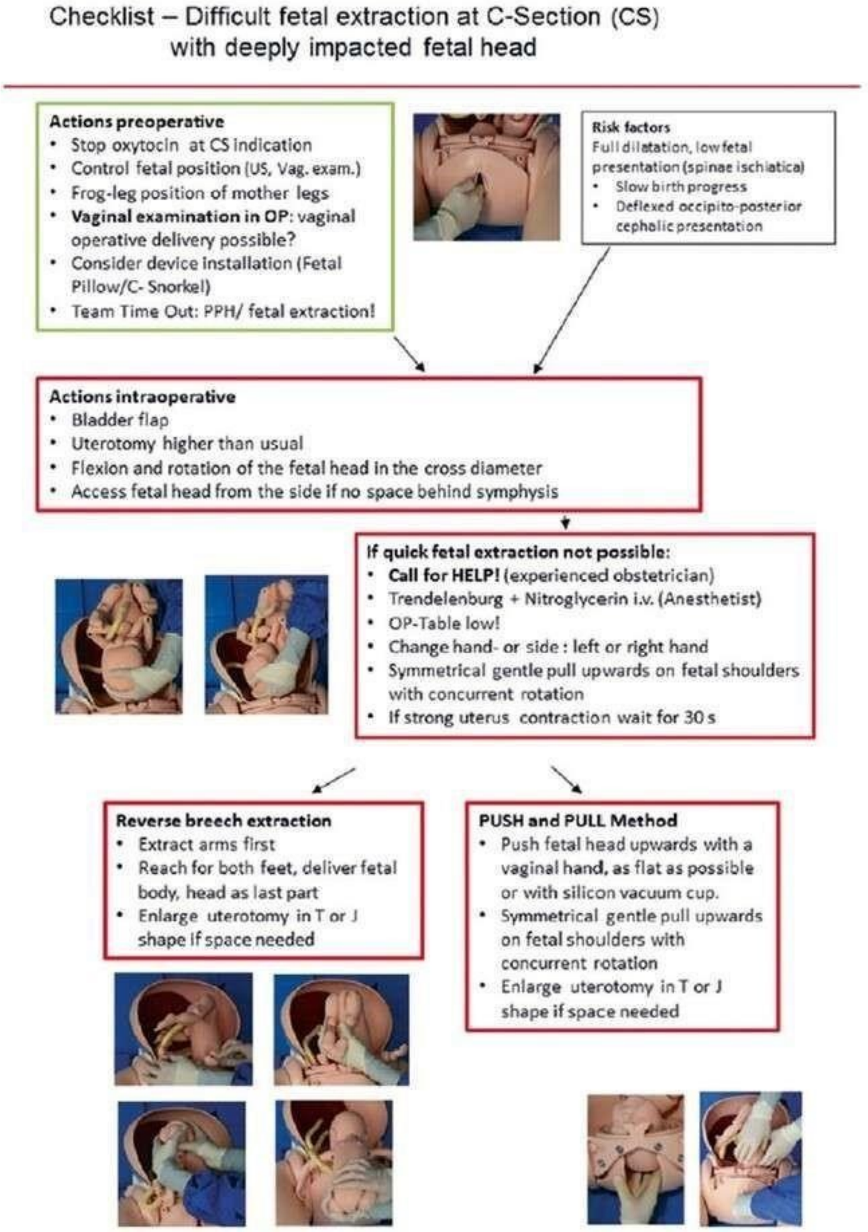
11.2.4 Tallaabooyinka ka Dambeeya Dhalashada Ilmaha

- **Baadhitaanka marinka dhalmada (*birth canal examination*):** Raadi jeexitaanno (lacerations) ku yaal *parametrium*-ka iyo afka ilmo-galeenka (*cervix*) xubinta taranka gabadha (*vagina*).
- **Haddii aan si cad wax loo arki karin:** Soo saaridda ilmo-galeenka (*uterus luxation*) dibedda daloolka caloosha (tani waxay kordhinaysaa cadaadiska ku saaran halbowleyaasha ilmogaleenka (*uterine arteries*) waxayna yaraynaysaa dhiig-baxa).
- **Haddii uu jiro jeexitaan qoto dheer oo *parametrium* ah:** Ka taxadar in aadan xidhin kaadimareenka (*ureter*)!
- **Ka Baadh ilmaha dhaawacyada (*injuries*) soo gaaray.**

11.3 Habraaca (*Algorithm*)

Jaantuska 11.11 wuxuu muujinayaa habraaca (algorithm) ee xaaladda dhalmada adag ee ilmaha

11.3Algorithm



jaantuuska 11.11 Algorithim: Soo-saarista adag ee xilliga qalliinka Makaanka marka madaxa ilmaha uu steeyo (Oggolaanshaha DeGruyter 2024 [11])

11.4 Gunaanad

Qalliinka dhalmada ee adag (CSFD - Caesarean Section for Foetal Distress/Difficulty) wuxuu noqon karaa arrin aad u adag marka madaxa ilmaha (foetal head) uu si qoto dheer u dhex galo miskaha hooyada
(maternal pelvis). Feejignow oo u diyaar garow in aad si degdeg ah u samayso dhaqaaqyada soo saaridda (*extraction manoeuvres*) si loo wanaajiyo natiijada hooyada iyo ilmaha labadaba.

Models-ka loo isticmaalay jaantusyada:

- Birthing Simulator PROMPT Flex—Standard (Simulatarka Dhalmada ee PROMPT Flex—Heerka caadiga ah)
- Enhanced Caesarean Section Module (ECSM)—PROMPT Flex (Qaybta Qalliinka Dhalmada ee la Hagaajiyay (ECSM)—PROMPT Flex)
- Laerdal training mannequin BLS (Qalabka tababarka ee Laerdal BLS)
- MVB Foetal head obstetrical training model (MVB Madaxa ilmaha ee qalabka tababarka dhalmada)

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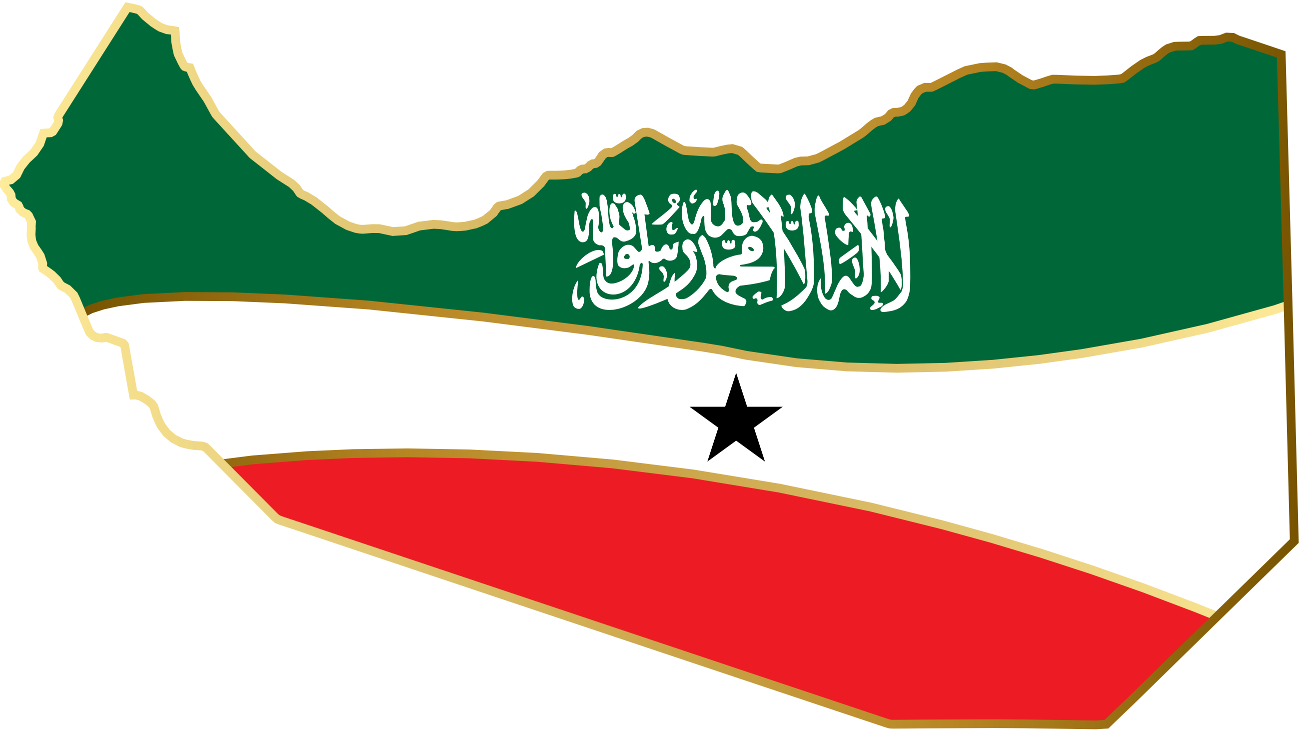

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