

A STUDY OF INFANT MORTALITY FROM OBSTRUCTION ASPHYXIA

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Abstract: Infant mortality is a extensive public fitness situation worldwide, and one of the main reasons of child mortality is obstruction asphyxia. Obstruction asphyxia takes place when there is a blockage of the airway, stopping the toddler from respiratory properly. This circumstance can have extreme consequences, regularly main to baby demise if now not at once addressed.

Keywords: Science, practice, development, cause, potential solutions, blood circulation

Introduction: Oxygen starvation of organs and tissues – oxygen deficiency, up to the complete cessation of oxygen supply to the body, is defined by the term “hypoxia”. The study of hypoxic conditions is one of the most important problems of theoretical and practical medicine, including forensic science and practice.

In forensic medicine, the most important are various forms of acute oxygen starvation, which occurs as a result of exposure to environmental factors (mainly mechanical), which have long been called mechanical asphyxia. In forensic medical expert practice, acute hypoxic conditions occupy one of the leading places.

According to many researchers, the examination of corpses of persons who died from various types of mechanical asphyxia accounts for 25-30% of all cases of violent death. According to the course, fulminant, acute, subacute and chronic hypoxia are distinguished. Lightning develops when inhaling gas mixtures in which there is practically no oxygen (for example, when inhaling inert gases - nitrogen, helium, methane, etc.).

In such cases, very quickly, within 45-90 seconds, loss of consciousness and death occurs. A similar course of hypoxia can be observed when a person gets into inspection and sewer pits, old wells, silos and vegetable pits, the air in which almost completely devoid of oxygen.

An acute form of oxygen starvation may occur when rising to the mountains, depressurization of the aircraft cabin at altitude, and inhalation of gas mixtures with insufficient oxygen in them. Symptoms of acute hypoxia (shortness of breath, palpitations, headache, nausea, vomiting, impaired coordination of movements, cyanosis, etc.) resemble alcohol intoxication. Quite quickly there comes a loss of self-criticism and the ability to realistically assess surrounding events and one's condition.

Currently, asphyxia is understood as a life-threatening pathological process caused by an acute lack of oxygen in the blood and tissues with the accumulation of carbon dioxide in the body, which is characterized by a severe symptom complex of disorders of the vital functions of the body, mainly the central nervous system, respiration and circulation. The causes of asphyxia are varied.

It can develop as a result of exposure to various external factors (compression of the neck, closing of the openings of the mouth and nose) or as a result of many diseases and pathological conditions (diphtheria, swelling of the mucous membrane of the larynx, compression of the larynx or trachea by a tumor, blockage of the bronchi with mucus, etc.).

Asphyxia caused by exposure to an external mechanical factor on the body is called mechanical asphyxia in forensic medicine. A fairly large number of classifications of mechanical asphyxia have been proposed. One of them, reflecting the most modern ideas about this type of death.

As a rule, mechanical asphyxia is acute. The duration of its course (from onset to death) is 6-8 minutes (the time during which the cerebral cortex dies). In the lifetime course of asphyxia, two periods are distinguished with pathophysiological disorders and their main clinical manifestations characteristic of each of them.

1. Pre-asphyxial: Due to acute oxygen deficiency and accumulation of carbon dioxide, active respiratory movements reflexively occur and, if the obstacle that arises during this period is not eliminated, a state of asphyxia develops and vice versa, if the obstacle is eliminated, asphyxia not developing. Duration about 1-2 minutes.

2. Asphyxial:

a) Phase of inspiratory dyspnea. At this stage, the body seeks to compensate for the lack of oxygen with inhalation movements, which are caused by the accumulation of carbon dioxide and its reflex effect on the central nervous system.

At the same time, the chest expands and negative pressure in the pleural cavities increases, which leads to stagnation of blood in the lungs, the right half of the heart and, accordingly, in the venous system. This in turn causes a sharp increase in pressure inside the capillaries in the pulmonary circulation.

Clinical manifestations at this stage: facial cyanosis, dilated pupils, erratic muscle movements, muscle weakness and loss of consciousness at the end of the phase. With slowly developing asphyxia, loss of consciousness is preceded by hearing, vision, and loss of pain sensitivity.

Hanging is a type of mechanical asphyxia in which a noose attached to an object is placed around the neck and tightened with the weight of the body or part of it. In the first case, the body hangs freely in a noose, in the second, the position of the corpse can be very diverse (lying down, reclining, sitting, etc.).

There is a distinction between complete hanging - with free hanging, and incomplete - in which a wide variety of positions of the body with a fulcrum are observed. In this case, most often observed positions approaching the "kneeling", "half-sitting" poses, with the feet touching the support. It should be noted that the weight of the entire body is not required to cause fatal asphyxia.

To tighten the noose when hanging, a weight of 4 kg is usually sufficient, i.e. weight of one head. The outflow of blood through the jugular veins stops at very low pressure, the carotid arteries are compressed when tightening a loop weighing 3-5 kg, and the vertebral arteries weighing 15-20 kg.

First aid for asphyxia not associated with swallowing:

Check the patency of the upper respiratory tract (URT). Remove foreign objects (algae, soil, knocked out teeth, sunken tongue, etc.), then resume perfusion in the lungs. Artificial respiration (forced injection of air into the patient's lungs "mouth to mouth" and "mouth to nose") as an immediate aid before the doctor arrives is used only if there is a valve device specially designed for this purpose.

Since death from asphyxia is caused by cardiac arrest, the most important part of first aid is the "pumping" of blood through the vessels of the body, which provides the vital need for oxygen to the brain. This process is ensured by indirect cardiac massage.

Conclusion: Infant mortality from obsturation asphyxia can be averted via complete prevention and intervention strategies. Focused efforts ought to be directed in the direction of improving maternal education, optimizing transport room practices, and strengthening postnatal care. By addressing these factors, we can considerably decrease the burden of baby mortality prompted by using obsturation asphyxia and enhance the standard fitness and well-being of newborns.

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