Background: The World Health Organization (WHO) defines obstetric hemorrhage as a loss greater than 500 mL of the total volume of blood in the first 24 hours postpartum or greater than 1,000 mL of postoperative bleeding in cesarean procedures.

Objectives: To compare the results of two surgical techniques (uterine arteries ligation vs hypogastric arteries ligation) in the treatment of obstetric hemorrhage.

Material and method: A retrospective study that identified patients with obstetric hemorrhage in the list of the surgery and delivery rooms at Regional Hospital Lic. Adolfo López Mateos, from January 1, 2011 to January 1, 2013. Patients showing obstetric hemorrhage secondary to uterine atony who underwent uterine arteries ligation or hypogastric arteries ligation were included. Uterine bleeding due to other causes and/or coagulation disorders was not considered.

Results: Uterine arteries ligation was the most frequent technique used for postpartum obstetric hemorrhage; whereas hypogastric arteries ligation was mainly used for transcesarean obstetric hemorrhage. Time of surgery, perioperative blood loss, time in hospital, blood transfusion and re-intervention requirement were lower for uterine arteries ligation technique in comparison with hypogastric arteries ligation.

Conclusions: Uterine arteries ligation is a faster and safer technique that allows the hemodynamic stabilization and the accelerated recovery of patients with postpartum and trans cesarean hemorrhage.

Keywords
Obstetric hemorrhage, hypogastric arteries ligation, uterine arteries ligation.