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good surgeons or their clinical teams from smaller hospitals are joining
 erudition, knowledge and skills. This issue, however, differs from
 of the most famous postpartum hemorrhage in Western Europe and is one of
 the decreases in the total contribution of super-specialized care and in
 a logical consequence of migration in our field. The migration of
 frequently lack the opportunity to gain sufficient evidence within their
 specialty training to be able to nearly equal the level of expertise
 peritoneal space, which is essential in the management of severe forms of
 postpartum hemorrhage, one of the leading causes of maternal mortality
 around the world.
 With a few exceptions, only a small number of centers have the prop-
 erty of a specialized oncology center have actual expertise in this type of
 surgery. There are only a few centers in the world that have a high level of
 and the number will decline even more due to a strong concentration of
 super-specialized care. Theirs' understanding of severe forms of postpartum
 hemorrhage during the centralization of super-specialized care is
 gynecologic oncology, however, it carries with it a negative impact on the
 surgical erudition essential for safety in delivery rooms and this know-
 ing. Therefore, understandably, we can observe worldwide efforts to find
 new ways to manage the critical cases of severe obstetrical hemorrhage
 other than open very extensive surgery. The most frequently suggested
 solution is to find a form of interventional radiology, such as uterine artery