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Original Research Paper

Abruptio-Placentae: A Retrospective Study

Medical Science

KEYWORDS : Abruption placenta, perinatal loss, maternal mortality

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ABSTRACT

Placental abruption is an obstetric complication that poses severe hazard to the pregnant woman and fetus. Obstetrical Hemorrhage accounts for 1/3 of maternal death.

With improvement in medical facilities, ambulance service, availability of blood & blood products and liberalization of caesarian section, the maternal mortality and morbidity is gradually decreasing.

MATERIALS AND METHODS

We conducted retrospective analysis of case sheets of abruption placenta from January 2015 to December 2015 in our hospital ISO /GOVT KGH CHENNAI. We took detailed history including age, parity, gestational age,whether labour natural or LSCS, association with pih and comnplications. All data were collected on structural data form and analysed for statistics.

RESULTS AND ANALYSIS

The incidence of Abruptio-placenta was 0.4%. Majority were between 21-30 years(75%). Majority were multiparas. 6.2% patients had chronic hypertension. 68.8% had sevsre pre-eclampsia. Low birth weight incidence was 59.3%. Perinatal loss was 49.2%. Maternal mortality was 1%. PPH occurred in 36% of cases. ARF and DIC occurred in 0.02% and 0.08% respectively.

CONCLUSION

Abruptio placentae was associated with poor maternal and fetal outcomes. Early diagnosis and treatment of pre eclampsia would prevent abruption and related complications

INTRODUCTION

Abruption is defined as premature separation of normally situated placenta. Severe abruption was associated with a distinctly higher morbidity and mortality compared with other groups[1].

Abruption occurs in 0.4-1% of pregnancies.

Placental abruption is an obstetric complication that poses severe hazard to the pregnant woman and fetus. Obstetrical Hemorrhage accounts for 1/3 of maternal death.

Perinatal mortality is high with abruption due to its strong association with Preterm. Even babies born at 40weeks of gestation, birth weight of 3.5-3.9kg had 25 fold higher mortality with abruption[2].

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RESULTS AND ANALYSIS:

Total delivery from January 2015 to December 2015= 8199.

Total number of abruption-placentae from January 2015 to December 2015= 32

Incidence of abruption-placenta for the year 2015= 0.4%

AGE : Majority were between 21 to 30 years (34.4+ 40.6) 75%

S No.	AGE	PERCENTAGE
1.	<20 years	9.3%
2.	20-25 years	34.4%
3.	26-30years	40.6%
4.	>30years	15.6%

PARIT

Y: Majority were multiparous

S No.	PARITY	PERCENTAGE
1.	Primy	25.0%
2.	G2	40.6%
3.	G3	28.1%
4	G4,G5	6.2%

ASSOCIATION WITH PIH: 68.8% were with severe Pre-Eclampsia

S No.	TYPE	PERCENTAGE
1.	Severe Pre-eclampsia	68.8%
2.	Eclampsia	9.4%
3.	Chronic - HT	6.2%
4.	Normal BP	15.6%

FETAL OUTCOME: The incidence of still birth were 28.12%

S No.	FETAL OUTCOME	PERCENTAGE
1.	Still Birth	28.1%
2.	Live Birth	71.9%

MODE OF DELIVERY: Majority were delivered by LSCS

S No.	MODE OF DELIVERY	PERCENTAGE
1.	Vaginal Delivery	15.6%
2.	LSCS	84.3%

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BABY BIRTH WEIGHT: 59.3% (31.2+28.1) were LBW babies

S No.	BIRTH WEIGHT	PERCENTAGE
1.	<2.0Kg	31.2%
2.	2.1- 2.5Kg	28.1%
3.	2.6- 3.0Kg	21.9%
4.	>3.0Kg	18.8%

GESTATIONAL AGE: Majority were Preterm.

S No.	GESTATIONAL AGE	PERCENTAGE
1.	<32weeks	31.2%
2.	33- 36weeks	40.6%
3.	>36weeks	28.1%

COMPLICATIONS:

S No.	COMPLICATION	PERCENTAGE
1.	PPH	18.7%
2.	DIC	15.6%
3.	Acute Renal Failure	12.5%
4.	Shock	9.3%
5.	Pulmonary Edema	9.3%
6.	Emergency Obstetric Hysterectomy	6.2%
7.	Maternal Death	6.2%
8.	Uneventful	21.87%

PERINATAL LOSS: The percentage of perinatal loss was around 44.1%.

DISCUSSION

The incidence of abruptio- placentae was 0.4% in our study,which is similar to study by Sneha Kishore Wasnik [3] who reported 0.4 % and study by Issac Joel Abasi et al[4] reported 1.46 % ,study from Nigerian Republic[5] reported 3.6 % and study from Northern Tanzania[6] reported 0.34% of abruption-placentae.

In our study majority were between 21 -30 years,(34.4%+40.6%) 75 % were between 21-30 years.In study by Mussarat Jabeen[7] 73.5% were more than 35 years.

In our study primi were 25% and majority were multiparous . G2,G3,and G4,G5 were 40.6%,28.1% and 6.2% respectively .In study by Dr.Archana Mauriya[8] primi were 51.85% and in study by Vijaya Shree[9] majority were multiparous.

6.2% of patients with Chronic HT had abruptio- placentae in our study,where as study by Mussart Jabeen[7] reported 13.2% of chronic HTwith abruption .Severe preeclampsia,Eclampsia patients with abruption were 68.8%,9.4% respectively but study by Vijaya Shree [9]reported 44% of patients with PIH developed abruption.

In our study 71.8 % patients had live birth and 28.1% had still birth.where as study by Dr.Vrundha choudhary [10]et al live birth were 52.42% and still birth were 47.52%.

In our study 84.3% had delivered by LSCS and 15.6% delivered by Labour natural where as in study by Huma Tasleem [11]64% had vaginal delivery and 36% had LSCS.

Low birth weight incidence was 59.3% in our study where as study from pakistan [12]reported 70.5 % of low birth weight babies.

Perinatal loss was 49.2% in our study where as study from Europe[13&14]reported 9.2% of perinatal loss.and in study by Siddartha Majumder[15] et al reported 44.1% of perinatal loss.

Maternal mortality was 1% in our study but study from Issac Joel Abasi [4]reported 2.8% and Soma Mukharjee [16] reported 3.5% of maternal mortality.

Shock was 24.6% in our study where as study from Varikika Shrivatsava [17]reported 24.6%.

PPH was 36% in our study where as study from Sarwar I etal [18]reported 22.1%.

Acute renal failure and DIC was around 0.02% and 0.08% respectively in our study where as study by Seema Bibi[12] reported DIC 8%,ARF 2%.

CONCLUSION

Abruptio placentae was associated with poor maternal and fetal outcomes. Early diagnosis and treatment of pre eclampsia would prevent abruption and related complications.

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