Original Research Paper

Obstetrics & Gynecology

RETROSPECTIVE STUDY OF MATERNAL MORTALITY AND MORBIDITY IN ABRUPTION AND PLACENTA PREVIA - IN CENTRAL INDIA

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ABSTRACT
A total of 150 consecutive patients were recruited into the study from January 2015 to March 2016. Of the 150 participants who had APH, 25 patients (16.4 %)had placenta praevia whereas 125 patients (83.6%) had abruption. A study on patients mortality presenting with APH was done in Sri Aurobindo Medical College and PGI , Indore M.P.

KEYWORDS :

Introduction
It is our responsibility as an obstetrician to know the various adverse outcome of APH which has topped the list in many countries for maternal and neonatal mortality , we should not only be able to identify it but also give timely and indicated interventions to save the mother and baby.

Antepartum haemorrhage (APH) is defined as bleeding from or in to the genital tract, occurring from 24 weeks of pregnancy and prior to the birth of the baby. (1)

APH complicates 3–5% of pregnancies and is a leading cause of perinatal and maternal mortality worldwide.(2). Up to one-fifth of very preterm babies are born in association with APH and thus it holds to be the one of the important culprit of various complications associated with prematurity.

Material & Method
Data Analysis and Management
Data was collected and entered in Excel then exported to SPSS (v20) for analysis. Data entry was checked for consistency by using double entry checks by two people entering the data.

All factors were stratified by type of APH: placenta praevia or abruptio placenta.

Analysis was by Chi square (or Fischer exact test) to compare factors associated with abruptioplacenta compared to placenta praevia. A p value of less than 0.05 was considered statistically significant with a confidence interval of 95%.

A logistic regression model was developed to determine factors associated with stillbirth in those with APH (with placenta praevia or abruptio being the main independent variable) controlling for potential confounders.

Study design-The present study is a **Prospective study**.
Methodology

1.Source of data- All the patients presenting to Department of Obstetrics and Gynaecology at SRI AUROBINDO MEDICAL COLLEGE AND POST GRADUATE INSTITUTE, INDORE and who satisfy the inclusion criteria will be studied from January 2015 to March 2016.

2.Method of data collection
All the patients presenting to Department of Obstetrics and Gynaecology at SRI AUROBINDO MEDICAL COLLEGE AND POST GRADUATE INSTITUTE, INDORE and who satisfy the inclusion criteria will be studied from January 2015 to March 2016.

3.Inclusion Criteria
1). All cases of antepartum hemorrhage with gestational age ≥28 wks.

4.Exclusion Criteria
1).All cases of APH with gestational age < 28 weeks.
2).Patient suffering from any bleeding disorder.
3).Bleeding from a source other than uterus.

5. Sample Size-Approximately 150 cases are taken up for the study who fulfill the inclusion criteria given before and who come during the destined period of study i.e January 2015 to March 2016.

6.Basis of the size planned¬-
The required sample size will be decided by the given formula
$$Z2*P(1-P)/D2$$
Z=VALUE AT CONFIDENCE INTERVAL 1.96
P=PROPOTION OF EVENT IN THE POPULATION
D= MARGIN OF ERROR(5%)
Q=1-P

USING ABOVE PROPOTION STRATIFICATION FORMULA in the study done by KalawatiGirdharilaljaju , A.P Kulkarni in 2014 , with 50% prevalence of APH the sample size will be 177 in our study in respect of control group.

Chi Square test will be applicable in our study .

RESULT-
MATERNAL MORTALITY- 1 patient of Abruption was kept in GICU for 5 days , patient had HELLP , eventually developed multiple Organ Dysfunction (MODS) and was certified due to cardiac arrest on a ventilator.

MATERNAL MORBIDITY-2 patients of abruption group had Acute Kidney Injury and HELLP while 1 patient of Placenta Previa had to undergo Obstetric Hysterectomy for accreta.

	Total	Placenta Previa	Abruption	P value
Maternal Mortality	1	No	1 (0.67%)	0.3761
Maternal Morbidity	3	1 (3.4%)	2 (6.8 %)	

The result was insignificant.

DISCUSSION
The study showed that the major maternal morbidities that were associated with APH werehypovolaemic shock, disseminated intravascular coagulation and postpartum

haemorrhage, which is similar to the findings by Singhal et al (2008)

and Sheikh et al(2010).

Maternal finding of near miss which encompassed hypovolaem icshock, disseminated intravascular coagulation and postpartum haemorrhage was significant in patients with abruptio placenta associated with stillbirths However, there was no significant difference in maternal outcomes between abruption placenta and placenta praevia in these outcomes.

CONCLUSION-
Study Recommends to continue treating placenta praevia and abruptio as major emergencies to prevent maternal morbidity and stillbirths.

To prevent pre-eclampsia by judicious administration of low dose aspirin and to treat hypertension in pregnancy promptly to prevent abruptio placenta with its adverse outcomes.

Abruption patients can be delivered by CS in cases were fetal heart rates are good to prevent stillbirths.