



A COMPARATIVE STUDY OF POSTPARTUM HAEMORRHAGE AT TERTIARY CENTRE

Gynaecology

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ABSTRACT

Aim of study was to know the incidence, etiology and maternal mortality in referred and in hospital postpartum haemorrhage. This prospective study was conducted on the patients those were vaginal delivered in the Umaid Hospital, Jodhpur and those who referred to Umaid Hospital on account of PPH over a period of six months (January 2016 to June 2016). Overall incidence of PPH was 3.5%, and only 0.68% in the patients who delivered in umaid hospital and 8.92% in referred cases. Most common cause of PPH was atonic PPH in hospital delivered patients and retained bits of placenta in referred cases. Most of the deliveries complicated with PPH seen in this study were conducted by unskilled attendants that have little or no knowledge of AMTSL. Proper anticipation and skilled management, along with timely referral of PPH cases will lead to significant reduction in maternal mortality and morbidity.

KEYWORDS

PPH, Atonic PPH, Retained Placenta, Mortality

INTRODUCTION

Worldwide about half a million women die as results of complications of pregnancy and child birth. Majority of these deaths occur within few hours of delivery and in most cases are due to postpartum hemorrhage.¹

Postpartum haemorrhage is the excessive loss of blood per vaginam after the delivery of the baby and up to forty-two days postpartum. True blood loss of postpartum haemorrhage is often underestimated due to the difficulty with visual quantification.²

Postpartum haemorrhage is a major cause of maternal morbidity and mortality with the highest incidence in developing countries. According to the WHO obstetrics haemorrhage causes 127,000 deaths annually worldwide.¹

MATERIAL AND METHOD

The present study is a prospective comparative study conducted on the patients those were managed for postpartum haemorrhage after vaginal delivery in the Umaid Hospital, Jodhpur and those who referred to Umaid Hospital on account of PPH over a period of six months (January 2016 to June 2016).

For the purpose of the study only women who had vaginal delivery and whose blood losses was 500mls or more were considered. Blood losses in our centre are estimated by visual quantification and estimating losses in the gauze packs. The women who had caesarean delivery were excluded from study.

The study group was informed regarding the aim of study and informed consent was taken. Data of all patients regarding socio-demographic status, booking status, types of postpartum haemorrhage, cause of postpartum haemorrhage, morbidity and mortality was collected on prepared proforma and was analysed by using appropriate statistical tests.

RESULTS

The study included total 6896 patients, out of which 6470 vaginal deliveries were conducted in umaid hospital.

2218 patients were referred cases, out of which 426 were postpartum. PPH was developed in total 242 patients, among them 44 patients were delivered in umaid hospital and rest were referred cases.

Overall incidence of PPH was 3.5%, and only 0.68% in the patients who delivered in umaid hospital and 8.92% in referred cases. Incidence of PPH in referred postpartum patients was 46.7%.

The mean age of the patients was 27years (18–40 years). Majority of the patients (63%) were multiparous women while primipara were

about 20%. Most of the women were literate with close to 75% having at least secondary school education. About 90% of the patients were subsistence farmers or house wives. 71% belonged to lower socioeconomic status & rural area.

PPH developed in 12% of booked patients while 88% occurred in unbooked and booked patients that delivered outside that hospital. Primary post partum haemorrhage (PPPH) constituted 87.87% while secondary postpartum haemorrhage constituted 12.14%.

Most common cause of PPH was atonic PPH in hospital delivered patients and retained bits of placenta in referred cases (Table I).

There were 4 maternal deaths in referred cases. There was no maternal mortality in hospital delivery (Table II).

Table I : Causes of PPH

Causes	In Umaid Hospital delivered patients	In Referred cases
Atonic PPH	62%	
Retained bits of placenta	10%	56%
Genital tract injuries	24%	28% (Rupture uterus 3 cases)
Coagulopathy	1%	-
Others	3%	4%

Table II : No. of hysterectomy and mortality due to PPH

	In Umaid Hospital delivered patients	In Referred cases (No.)
Hysterectomy	0	3
Mortality	0	4

DISCUSSION

The exact incidence of PPH is difficult to determine due to the difficulty in accurately measuring the blood losses, most studies quote figures ranging from 5 to 12% of vaginal deliveries.^{3,4}

Overall incidence of PPH was 3.5%, and only 0.68% in the patients who delivered in umaid hospital and 8.92% in referred cases. Incidence of PPH in referred postpartum patients was 46.7%.

Incidence of PPH is 0.68% in total vaginal deliveries at UMAID HOSPITAL. This relatively low value in hospital deliveries may be due to the fact that ours is a tertiary centre where active management of the third stage of labour is routinely done with the use of oxytocics. The use of oxytocics has been associated with a decrease in the incidence of PPH by about 60%.⁵

Most of the patients with PPH in this study were those referred from other centres such as traditional birth attendants, faith clinics, primary health centres managed by poorly trained Community Health Workers (CHW) and women who delivered in their homes.

Patients that booked in our centre but chose to deliver elsewhere were not spared as they constituted majority of booked patients that had PPH. This was not surprising as expectant management of the third stage of labour is practiced in many traditional institutions due to lack of knowledge and unavailability of oxytocics agents.

In this study retained placenta was the commonest cause in referred cases and it accounted for over half of the cases. Uterine atony was the most common cause seen in our centre. The high incidence of retained products of conception is closely related to the poor management of the third stage of labour. The current concept in the management of the third stage of labour is active management. This consists of interventions designed to facilitate the delivery of the placenta and prevent uterine atony by increasing uterine contractions and thus prevent postpartum haemorrhage.^{4,6}

CONCLUSION

Post partum haemorrhage constitutes a significant cause of maternal morbidity and mortality. Most of the deliveries complicated with postpartum haemorrhage seen in this study were conducted by unskilled attendants that have little or no knowledge of active management of the third stage of labour. In order to reduce the morbidity and mortality from postpartum haemorrhage, every attendant at delivery needs to have knowledge, skills and critical judgment required to carry out active management of the third stage of labour and have access to appropriate supplies and equipment. Women should be encouraged to make use of existing health facilities by booking and receiving ante natal care.

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