



PROSPECTIVE STUDY ON FETOMATERNAL OUTCOME IN PRETERM LABOUR

Gynaecology

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KEYWORDS

INTRODUCTION

Advance in clinical obstetrics have resulted in significant improvement in outcome of pregnancy for both mothers and babies. In the first half of the twentieth century efforts were successfully directed at reducing the incidence of maternal mortality.

The success of any family planning program is directly related to perinatal mortality of that particular society or ethnic group and hence it is very important that all pregnancies should have healthy outcome and equality of life should be maintained.

The aim of modern obstetrics and neonatology is to identify the risk for fetus and neonates and timely management for both mature and premature baby to decrease the perinatal mortality.

Prematurity is one of the most important causes of perinatal mortality and morbidity in our country. Prematurity is shown to be associated with increased incidence of stillbirths, neonatal deaths, mental retardation, epilepsy, poor school performance and visual field defects. In most cases development in utero to full term gestation provide the fetus with best chance of survival and subsequent normal development. In fact, even two weeks prolongation of gestation for smallest of preterm infant can be expected to have major salutary influence on long term outcome for these babies at risk. With high tool and enormous direct and indirect cost associated with prematurity it is imperative that the ideal of a full term infant with normal birth weight become the principle objective of maternal and child health planning. To reduce prematurity it is very essential that etiology of prematurity should be known.

Any infant born before 37 completed weeks (less than 259 days) from first day of mother's last menstrual period, is preterm.

MATERIALS AND METHODS

The study was conducted in Department of Obstetrics and Gynecology, B. J. Medical College and Hospital, Ahmedabad in year 2018-2019.

STUDY POPULATION

It includes study of 100 cases of spontaneous preterm deliveries.

TYPE OF STUDY

Prospective study.

INCLUSION & EXCLUSION CRITERIA

This study includes those labors which were spontaneous in origin and which took place between 24 to 37 weeks of gestation. Cases in which termination of pregnancy was done preterm due to maternal or fetal indication that means indicated preterm cases were not included in study. Only spontaneous preterm cases were included.

Periods of gestations were assessed by inquiring the mother about her date of last menstrual period and by calculating expected date of delivery according to "nagele's rule". Cases in which last menstrual period and expected date of delivery were not known, assessment of gestational age was done clinically as well as by ultrasonography reports of previous antenatal visits in case of booked patients and in case of emergency patients (who do not have previous records) assessment was done by using various physical and neurological

criteria included in "Ballard's score" for neonates with the help of pediatrician.

These cases were studied extensively to find out various maternal factors responsible for preterm births in our class of patients.

All necessary information was collected by eliciting proper history, reviewing data from past obstetrical records and studying present medical, surgical and obstetrical problems and further by proper general and systemic examination of patient.

Maternal outcome assessed in view of mortality and morbidity like puerperal sepsis, episiotomy wound gap, caesarian wound gap and fever.

Perinatal outcome assessed in terms of baby weight, Apgar score, maturity, NICU admission rate, perinatal morbidity and perinatal mortality

OBSERVATION

Gestational age and birth weight of baby

Weeks of Maturity	Birth weight in kgs					Total
	Up to 1	1.01 to 1.50	1.51 to 2.0	2.01 to 2.25	2.26 to >2.5	
24-27	06	03	01	-	-	10
28-30	12	24	03	-	-	39
31-32	01	11	08	02	-	22
33-34	00	15	18	02	01	36
35-36	-	05	03	02	-	10
Total	19	58	33	06	01	117

Association with previous preterm births

No of previous preterm	No of cases
1	17
2	05
>2	03

Association of anemia and premature births

HB in gms(%)	No. of cases
> 10	30
8 to 10	56
6 to 8	12
< 6	02

Probable causes of preterm labor & relative incidence

Obstetrical Causes	Relative Incidence
Pre-Eclampsia/Eclampsia	19
Accidental hemorrhage	04
Placenta Previae	02
PROM	26
Vaginal Infection	14
Polyhydramnios	04
Multiple pregnancy	17

Maternal outcome in case of preterm delivery

MATERNAL OUTCOME	INCIDENCE
Episiotomy gap	03
caesarian wound gap	07

Puerperal fever	05
Mortality	00

CONCLUSION

- Majority of preterm births were between 28-34 weeks of maturity and between birth weights of 1 to 2 kg.
- Incidence of preterm was 17% having previous one preterm birth while incidence was 5% having history of previous two preterm births. The discrepancy of these results were entirely due to the fact that most of our patients were uneducated and did not pay attention to one fetal loss so after another fetal loss they became aware of condition and seek medical advice during prenatal and during early antenatal period and undergo systemic and regular antenatal care.
- Anemia of varying degree was associated with approximately 70% of cases in present study and it is one of major attributable cause.
- Majority of preterm births were due to obstetrical complication among them major cause were pre -Eclampsia / Eclampsia, PROM, vaginal infection in our group of patients. Among medical disorders anemia was major contributing factor causing preterm.
- Other medical conditions like Jaundice, Thrombocytopenia were also associated with preterm labor although where acting alone they may not cause preterm onset of labor but in association of other contributing preterm labor.
- Maternal outcome were assessed in view of caesarian wound gap, episiotomy wound gap, puerperal fever and mortality. There were 3 patients having episiotomy gap, 7 patients having caesarian wound gap and 5 patients having puerperal fever. Maternal mortality was noted in none of the cases.

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