



A STUDY OF ANTEPARTUM HEMORRHAGE AND ITS FETOMATERNAL OUTCOME

Obstetrics & Gynaecology

Dr. Vishnu Padma Pujitha Kondapalli Postgraduate, Department of Obstetrics and Gynaecology, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, West Godavari District, Andhra Pradesh 534005, India.

Dr. D. Murmu Professor, Department of Obstetrics and Gynaecology, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, West Godavari District, Andhra Pradesh 534005, India.

Dr. K. Vandana Professor and head of the department, Department of Obstetrics and Gynaecology, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, West Godavari District, Andhra Pradesh 534005, India.

ABSTRACT

Aim: To study maternal and foetal outcome in pregnancies complicated by antepartum hemorrhage. **Objectives:** To study the prevalence of antepartum haemorrhage at tertiary care hospital. **Materials And Methods:** In this retrospective observational study we included seventy five patients with antepartum haemorrhage and were studied for foeto-maternal outcome. **Results:** In my study, out of 75 cases presented with APH, 44% diagnosed as placenta previa, 56% diagnosed as abruptio placenta. Majority 38 % of the patients were in the age group of 21 to 25 years 37% of the patients were in the age group of 26-30 years. 65% cases were multigravida and 35% cases were primigravida. 30.5% had previous LSCS, 6.7% had abortions. Among placenta previa patients, 73% cases had previous history of LSCS, 9% cases had previous history of abortions and 18% had previous history of both abortions and LSCS. About 6.5% cases developed shock, 4% cases had DIC, PPH in 2.3% cases, Chronic hypertension in 4%, Left ventricular dysfunction in 1.3% cases. Respiratory distress syndrome in 8%, Preterm birth in 45.3%, Still birth in 5%, Asphyxia seen in 16% babies. Low birth weight in 62.5%, septicemia 2% and jaundice seen in 8% babies. **Conclusion:** This study concludes that antepartum haemorrhage is still a leading cause of maternal morbidity and mortality in our country. The commonest mode of delivery is caesarean section.

KEYWORDS

APH - antepartum haemorrhage, LSCS - lower segment caesarean section, PTL - preterm labour, RDS - respiratory distress syndrome.

INTRODUCTION:-

Antepartum haemorrhage (APH) is defined as any bleeding from or into the genital tract after 28th week of pregnancy but before the birth of baby. Antepartum haemorrhage (APH) has always been one of the most feared complications in obstetrics. Antepartum haemorrhage is still a grave obstetric emergency contributing to a significant amount of maternal and perinatal morbidity and mortality in our country. Haemorrhage was a direct cause of maternal death in about 30% of cases. APH complicates about 2-5% of all the pregnancies with incidence of placenta praevia (PP) about 0.33% to 0.55% and incidence of abruptio placenta (AP) about 0.51%. The maternal complications in patients with APH are malpresentations, premature labour, postpartum haemorrhage (PPH), sepsis, shock and retained placenta. Various foetal complications are preterm baby, low birth weight, intrauterine death, congenital malformation and birth asphyxia. In developing countries, widespread pre-existing anaemia, difficulties with transport, restricted medical facilities, decreased awareness on part of patients are responsible for high MMR. Although APH cannot be prevented but maternal and perinatal morbidity and mortality associated with APH can be reduced significantly by aggressive expectant management. Presently increase in use of ultrasound for placental localisation and to diagnose abruptio placenta, improved obstetrical and anaesthetic facilities, increase in use of blood and its products to correct anaemia and advanced neonatal care facilities to make increased chances of survival of a preterm infant, all totally have played important role in decreasing perinatal as well as maternal morbidity and mortality. Causes of antepartum haemorrhage include placenta praevia, placental abruption, vasa praevia, rupture of marginal sinus, local lesions in the vulva, vagina or cervix and unclassified. Obstetrical haemorrhage along with hypertension and infections as one of the infamous triad of causes of maternal deaths in both developed and developing countries. Prompt diagnosis, resuscitation and management are essential to save the mother and foetus. In the day to day practice, an obstetrician has to tackle life threatening condition of APH and take a timely judicious decision of terminating pregnancy, keeping in mind the welfare of both the mother and the foetus without exposing either of them to undue risk.

AIMS AND OBJECTIVES:

To study maternal and foetal outcomes of pregnancies complicated by APH.

MATERIALS AND METHODS:

This is a Retrospective study conducted in our centre during a period of 1 year from March 2021-April 2022. All cases of APH more than 28

weeks were selected. Detailed history of the patient regarding age, address, socio-economic status, history regarding her previous antenatal check-ups was obtained. General physical examination was done to assess both maternal and foetal condition. Abdominal examination, per speculum was done. The majority of the non-obstetric causes of genital bleeding were excluded by gentle visual examination of the lower genital tract with the speculum. The conditions were treated accordingly.

RESULTS:

In our study, out of seventy five cases, forty four percent patients presented with antepartum haemorrhage were diagnosed as placenta praevia, while fifty six percent patients presented with antepartum haemorrhage were diagnosed as abruptio placenta. Incidence of antepartum haemorrhage in multipara and primigravida in our study group, is very high among multigravida. Sixty five percent cases were multigravida and thirty five percent cases were primigravida. Among six point five percent cases developed shock, four percent cases had disseminated intravascular coagulopathy, two point three percent cases had postpartum haemorrhage, chronic hypertension was seen in four percent cases.

Left ventricular dysfunction in one point three percent cases is seen. Among patients with APH, many patients of placenta praevia had previous history of previous LSCS and abortions. Among placenta praevia patients, 73% cases had previous history of previous LSCS, 9% cases had previous history of abortions and 18% had previous history of both abortions and LSCS. Among 75 babies delivered in our group, 6 babies died of respiratory distress. All these were born to mother who presented with abruptio-placenta. 6 babies developed neonatal jaundice. Neonatal jaundice developed because of iatrogenic prematurity. Out of 75 babies, 34 babies were preterm babies, they were delivered before 37 weeks of gestation. The incidence of premature babies are higher in patients presenting with antepartum haemorrhage. It is because of iatrogenic induced labour to prevent maternal and perinatal mortality.

Table 1: Distribution Of Aph In The Study Group

	Abruptio placenta	Placenta previa	Total
No of patients	42	33	75
Percentage	56	44	100

Table 2 : Previous Mode Of Delivery In Placenta Previa In Studygroup

	Number of patients	Percentages
Previous LSCS	24	73
Previous abortions	3	9
Previous LSCS and abortions	6	18

Table 3 : Maternal Morbidity Of The Patients In Study Group

Type	Frequency	Percentage
Shock	5	6.5
DIC	3	4
PPH	2	2.3
Chronic Hypertension	3	4
Left Ventricular hypertrophy	1	1.3

Table 4 : Neonatal Morbidity In The Study Group

Type	Frequency	Percentage
Asphyxia	12	16
Septicaemia	1	2
Jaundice	6	8
Respiratory Distress Syndrome	6	8
Preterm	34	45.3
Stillbirth	3	5
Low Birth Weight	46	62.5

DISCUSSION:

In the day to day practice, an obstetrician has to tackle life threatening condition of APH and take a timely judicious decision of terminating pregnancy, keeping in mind the welfare of both mother and the foetus without exposing either of them to undue risk. Presently increase in use of ultrasound for placental localisation and to diagnose abruption placenta, improved obstetrical and anaesthetic facilities, increase in use of blood and its products to correct anemia and advanced neonatal care facilities to make increased chances of survival of a preterm infant, played important role in decreasing perinatal and maternal morbidity and mortality. In the present study mean age of patients of APH was 21-29 years. Pedowitz et al and Das et al have also reported maximum number of cases in the same age group. Ananth et al found increased incidence of placenta previa with advancing age. William et al 15 also reported increased risk of AP. With advancing age. The incidence of PP was 5 times higher in multipara than primipara. Chakraborty et al reported that prevalence of APH was higher among multigravidas. Ananth et al 14 showed that risk of placental abruption increased with high parity. In present study 56% patients with APH had associated risk factors. 19 % of patient with abruptio placenta presented with severe preeclampsia, 6% with gestational hypertension and 5% with hypothyroid. Hibbard et al found hypertensive disorders of pregnancy complicating 7.4% patients with APH. In this study patients 6.5% went into shock, 4% had DIC, 2.3% PPH. This was comparable to the study done by Chakraborty et al which showed 16.2% incidence of PPH and Hurd et al reported 13.3%. Significant shock was present in 10% of cases. 16% babies had asphyxia. Respiratory distress syndrome was in 8%. Septicaemia was seen in 2% and jaundice in 8%. In study by Jaju et al 7.58% had jaundice.

CONCLUSION:

APH cannot reliably be predicted. This study concludes that APH is still a leading cause of maternal morbidity and mortality in our country. The commonest mode of delivery was caesarean section. Maternal morbidity was higher in the abruption group in terms of shock, DIC and renal failure and foetal morbidity and mortality was also high as compared to Placenta previa group. This was because most of the cases in abruption group presented late and already complicated at the time of admission, while Placenta Previa was diagnosed early using ultrasound before they became symptomatic clinically, therefore, managed early. Multi-disciplinary approach and senior input is necessary in making decision about timing and mode of delivery. Hence, timely caesarean section, blood transfusion, correction of anaemia and wider acceptance of expectant line of management in properly selected patients have helped to further lower the maternal morbidity and mortality.

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