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OUTCOME OF PREGNANCY COMPLICATED BY THREATENED ABORTION

Obstetrics & Gynaecology

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ABSTRACT

Background: Threatened abortion is the most common complication in the first half of pregnancy.The prognosis of threatened abortion is very unpredictable.Threatened abortion had been shown to be associated with increased incidence of preterm labor, preterm premature rupture of membranes, antepartum haemorrhage, fetal growth restriction and fetal death. **Aims and Objectives:** This purpose of this study was to determine whether patients with first-trimester threatened abortion are at increased risk for poor pregnancy outcome. **Methods:** This prospective study was carried out in Lalla Ded Hospital ,Government Medical College Srinagar from August 2022 till May 2023. Total 80 cases of threatened abortion were selected. **Results:** The mean age being 31.38± 4.24 years SD and maximum number of the patients 41(51.25%) were having gravidity of more than 3.There were total 80 patients with symptoms suggestive of threatened abortion, 26 (32.5%) patients aborted spontaneously whereas in 54 (67.5%) patients pregnancy was continued. Among those who continued pregnancy preterm delivery was seen in 11(20.37%), fetal growth restriction was seen in 4 (7.40%), antepartum hemorrhage in 5 (9.25%), preterm premature rupture of membrane in 4 (7.40%) and intrauterine death in 3 (5.55%) patients. **Conclusion:** Threatened abortion is not only associated with miscarriage but also with a higher rate of pregnancy complications like preterm labor,placental abruption, preterm rupture of membranes,fetal growth restriction. So, It is important for the clinicians to closely monitor these patients, ensure comprehensive and optimal management for the continuation of pregnancy and also reducing the complications in these high-risk pregnancies.

KEYWORDS

Threatened abortion, pregnancy outcome.

INTRODUCTION

Threatened abortion is a type of abortion where the process of abortion has started but further progression can be averted and pregnancy can be continued.Threatened abortion is characterized by vaginal bleeding, often painless, associated with a closed cervix and ultrasonographic evidence of fetal cardiac activity occurring before 20 weeks gestational age[1].Threatened abortion is a relatively common complication during pregnancy, occurring in approximately 20% of all pregnancies[2,3] that can cause significant stress and concern for pregnant women.The prognosis of threatened abortion is very unpredictable. . It has been shown to be associated with an increased risk of poor obstetric outcomes such as preterm premature rupture of membranes,preterm labor[4],placenta previa, fetal anomalies[5],low birth weight[6] and fetal growth retardation.[7]

We present here the prospective study of threatened abortion in first trimester of pregnancy and its outcome following treatment.

AIMS AND OBJECTIVES

This purpose of this study was to determine whether patients with first-trimester threatened abortion are at increased risk for poor pregnancy outcome.

METHODS

This prospective study was performed in the Department of Obstetrics and Gynaecology, Lalla Ded Hospital, Government Medical College Srinagar from August 2022 till May 2023. 80 patients in their first trimester of pregnancy with threatened abortion were included in the study.

Inclusion Criteria

- Patients willing to give informed written consent.
- Pregnant women diagnosed with threatened abortion were included in the study.The study was approved by the institutional ethics committee.

Exclusion Criteria

- If patients not agree to give written consent, they were excluded from the study without affecting course of treatment.
- Bleeding disorders,hydatidiform mole, cardiac diseases, diabetes mellitus,hepatic disease, multiple gestation, severe preeclampsia and eclampsia.
- Pregnant women with spotting but who are diagnosed to have other cause of bleeding like cervical polyp or erosion.

A detailed obstetrical and medical history was taken, thorough examination and baseline investigation were done.Ultrasonography was done to know the foetal viability and gestational age.Confidentiality of data was maintained at all level of the study. All necessary treatment and intervention done.Clinical follow up of the patient was done until spontaneous abortion or up to delivery of the fetus. Outcome of pregnancy was recorded.

Statistical Analysis

Statistical analysis was performed with the use of software SPSS version 21.

RESULTS

Table 1: Age Characteristics Of Patients.

Characteristics	Number of patients (n)
Age (in years)	
≤25	10
26 to 30	22
31 to 35	29
≥36	19
Mean±sd	31.38±4.24

Table 1 shows mean age being 31.38± 4.24 years.

Table 2: Gravidity Status

Gravidity	Number of patients n(%)
Primigravida	21(26.25%)
2 to 3	18(22.5%)
>3	41(51.25%)

Table 2 shows among 80 patients, maximum number of the patients 41(51.25%) were having gravidity of more than 3.

Table 3 : Symptoms And Outcome Of Threatened Abortion

Symptoms	Pregnancy continued n (%)	Pregnancy aborted n (%)	P value
Spotting(per vaginum)	24(44.44%)	5(19.23%)	0.02

Bleeding (per vaginum)	30(55.55%)	21(80.76%)	
Total	54(67.5%)	26(32.5%)	

Table 3 shows symptom wise distribution of study participants.

It was seen that out of total 54 patients in which pregnancy was continued, 24(44.44%) patients were having complain of per vaginal spotting whereas only 30 (55.55%) patients were having complain of per vaginal bleeding. Similarly, out of total 26 patients of abortion, 5 (19.23%) patients were having complain of per vaginal spotting whereas 21 (80.76%) patients were having complain of per vaginal bleeding.

Out of 29 patients admitted with the complain of only vaginal spotting,in 24 patients pregnancy continued and in 5 patients pregnancy was aborted.

Out of 51 patients admitted with the complain of bleeding per vaginum, in 30 patients pregnancy continued and in 21 patients pregnancy was aborted. This difference was statistically significant (p-value<0.05) suggesting increased chances of abortion with bleeding per vaginum as compared to spotting per vaginum.

Table 4: Obstetrical Outcome According To Period Of Gestation

POG (weeks)	Total	Pregnancy continued n (%)	Pregnancy aborted n (%)
4 - 6	19	13(68.42%)	6(31.57%)
6 - 8	23	16(69.56%)	7(30.43%)
8 - 10	20	12(60%)	8(40%)
10 - 12	18	13(72.22%)	5(27.77%)

Table 4 shows out of 80 patients 19 patients had period of gestation between 4 to 6 weeks pregnancy continued in 13(68.42%) and aborted in 6(31.75%) patients among them. 23 patients had period of gestation between 6 to 8 weeks pregnancy continued in 16(69.56%) and aborted in 7(30.43%) patients among them. 20 patients had period of gestation between 8 to 10 weeks pregnancy continued in 12 (60%) and aborted in 8 (40%) patients among them.18 patients had period of gestation between 10 to 12 weeks pregnancy continued in 13(72.22%) and aborted in 5 (27.77%) patients among them.

Table 5 : Obstetrical Outcome Among 54 Cases Who Continued Pregnancy

Obstetric outcome	Number	Percent
Term delivery	43	79.62%
Preterm delivery	11	20.37%
Fetal growth restriction	4	7.40%
Antepartum hemorrhage	5	9.25%
Preterm premature rupture of membranes	4	7.40%
Intrauterine death	3	5.55%

Table 5 shows among those who continued pregnancy preterm delivery was seen in 11 (20.37%), antepartum hemorrhage in 5 (9.25%), fetal growth restriction was seen in 4 (7.40%),preterm premature rupture of membrane in 4 (7.40%) and intrauterine death in 3 (5.55%) patients.

DISCUSSION

In present study, outcome of threatened abortion was correlated with different factors to study their impact on pregnancy.

Out of total 80 patients majority of the patients were in the age group of more than 31 years (60%) mean age being 31.38± 4.24 years SD and gravidity of more than three. This observation was in accordance with other studies where majority of the patients belonged to more than 30 years[8] and were multigravida[9]. Out of total 80 patients, 26 (32.5%) patients aborted whereas in 54 (67.5%) patients, pregnancy was continued.

Term delivery was seen in 79.62% of cases in our study.A. Ben Haroush etal [10] found the incidence of term delivery to be 86.5% which was similar to our study. Similarly, Dongol et al[11] found the incidence of term delivery in cases of threatened abortion to be 75.8%.

In our study 20.37% of women had preterm delivery which was consistent with the studies of Sipila P et al[12] and Ananth CV et al[13].

A study by Arafa et al [14] reported an incidence of fetal growth restriction to be 48.5% while study by Davari Tanha et al[15] revealed to be 2% whereas in our study it was 7.40%.

In our study, the association between the threatened abortion with antepartum haemorrhage was found to be significant which was similar to the results by Saraswat et al[16] in which the systematic review observed that women with threatened abortion had significantly higher incidence of antepartum haemorrhage.

Our study had 3 cases of intrauterine fetal death(IUFD) and 4 (7.40%) preterm premature rupture of membranes , study by Dongol et al[11] reported three cases of IUFD out of 70 cases in their study and Sarmalkar et al [17] found one case of IUFD in their study. Similarly, studies by Sarmalkar et al [18] and Agrawal etal[9] reported the incidence of preterm rupture of membranes as high as 14% and 20.41% respectively.

CONCLUSION

Threatened abortion is not only associated with miscarriage but also with a higher rate of pregnancy complications like preterm labor,placental abruption, preterm premature rupture of membranes,fetal growth restriction. So, It is important for the clinicians to closely monitor these patients, ensure comprehensive and optimal management for the continuation of pregnancy and also reducing the complications in these high-risk pregnancies.

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