ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

STUDY OF RISK FACTORS, MODE OF DELIVERY AND PERINATAL MORTALITY IN PRE TERM LABOUR.

KEY WORDS: factors, perinatal mortality Risk

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ABSTRACT

AIM AND OBJECTIVES:- Study of risk factors, mode of delivery and perinatal mortality in the preterm labour.
MATERIALS AND METHODS:- Prospective study conducted in department of OBG GGH Kurnool during period April 2012 to March 2013.
RESULTS:- Incidence of preterm 14.6% risk factors causing preterm is about 62.17% vaginal delivery in about 83.4%.
CONCLUSION:- Total No. of pre term deliveries are 1184 incidence of preterm delivery is 14.6% 3 most common risk factors observed are abruption are 24.3% pre ecclampsia 15.97% multiple pregnancy 14.43% commonest delivery is vaginal delivery out of 330 babies 122 died giving perinatal mortality 39.49%.

INTRODUCTION:-

Pre term labour is associated with multiple risk factors Early identification of high risk cases like pre ecclampsia correction of anemia treatment of vaginal infection cervical cerclage can reduce the incidence of pre term labour perinatal out come depends on the guestational age at the time of delivery.

MATERIAL AND METHODS:-

This is a prospective study conducted in department of OBG GGH Kurnool during the period April 2012 to March 2013.

OBSERVATION AND RESULTS:-

Total No.of preterm deliveries 1184 incidence 14.6% out of 1184 pre term delivery is 312 cases are included then 312 case gave birth to 333 pre term deliveries.

1. AGE DISTRIBUTION

AGE	NO.OF CASES	%
<20	107	34.3
21-25	147	47.11
26-30	51	16.35
>30	7	2.34
TOTAL	312	100

2. PRE TERM LABOUR DISTRIBUTION AMONG OF GRAVIDITY

GRAVIDA	NO.OF CASES	%
1	135	43.26
2-3	154	49.3
73	23	7.37
TOTAL	312	1.00

3.

RISK FACTORS	NO.OF CASES	%
Present	194	62.17
Absent	118	37.83
Total	312	100

4. RISK FACTORS

Abruption	47	24.23
Over distended uterus	28	14.43
PIH	31	15.97
Infections	23	1106
Anemia	13	6.70
PROM	26	13.4
Cervical incompetence	21	6.19
Fetal congenital anamdies	7	2.24
Heart diseases	2	0.64
Jaundice	1	0.32
Epilepsy	2	0.64

5. DISTRIBUTION OF CASES BY MODE OF DELIVERY

MOD	NO.OF CASES	%
VD	260	87.4
C/S	42	13.4
Out let	10	3.2

6. INDICATION FOR C/S

INDICATION	NO.OF CASES
Failed progress	9
Foetal distress	8
CPD	7
Hand prolapse	7
Twins cephalic	3
FDP	3
Prior	4
2 C/S	1
Uterine anamoly	42

7. DISTRIBUTION ACCORIDING TO APGAR SCORES

APGAR	NO.OF CASES	%
<2	90	27.03
2-4	7	2.10
4-6	25	7.50
>6	211	63.37
TOTAL	333	100

8. DISTRIBUTION OF CASES ACCORDING WEITED OF BABIES

WEIGHT	NO.OF CASES	%
< 1K.G	35	10.52
< 1.5K.G	86	25.83
2 K.G	118	35.43
7K.G	94	28.22
TOTAL	333	100

9. PERINITAL MORTALITY

PNM	NO.OF CASES	%
IUD	24	19.6
Still birth	31	41.80
Early neonatal death	47	38.50
Total	122	100

10. PRETERM LABOUR CAUSE OF EARLY NEONATAL DEATH AND ITS DISTRIBUTIONS.

EARLY NEONATAL DEATHS	NO.OF CASES	%
Respiratory distress syndrome	18	78.3%
Septicemia	10	21.3
Birth asphyxias	9	19.12
Fetal conjunimal	7	14.9
Meconium as	3	6.38

CONCLUSION:-

Early identification of risk factors and treatment will reduce the pre term labour perinatal put comes depends on justatioanal age at the time of delivery commonest cause of early neonatal death is respiratory distress syndrome which can be reduced by giving corticosteroids in antenatal period in high risk cases the other common causes are septicemia, birth asphyxia. Mode of delivery is still a dilemma individualisation of cases is needed.