

## Observational Study of Patients Presenting With First Trimester Bleeding

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**Abstract:** Background: Vaginal bleeding in a first trimester is a common complaint of patients attending obstetric OPD. About one half of those who bleed will miscarry. Several studies have been reported an association between first trimester bleeding and abnormal pregnancy outcome. Methods: This is an observational study conducted at SCL Hospital Ahmedabad, between January 2017 to June 2017 for six months. 86 women who attended the out-patient department with the complaint of bleeding per vagina in the first trimester were taken for the study. Results: Among these 86 cases, incomplete abortion in 33 cases of which 20 were self-induced abortions by MTP pills, 26 were threatened abortions, 14 missed abortions, 11 spontaneous miscarriages and 2 cases of ectopic pregnancy were reported. Conclusion: Bleeding is a common complaint in the first trimester of pregnancy. The commonest cause is incomplete abortion followed by threatened abortion. Self-consumption of MTP pills is a major cause of incomplete abortion in these patients. [Bhavna M NJIRM 2017; 8(6):8-10]

**Key Words:** Bleeding, Miscarriage, Incomplete abortion, Ectopic Pregnancy, MTP pills.

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**Introduction:** First trimester is a very crucial period of pregnancy having high risks of pregnancy losses. The occurrence of first trimester bleeding is approximately 25% of all pregnancies.<sup>1</sup>The causes of bleeding in first trimester are spontaneous miscarriage, induced abortion, ectopic pregnancy, molar pregnancy and local causes.

The various possible causes of spontaneous miscarriages are abnormal conceptus, immunological factors, uterine abnormalities, endocrine factors, maternal diseases, infections which could be fatal as well as maternal trauma.<sup>2</sup>The various types of miscarriages are threatened, inevitable, complete, incomplete, septic and induced abortions.

The risk factors for miscarriage are increasing maternal age >35 years old, history of previous miscarriage, substance abuse, illicit drug use, maternal fever, maternal obesity and maternal medical illnesses.<sup>3</sup>

**Methods:** This is an observational study conducted at SCL Hospital Ahmedabad between January 2017 to June 2017 for six months.

All the patients who presented with the complaint of bleeding in first trimester of pregnancy were included in the study.

The sampling technique is of non-probability and purposive type depending upon the clinical criterion of selection of patients.

The patients who presented in obstetrics and gynaecology outpatient and emergency department with the complaint of vaginal bleeding at a certain period of amenorrhoea, i-e, before 12 weeks of gestation were included in the study. The patients who presented after 12 weeks of gestation were not included in the study. The patients who presented with DUB or any other incidental cause were excluded from the study.

Informed consent was obtained from all patients for being included in the study.

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008(5).Ethical committee clearance from the institution was obtained.

**Results:** Majority of the patients presented between 21-30 years, and majority of the patients had their miscarriage in the embryonic period. More patients presented with moderate fresh bleeding with passage of clots and pain which was usually with incomplete abortion, and the pain was intermittent, as most of the patients were expelling the retained products of conception.

28% of the patients were with previous history of spontaneous miscarriage.30% of the patients were with history of self-consumption of MTP pills.6% were with recurrent miscarriage.

Table 1

Diagnosis	Number of patients	%
Incomplete Abortion	37	43
Threatened Abortion	22	25.5
Missed Abortion	14	16.2
Spontaneous Miscarriage	11	12.7
Ectopic Pregnancy	2	2.3

Table 2

Intervention	Number of patients	%
D&E needed	40	46.5
D&E not needed	22	25.5

56% of the patients were with open os suggestive of incomplete and inevitable abortion. The os was closed in 30% of the patients. Os is usually closed in cases of threatened, missed, ectopic pregnancy and other causes of bleeding.<sup>4</sup>

Majority of the patients who came with history of self-consumption of MTP pills were the cases of incomplete abortion and required D&E.

Table 3

Complications	Number of Patients	%
Anaemia requiring blood transfusion	12	14
Septicaemia	3	3.5

Complications developed at or after admission to the hospital. Complications were high in patients who had taken MTP pills at home.

Table 4

Gravida	Number of Patients	%
1	38	44
2	25	29
3	14	16.2
4	9	10.5

In the present study out of 86 patients, 44% were primi indicating that bleeding per vaginum is more common in primi patients.

**Discussion:** Bleeding in first trimester of pregnancy is a very common problem in the pregnant population and is very alarming for the lady.

The incidence of miscarriage is generally considered to be about 15% of all pregnancies<sup>5</sup>. The miscarriages

were more frequent between 9-12 weeks of gestational age.

Majority of the patients presented with moderate to severe fresh bleeding and passage of clots. Most of the times pain was intermittent and the pain was minimum with incomplete miscarriage. The bleeding lasted for three days in majority of the patients and was between 5-8 weeks.

Out of all the cases 30% of the cases were induced abortions. They were in the age group 20-45 years with a mean age of 35. Majority of them were multipara and belonged to the lower socioeconomic group, not using any methods of contraception.<sup>6</sup>

Regarding the outcome in this study, majority of the patients presented with incomplete (43%) and threatened (26%) miscarriage. Two patients presented with ectopic pregnancy and required surgical laparotomy and more than 45% needed D&E. Septic abortions were about four percent.

**Conclusion:** Bleeding in first trimester of pregnancy is the common complaint with which the pregnant population presents to the health care workers. It causes a lot of morbidity and rarely mortality of the females. The commonest cause is the incomplete abortion, but the other ones are threatened, complete and missed abortions. Bleeding in early pregnancy may herald a serious situation like ectopic pregnancy, septic induced abortions, and perforation of the uterus thus the patients should be thoroughly examined. Ultrasonography, especially the Trans Vaginal is of paramount importance in concluding the causes of bleeding.

Bleeding in first trimester of pregnancy is a high risk pregnancy, which herald the later complications, like placenta previa, IUGR, preterm birth thus such pregnancies should be individually taken care of to prevent the poor perinatal outcome.

This study shows urgent need for legislation and restriction of MTP pills. Drugs should be made available via health care facilities under supervision to reduce maternal morbidity and mortality due to indiscriminate use of these pills.

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