

Pregnancy Outcome Of Bleeding Per Vaginum In First Trimester

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Abstract: Background: Bleeding p/v is a threat or a warning sign for continuation of present pregnancy, which can be converted into a normal pregnancy by early detection and intervention. This study was conducted to determine the obstetric outcome in cases presented with bleeding per vaginum in first trimester of pregnancy. Method: This was a prospective study conducted on the patients admitted in Maternity wards of L.G. hospital, Obstetrics and Gynaecology department, AMC MET Medical College, Ahmedabad. The cases were studied and observed with detailed history (menstrual and obstetric) of patients and clinical examination were carried out and detailed investigations including ultrasonography were done. Patients were offered different treatment according to etiological features. Cases were followed up to term and also in early perinatal periods. Results: The data were compiled and evaluated. In our study most of the patients had bleeding PV due to abortion (98%). 74 patients had threatened abortion. 24 patients had aborted their pregnancy due to various different type of abortion. Out of 74 patients 14 were delivered preterm. 30 subjects developed complications in which most common complication were preterm delivery and PROM followed by pregnancy induced hypertension and placenta previa. Conclusions: By knowing the etiology fetomaternal outcome of bleeding per vaginum in first trimester, we can predict the complication which will occur in later pregnancy so we can manage it properly. [Kansara T Natl J Integr Res Med, 2019; 10(2):52-54]

Key Words: First trimester bleeding, threatened abortion, preterm delivery, Ultrasonography.

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Introduction: First trimester bleeding per vaginum (p/v) is a matter of great concern to a large group of obstetric population. Bleeding p/v is a threat or a warning sign for continuation of present pregnancy, which can be converted into a normal pregnancy by early detection and intervention by means of modern and sophisticated diagnostic and threatened aids.^{1,2} Management of bleeding p/v has been revolutionized during last decades. Now more and more threatened abortion are managed favourably and so that incidence of abortion is decreased remarkably compared to past.³

The exact etiology of bleeding per vaginum is still unknown. But now, due to influx of modern technology and understanding of its pathology, most of cases having an explanation. Diagnosis is made depending upon the history, general condition of the patient and investigations like maternal blood and urine levels of hormones like progesterone, HCG and ultrasound.⁴ Ultrasonography is a safe and non-invasive diagnostic techniques, which helps in timely diagnosis of threatened abortion. So, it should be done as a routine investigation in all patients with complain of bleeding p/v in first trimester. It gives a clue of viability or non-viability of pregnancy.⁵ Numerous studies have shown association between vaginal bleeding in early pregnancy and gestational and perinatal

complications like foetal loss, perinatal mortality, low birth weight and poor foetal growth, preterm deliveries and congenital anomalies.

This study was conducted to determine the obstetric outcome in cases presented with bleeding per vaginum in first trimester of pregnancy with objective to evaluate the maternal and foetal outcome and complication following first trimester bleeding p/v.

Materials and Methods: This was a prospective study conducted at the tertiary center. The present study was conducted on 100 patients admitted under gynec unit 2 in Maternity wards of L.G. hospital, Obstetrics and Gynaecology department, AMC MET Medical College, Ahmedabad from August 2018 to October 2018 after obtaining approval from AMCMET Institutional Review Board

Inclusion Criteria: Patients with definitive diagnosis of pregnancy within 12 weeks with complain of first episode of bleeding p/v admitted in maternity ward of Obstetrics and Gynaecology department.

Exclusion Criteria: H/o intake of MTP pills, Gestation age more than 12 weeks with bleeding p/v.

The cases were studied and observed with asking about complains including colour, amount duration of bleeding PV, associated with abdominal pain. Detailed history including menstrual and obstetric history of patients were taken. Detailed clinical examination were carried out. Blood investigations were sent. Detailed ultrasonography of patients were done and advised for follow up if required.

Patients were offered different treatment according to etiological features. Cases were followed up to term and also in early perinatal periods. During that period they were watched for different complications like PROM, pregnancy induced hypertension, preterm labour pains, antepartum haemorrhage, placenta previa etc. and managed accordingly.

Results : In our study 100 cases were taken in which 37 patients were <19 years of age, 47 were between 20 to 25 years of age and 16 were >26 years of age. 28 patients were primigravida, 4 patients were 2nd gravida and 68 patients were multigravida. Out of 100 cases 7 cases had first episode of bleeding at <6 weeks of gestation, 66 cases had on 6-10 weeks of gestation and 27 had at >10 weeks of gestation. Most of the patients (around 77) had only complain of spotting per vaginum and bright red coloured bleeding per vaginum. 66 patients had history of abortion in past pregnancy. Result are shown in table 1 to 7.

Table 1: Etiology of bleeding PV

Etiology of bleeding PV	N=100	%
Abortion	98	98
Ectopic gestation	02	2
Vesicular mole	00	0

Table 2: Type of abortion

Type of abortion	N=98	%
Threatened abortion	74	74
Inevitable abortion	07	7
Missed abortion	10	10
Incomplete abortion	04	4
Complete abortion	00	0
Blighted ovum	03	3

Table 3: Obstetric outcome of pregnancy

Obstetric outcome	N=74	%
FTND	50	67.5%
FTLSCS	10	13.5%
PTVD	14	19%

Table 4: Perinatal outcome

	N=74	%
Full term AGA	57	77%
Preterm AGA	14	19%
IUGR	12	16%
Still birth	1	1.5%

Table 5: Comparison of preterm birth of this study with general population

	Patients of our study	General population in our institute
Preterm	14	10
Full term	60	90

Table 6: Complication of IUGR birth of this study with general population

	Our study	General population
IUGR	12	11
AGA	62	89

Table 7: Maternal complication

Complication	N=30	%
PROM	5	11%
Preterm labour	14	18%
PIH	3	6%
Preeclampsia	2	5%
Abruption placenta	2	2%
Placenta previa	3	6%
Anti-phospholipid antibody syndrome	1	1%

Discussion: In our study most of the subjects were under 20-25 years of age and multigravida. In our study most of the subjects had first episode of bleeding between 6-10 week gestation. In our study most of the subjects enrolled had spotting as primary episode of bleeding (77%) while about 10 subjects had significant amount of bleeding.

Most of the patients (8 out of 10) who had significant amount of bleeding had abortion. In the study of Smit et al⁵ 84.5% patients with heavy bleeding were aborted and 15.5% continued pregnancy till term. In our study 77% subjects had bright red coloured bleeding while 23% subjects had brown colour bleeding.

Most of the subjects of missed abortion (9 out of 10) had brown discharge. 68 patients had past history of abortion, while 32 patients had no

such history. Everett et al stated that risk of miscarriage was not significantly increased after miscarriage in previous pregnancy⁶. Prof. EL-Zibdeh noticed that due to progesterone supplementation in patients with recurrent abortion, 85.4% patients had viable pregnancy while only 14.6% patients had abortion⁴. In our study most of the patients had bleeding PV due to abortion (98%). 24 patients had aborted their pregnancy due to various different type of abortion.

Adelusi et al stated that 40% patients with abortion lost their pregnancy due to various reasons⁷. In our study most the patients delivered normally (67.5%) while 10 subjects undergone LSCS and 14 subjects delivered preterm. Funderburk et al stated that 26% infants had low birth weight or were small for dates. He found suboptimal outcome in 29.7% subjects with threatened abortion compared to 15.2% patients without threatened abortion².

Out of 74 patients, 14 had preterm birth while in general population rate of preterm birth 10% which is statistically significant. Out of total 74 patients, 24 patients had IUGR while in general population only 11% had IUGR which is statistically significant. In our study, 30 subjects developed complications in which most common complication were preterm delivery and PROM followed by pregnancy induced hypertension and placenta previa.

The other less complications were abruption, APLA while 40 subjects were delivered without complications. Roberto Romero et al stated that first trimester bleeding increase the risk of complications later in pregnancy⁸.

Conclusion: Bleeding per vaginum in the first trimester is a matter of great concern in obstetric population. It is a threat or warning sign for continuation of present pregnancy. The most common etiology for bleeding per vaginum in first trimester is spontaneous abortion or in a lesser extent is ectopic pregnancy or vesicular mole. It is commonly associated with obstetric complication like PROM, preterm delivery, hypertension, placenta previa, abruption placenta etc. The common fetal complication including IUGR, preterm delivery, or rarely IUFD. So by knowing the etiology fetomaternal outcome of bleeding per vaginum in first trimester, we can predict the complication which

will occur in later pregnancy so we can manage it properly.

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