Maternal And Perinatal Outcome In Antepartum Hemorrhage : At Sir T Hospital

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ABSTRACT

Introduction: Antepartum haemorrhage is one of the major causes of maternal mortality. It contributes to 15-20% of maternal mortality in India. Incidence of antepartum haemorrhage is varies from 2-5 % of all deliveries. APH arising from placental abruption and placenta praevia is associated with an increased risk of postpartum haemorrhage 1 .Maternal and perinatal complication of antepartum haemorrhage are anaemia, postpartum haemorrhage, shock, low birth weight, intrauterine death, and birth asphyxia.
Aim & Objectives: 1) To study Maternal and Perinatal outcome in Antepartum haemorrhage. 2) to study factors associated with Antepartum haemorrhage.
Method & Materials: It is retrospective study carried out on 56 women admitted with the diagnosis of antepartum haemorrhage at Sir T. Hospital Bhavnagar during August 2015 to July 2016. The diagnosis was made on the basis of history, Clinical examination and few cases aided by ultrasonography.
Result: In present study the incidence of APH was 1.4%. out of 56 cases 66% were multigravida and 71% of them were of low socio economic status.56% had feature of pre-eclampsia. Maternal and perinatal mortality was very high with increase rates of anaemia (100%), caesarean section rate (61%), need of blood transfusion (86%), coagulation failure (13%), low birth weight (75%). Perinatal mortality was 43%.

Key words: Antepartum haemorrhage, abruption placenta, Placenta Previa,postpartum haemorrhage.

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INTRODUCTION

Antepartum haemorrhage is one of the major causes of maternal mortality. It contributes to 15-20% of maternal mortality in India.APH arising from placental abruption and placenta praevia is associated with an increased risk of postpartum haemorrhage1.Incidence of antepartum haemorrhage is varies from 2-5 % of all deliveries. The Period of viability is now

accepted by most authorities as 20 weeks of pregnancy,but the World Health Authority still defines antepartum haemorrhage as bleeding after 28 weeks of pregnancy.
Two types:
1. Placenta Previa
2. Placental Abruption

- Placenta Previa is inserted partially and completely in the lower uterine segment and accounts for one third of all the cases of APH.2 The incidence is approximately 4-5 per 1000 pregnancies.3

Type 1: Low-lying placenta
Type 2: Marginal placenta Previa
Type 3: Partial placenta Previa
Type 4: Central placenta Previa.
Placenta Previa covers the os , partially or completely it is termed as major praevia, else it is considered minor.4

- An Abruptio placenta is the condition whenever bleeding occurs due to premature separation of normally situated placenta.5It further divided into 1) concealed intrauterine haemorrhage, 2) Revealed external haemorrhage. The incidence of revealed and concealed haemorrhage is 80% and 20% respectively.6Most commonly, a mixed presentation is seen.
- The maternal complication in patients with APH are premature labour, postpartum haemorrhage, sepsis, shock and retained placenta. Fetal complications are low birth weight, birth asphyxia, intrauterine death, premature baby.2

AIM & OBJECTIVES:
1. To study Maternal and Perinatal outcome in Antepartum haemorrhage.
2. To study factors associated with Antepartum haemorrhage.

METHODS:

This was a retrospective study carried out over a period of 1 year from August 2015 to July 2016 at Sir T. Hospital Bhavnagar. All patients were admitted with the clinical diagnosis of antepartum haemorrhage. A total of 56 cases of APH were studied regarding Age, parity, booking status, education and occupation. Relevant investigations and imaging were performed. Anaemia and hypovolemia were corrected. Mode of termination of pregnancy was taken according to maternal and fetal condition including gestational age, general condition of the patient,bishop's score and Imaging. Maternal complications like postpartum haemorrhage, Renal failure, DIC, sepsis, anaemia etc were analysed. Details of baby like weight, maturity, APGAR score, and NICU admission were noted.

RESULTS:

Out of 3950 deliveries,56 had APH, incidence being 1.4% results are shown in table 1-7. Majority cases were in 20-31 year of age with poor socio-economic status.78% of cases presented with bleeding p/v, 56% had pre-eclamptic features.

Table 1. indicate demographic profile with 82% unregistered cases, out of total case 66% were multigravida. 35.7 % cases are prematurity. Out of total cases 39.2% were Placenta Previa

Table 1. Demographic profile of women			
Parameter		**No. of women**	**Percentage %**
Booking status	Booked	10	18
	Unbooked	46	82
socioeconimic status	Low	40	71
	Middle	16	29
Residence	Rural	38	68
	Urban	18	32
Parity	Primi	19	34
	Multigravida	37	66
Education	Illiterate	32	57
	Matric	20	36
	Higher	4	7

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Table 2. Distribution according to Gestational age		
Gestational age	**Placenta Previa**	**Abruptio Placenta**
28-30 weeks	1	3
31-33 weeks	2	4
34-36 weeks	5	5
37 & above	14	22

Table 3. Type of Antepartum Haemorrhage		
	Urban	**Rural**
Placenta Previa	16	6
Abruptio Placenta	24	10
Total	40	16

Table: 4 Mode of delivery		
	No.of Cases	**Percentage**
Vaginal	22	39
LSCS	34	61
Total	56	

Table 5: Associated Obstetrical Complication		
Disorder	**No. of Women**	**Percentage**
Anaemia	56	100
Multiple pregnancy	37	66
Prev. LSCS	8	14
Malpresentation	14	25
Prematurity	20	36

Table: 6 Details of Babies			
Fetal outcome		**No. Cases**	**Percentage**
Preterm		20	36
Term		36	64
Live		32	57
Birth weight in kg	> 2.5 kg	18	32
	2 - 2.5 kg	14	25
	1.5 - 2 kg	10	18
	1 - 1.5 kg	14	25
Perinatal Mortality	IUFD	16	29
	Still birth	8	14
	Died in NICU	4	7
Apgar < 7 at 5 min		12	21

Table : 7 Fetal heart rate at time of admission in patient of APH	
	Fetal Heart rate
Normal	8
Bradycardia	18
Tachycardia	14
Absent	16

Table 8: Maternal complication		
Maternal Complication	**Number**	**Percentage**
Post partum Hemorrrhage	6	11
Blood Transfusion	48	86
Coagulation Failure	7	13
Puerperal Pyrexia	6	11
Maternal Mortality	0	0

Table 9: Perinatal complication		
Perinatal Complication	**Number**	**Percentage**
Low Birth Weight	42	75
Prematurity	20	36
Low APGAR	10	18
shifted to NICU	16	29
Perinatal Mortality	24	43

Table 4 indicate 61% cases delivered by caesarean section.36% were preterm and 67.8% had baby weight < 2.5 kg. Perinatal mortality was 64%. Out of 14 cases 11 had breech, 3 had oblique lie. All women were anaemic (Hb < 11gm%) 22.5% had haemoglobin level less than 5 gm %. Caesarean section rate was very high (61%).Two women had hysterectomy due to postpartum haemorrhage. Perinatal mortality in 43% of cases. Thus prevalence LBW babies and preterm babies with low apgar score is in high in cases of APH leading of high perinatal mortality.

DISCUSSION

In present study there were 56 cases of APH. Out of 3950 deliveries giving incidence of 1.4%. when compared to 2.9% incidence in Archana M.Sonal etal and Singhal.[7]In our study 82% of cases were unbooked and 71% belonged to poor socioeconomic status resulting in anaemia. Malnutrition predisposing to poor placental structure formation.

Incidence of APH was more in multipara (66%) than primigravida (34%).Other study had also reported high incidence of APH in multipara, which was 3-4 times higher than primigravida.[8]Incidence of blood transfusion was very high in present study (85.7%) while S Shighal et al had 78.7%.[8]Very high rate of blood transfusion in present study might be due to the reason that all patients were already anaemic at time of admission. In our study perinatal mortality was 42.8 % out of them 66.6 % were IUFD.These might be due to lack of Patients compliance.Neonatal morbidity was due to low birth weight related to preterm (36%) and NICU admission.11% of caseshad PPH managed with uterotonic,B/L uterine artery ligation. 2 cases had obstetric hysterectomy. There was very high maternal morbidity with increase rates of anaemia, postpartum haemorrhage, blood transfusion, caesarean rate and coagulation failure.in our study coagulation failure noted in 13% of cases which were requiring blood products transfusion.

similarly perinatal morbidity was high in form of low birth weight(75%),prematurity (36%) and fetal heart rate variability at time of admission.It is concluded that APH has very high perinatal and maternal mortality and morbidity.

CONCLUSION

APH is a major cause of maternal and perinatal morbidity and mortality which could be preventable by early registration, regular antenatal care, early detection of high risk cases, and early refer to higher centre. Use of contraceptive can improve maternal and perinatal outcome of APH.

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