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RESEARCH ARTICLE
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MATERNAL & PERINATAL OUTCOME IN ANTEPARTUM HAEMORRHAGE

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ABSTRACT:
SETTING: This study was conducted in department of Obstetrics & Gynaecology of MKCG Medical College, Berhampur, Odisha
AIMS & OBJECTIVE: To study factors association with Antepartum hemorrhage, To study maternal morbidity and mortality due to A.P.H, To study perinatal outcome in A.P.H
MATERIAL & METHOD :- In this study 100 cases of A.P.H admitted in MKCG Medical College, Berhampur were studied and inclusion criteria of patients were Gestational age more than 28 wks with bleeding per Vaginum. All the cases were grouped as placenta previa, Accidental hemorrhage, local causes and unknown. The diagnosis was made on the basis of history, Clinical examination and few cases aided by ultrasonography.
RESULT:- Out of 100 cases of A.P.H., Placenta previa contributed to 71%, Abruption placenta 27% and undetermined cause 2%. Maternal mortality out of 71 cases of placenta previa was 3 and 1 Abruption placenta. Perinatal mortality was 12.69 in placenta previa and 18.52% in Abruption placenta.
CONCLUSION:- APH is a major causes of maternal and perinatal morbidity and mortality which could he prevented by early registration, regular antenatal care, early detection of High risk cases, early referral to higher centre.

I. INTRODUCTION

Obstetric haemorrhage is one of the three leading causes of maternal deaths and is also a major cause of perinatal morbidity and mortality.Obstetric haemorrhage remains one of the major causes of maternal death in developing countries and is the cause of up to 50% of the estimated 500 000 maternal deaths that occur globally each year.6 There were 4 deaths from APH in the more recent report.7 In the 2005–07 report of the Confidential Enquiries into Maternal Deaths in South Africa, obstetric haemorrhage was the third most common cause of death accounting for 12.4% of all deaths; there were 108 deaths from APH and 74 of these (68.5%) were considered to be clearly avoidable.9 Haemorrhage emerges as the major cause of severe maternal morbidity in almost all ‘near miss’ audits in both developed and developing countries.10 Obstetric haemorrhage encompasses both

antepartum and postpartum bleeding. This green-top guideline is restricted in scope to the management of APH. The causes of APH include: placenta praevia, placental abruption and local causes (for example bleeding from the vulva, vagina or cervix). It is not uncommon to fail to identify a cause for APH when it is then described as 'unexplained APH'.There are no consistent definitions of the severity of APH. It is recognised that the amount of blood lost is often underestimated and that the amount of blood coming from the introitus may not represent the total blood lost (for example in a concealed placental abruption). It is important therefore, when estimating the blood loss, to assess for signs of clinical shock. The presence of fetal compromise or fetal demise is an important indicator of volume depletion.19 For the purposes of this guideline, the following definitions have been used: Spotting – staining, streaking or blood spotting noted on underwear or sanitary protection Minor haemorrhage – blood loss less than 50 ml that has settled Major haemorrhage – blood loss of 50–1000 ml, with no signs of clinical shock Massive haemorrhage – blood loss greater than 1000 ml and/or signs of clinical shock. Recurrent APH is the term used when there are episodes of APH on more than one occasion.

AIMS AND OBJECTIVE

1. To study factors associated with antepartum haemorrhage.
2. To study maternal morbidity and mortality due to A.P.H.
3. To study perinatal outcome in A.P.H.

MATERIAL AND METHODS

The material for this study comprises of 100 cases of
antepartum haemorrhage admitted in Kamla Raja Hospital,
Gwalior.

Inclusion Criteria: Patients with bleeding per vagina after 28 weeks of gestation.

All the cases of haemorrhage in late pregnancy were grouped as – placenta praevia, accidental haemorrhage, local causes and unknown. The diagnosis of all cases was made on the basis of history, clinical examination and a few cases aided by
ultrasonography.

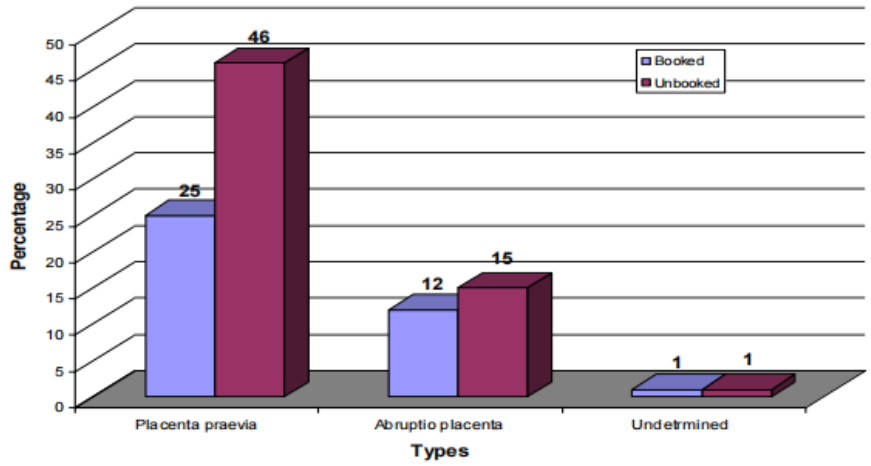
Observations: There were 3369 deliveries from january 2018 to December 2019.

Out of 100 cases of APH there were 71 cases of placenta praevia giving incidence of 2.11%, 27 cases of abruptio placenta giving incidence of 0.80% and 2 cases of undetermined cause, hence placenta praevia contributed to 71% of the total cases of
APH, abruptio placentae 27% and undermined causes 2%. The table shows that incidence of placenta praevia is higher in age group. 26-30 yrs i.e. 38.03% and in abruptio placentae incidence was higher in age group 21-25 yrs. Incidence of APH due to placenta praevia was higher in 2nd and 3rd gravida patients 20 (28.17%) and 24(33.80%) cases respectively and incidence of aburptio placenta is higher in primi and 2nd gravida 14(51.85%) and 6 (22.22%) cases respectively.Majority of cases i.e. 65% of APH belonged from rural area 35% from urban area 35%. Majority of cases i.e. 62% of APH were unbooked emergency cases and the of booked cases was 38%.

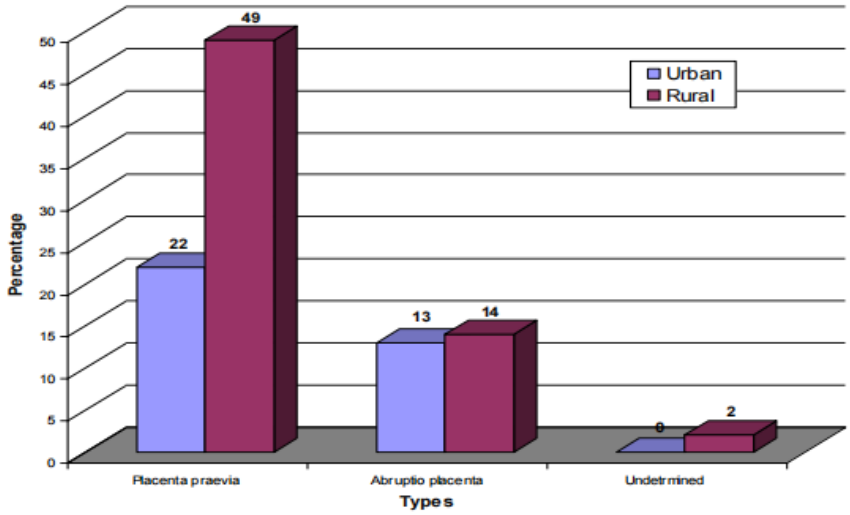
In cases of placenta praevia maximum number 37 cases i.e. 52.11% were below 37 weeks. Hence chances of preterm delivery were much more in placenta praevia, however majority of cases, 17 cases of abruptio placenta were found to be 2 cases of undermined cause among which 1 was preterm and 1 was term. Hypertension was commonly associated with abruptio placentae. The perinatal mortality was 12.68% (9 cases) in placenta praevia and 18.52% (5 cases) in abruptio placentae. Thus prevalence LBW babies and preterm babies with low apgar score is high in cases of APH leading of high parinatal mortality. Perinatal mortality in case of APH is 15%.

Out of 71 cases of placenta praevia 3 (4.23%) patients died of severe haemorrhage and hypovolumic shock. There was 1 death (3.70%) amongst 27 patients of abruptio placentae. The cause of death was uncontrolled PPH leading to coagulation disorder

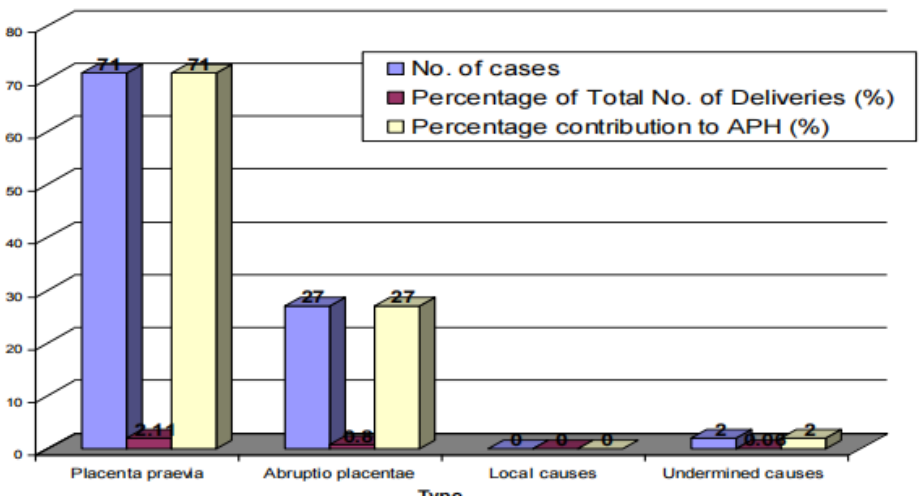
Distribution of cases of APH according to booked and unbooked

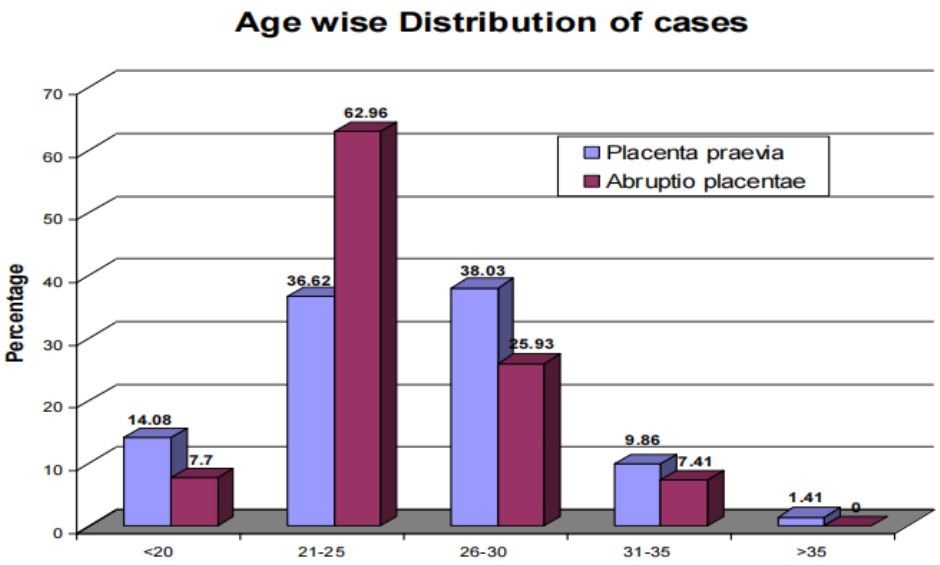


Distribution of cases of APH according to urban and rural area



Distribution of Cases According to causes of APH





CONCLUSION

Antepartum haemorrhage is a major cause of maternal and perinatal morbidity and mortality which could be prevented by early registration, regular antenatal care, early detection of high risk cases, and early referral to higher centre. Good facilities for caesarean section, availability of blood banks. Use of contraceptives can improve maternal and perinatal outcome of APH.

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