

Comparison of Pregnancy Outcome among Placenta Previa and Abruptio

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The objective of study was to compare the pregnancy outcome among placenta previa & placental abruption. **Study Design:** A retrospective analysis of pregnancies complicated by placenta previa or abruption, from January 2003 to December 2003. **Results:** A poor fetal outcome was more frequent in cases of abruption (56.6%) than placenta previa (20%) Prematurity was significantly high in abruption (63.3%) than in placenta previa (40%). cesarean section rate was high in placenta previa (98%) compared to (20%) in abruption. Renal failure PPH and cesarean hysterectomy were the major complications in both groups. **Conclusion:** Women with abruption had poor pregnancy outcome than placenta previa. They were more likely to deliver prematurely with high neonatal morbidity and mortality. Operative delivery was more common in placenta previa.

Key words: Pregnancy outcome, comparison, placenta previa

Antepartum haemorrhage complicates about 2-5% of all pregnancies¹. It is commonly defined as bleeding from the genital tract after 22 weeks of gestation. Two major but not the only causes of APH are placenta previa and abruption. These are consistently associated with poor foeto maternal out come. The identified risk factors for placenta previa are advancing maternal age, Parity, rising number of previous abortions and previous c/s^{2,3,4,5} while PROM, high parity, hypertension and folic acid deficiency are strongly correlated with abruption^{6,7,8,9}. The present study was conducted with the objective of comparing the pregnancy outcome among placenta previa & abruption

Subject and methods:

The women who were diagnosed as placenta previa or abruptio and managed in GynaeUnit-1 during 2003 were included in study. A pre-designed proforma was filled and later on analyzed.

Results:

Fifty cases of placenta previa and 30 cases of abruptio placenta were managed during the study period. The median maternal age was 28 & 26 years respectively (Table-1). Placenta previa has shown an association with advancing parity (Table-2). Prematurity was significantly high in abruptio placenta as 63.6% patients delivered before 36 weeks of gestation (Table-3) Cesarean section was preferred mode of delivery in placenta previa than the abruption (Table-4) Abruptio was associated with poor fetal outcome with 56.6% neonatal mortality (Table-5) The results did not reveal any sex preponderance (Table-6) The median fetal weight is shown in (Table-7). Renal failure, PPH and cesarean hysterectomy were the common maternal complications (Table-8). Maternal mortality was significantly high in abruption as shown in (Table-9). The cause of death was renal failure and eclampsia in two women, while two died of disseminated intra vascular coagulation.

Table-1 Median maternal age

APH	Age
Placenta Previa	28YRS
Placental Abruptio	26YRS

Table-2 Parity

APH	P1-4	%age	>P4	%age
Placenta previa	11	22	39	78
Abruptio	19	63.3	11	36.6

Table-3 Duration of pregnancy

APH	<36 Wks	%age	>36 Wks	%age
Placenta previa	20	40	30	60
Abruptio	19	63.3	11	36.6

Table-4 Mode of delivery

APH	C/S	%age	SVD	%age
Placenta previa	49	98	1	2
Abruptio	11	22	19	78

Table-5 Fetal outcome

APH	Dead	%age	Alive	%age
Placenta previa	10	20	40	80
Abruptio	17	56.6	13	43.3

Table-6 Fetal sex

APH	Male	%age	Female	%age
Placenta previa	32	64	18	36
Abruptio	15	50	15	50

Table-7 Median fetal weighty

APH	Weight
Placenta Previa	2.7 Kg
Placental Abruptio	2.4Kg

Table-8 Maternal complications

Complications	Placenta Previa	Placental Abruptio
Hysterectomy	3	2
Renal failure	-	2
PPH	2	2
Expired	2	4

Discussion:

Antepartum haemorrhage is an important obstetric entity. The associated high maternal and fetal morbidity and mortality is very challenging for the obstetricians. Various studies have been conducted to identify the high risk population with an objective to improve the fetomaternal outcome. In spite of defining the risk factors which are high parity, advancing maternal age, rupture membranes, hypertension, previous scarring of Uterus the outcome remained poor¹⁰. Advancing parity was identified as a risk factor in the present study but advancing maternal age was not isolated as a risk factor Table-1&2.

Prematurity was high in abruption than placental previa. The 60% of patients were delivered before 37 weeks of gestation compared to 40% in placental previa. This finding is consistent with other studies^{11,12}. Normal vaginal delivery was carried out in 78% of abruption placenta than 2% in placental previa. The same has been observed by other authors. The overall fetal mortality was 76% with significantly high mortality in abruption (Table 5). The Fourteen babies were received dead on admission & three died within twenty four hours. Ananth et al & Salihu observed that the major causes of fetal death in placenta previa were prematurity, severe haemorrhage and congenital abnormality. The same has been observed in the present study. The poor fetal outcome was more frequent in abruption than in placenta previa. However both conditions compromise maternal outcome. PPH, renal complications, caesarean hysterectomy requiring massive blood transfusion were the major maternal complications observed. Same has been reported by others^{18,19}.

From above it can be concluded that APH is an obstetric emergency associated with maternal & fetal morbidity and mortality. Prematurity is the single most common reason for neonatal mortality. The fetal survival rate is much lower in developing countries than the developed world due to lack of properly equipped neonatal intensive care facilities. The blood transfusion services, which are only available at tertiary care centers are unable to meet the demand of massive transfusion which is required in APH. The etiology of abruption is still unknown so it will remain an unavoidable cause of poor fetomaternal outcome. More research is needed to explore the insight of abruption to achieve a better outcome.

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