

Patient Characteristics and feto-maternal Outcomes Among Cases Of Placenta Previa and Accidental Hemorrhage

Abstract

Introduction: Third trimester bleeding is one of the major obstetric emergencies, which contribute greatly to maternal and fetal morbidity and mortality. It is defined as bleeding from or into the genital tract prior to delivery of the baby anytime from 20 weeks gestation, in some developed countries or 24 weeks gestation, in others or 28 weeks in countries with low resource settings thus lacking adequate neonatal support incubators.

The aim of this study: The study aimed to elucidate the outcomes with the associated morbidities, which will help define the magnitude of the problem posed by antepartum hemorrhage in order to better the management measures available to promptly tackle and alleviate this condition.

Patients & Methods: This study was prospective observational study conducted in Department of Obstetrics and Gynecology, Faculty of Medicine, Fayoum University Hospital and El-Sahel Teaching Hospital. All cases of antepartum hemorrhage admitted to emergency unit at maternity hospital after the age of 28 week of gestation during the period from (1st of August 2019 to end of November 2020) were included in this study, meeting the inclusion and exclusion criterion.

Results: Total number of patients who were admitted to obstetric department with APH during the study period was 120 case of them 25 cases were elective and all of them were placenta previa cases and 95 cases were emergency. 67 cases (55.83%) with placenta previa (25 elective and 42 emergency) & 44 (36.636%) with accidental hemorrhage (all are emergency or urgent cases), 9 (7.5%) due to other causes. Maternal outcome in PP include Increased numbers of CS 67 case (100%), Increased number of units of blood transfusion (1-18) unit with mean 4.31 ± 3.27 , Hysterectomy 21 case (31.3 %), Shock 29 case (43.3 %), Urinary injury either bladder or ureteric injury 5 cases (7.5 %) (4cases bladder injury and 1 case Ureteric injury) all of them were placenta percreta, ICU admission 14 case (20.9 %), postpartum hemorrhage occurred in 6 cases and maternal mortality one case (1.5%). While maternal out come in accidental hemorrhage patients was numbers of CS delivery was 35 cases and 9 cases delivered vaginally, number of units of blood transfusion (1-18) unit with mean 3.57 ± 3.08 , Hysterectomy 3 cases (6.8%), Shock 22 case (50%), Conclusion Previous CS was found to be the most important risk factor for Placenta praevia and accreta Pre-eclampsia& previous abruption were the most important risk factors for abruption. Fetal morbidities associated with both placenta previa & abruption were prematurity, low birth weight, low Apgar score, admission to NICU