A STUDY OF INCIDENCE OF ANTE-PARTUM HEMORRHAGE AND ITS TYPES AT TERTIARY HEALTH CARE CENTRE

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Abstract

Introduction: Worldwide approximately 830 women die every day from preventable causes related to pregnancy and childbirth; 99% of those 830 daily deaths are women from developing countries.

Aims and Objectives: To Study incidence of ante-partum hemorrhage and its types at tertiary health care centre

Methodology: This study was conducted in Medical College & General hospital, in the Department of Obstetrics & Gynecology. A Total no. of 104 cases of antepartum hemorrhage admitted in hospital were studied & analyzed. In the present study all patients who had bleeding from genital tract after 20 weeks of gestation & before second stage of labor were included. The data was entered in excel sheets and analyzed and presented in tabular form expressed in percentages.

Result: In our study we have seen that the majority of the patients were of Placenta previa were 1.39%, followed by Abruptio placenta were 0.93%, Local lesions were 0.05%, Unclassified group were 0.05%, Total APH were - 2.42%, Of the Total No. of deliveries 4307. The majority of the patients were in the age group of 21-25 were -37.50%, 26-30 - 28.84%, 16-20- 20.20%, 31-35- 9.62%, 35 & above were 2.84%. The majority of the patients of APH were of Third party were -25.00%, Second -21.15%, Primi-18.27%, Fourth -16.34%, Fifth and Sixth & above were -9.62%. Placenta previa was more common in Third- 26.67%, followed by Second - 23.33%, and Primi -16.27%. Abruptio placenta placenta was more common in Primi and Third-22.5%, second and fifth was 17.5%, sixth & above were 12.5%. This observed difference was not statistically significant ($p>0.05$).

Conclusion: In our study we have seen that the majority of the patients were of Placenta previa, the majority of the patients were in the age group of 21-25, the majority of the patients of APH were of Third party. Placenta previa was more common in Third parity Abruptio placenta placenta was more common in Primi and followed by Second Third parity.

Key words: Ante-Partum hemorrhage (APH), Abruptio placenta, Placenta previa, Anemia of chronic disease, Microcytic hypochromic anemia.

Introduction:

Worldwide approximately 830 women die every day from preventable causes related to pregnancy and childbirth; 99% of those 830 daily deaths are women from developing countries. [1] Direct obstetrical complications are the main causes of maternal deaths, with bleeding [2] identified as the first cause. In Burkina Faso maternal mortality remains high, with 2,700 deaths per 100,000 deliveries [1]. Hemorrhage is the leading cause of maternal mortality globally, accounting for approximately 27% of deaths worldwide; this includes postpartum, intrapartum and antepartum hemorrhage [3]. In developed countries, hemorrhage prior to delivery accounts for only 16.3% of maternal deaths, while Sub-Saharan Africa remains high at 24.5%. Antepartum Hemorrhage (APH) is defined as bleeding from the vagina after 24 weeks [4] France [5] Serious Obstetrical Hemorrhage (SOH) represented 19% of admissions to the Intensive Care Unit (ICU). Worldwide postpartum hemorrhage (PPH) has been well studied, but APH and intrapartum hemorrhage (IPH) are less well-documented. APH is an obstetric emergency

significantly contributing to perinatal and maternal morbidity and mortality. PPH yields mainly maternal complications and may be in itself a complication of APH. However, during APH, complications can be fetal as well as maternal. The maternal complications are malpresentation, premature labor, PPH, sepsis, shock and retained placenta [6]. Various fetal complications are prematurity, low birth weight, intrauterine death, congenital malformation and birth asphyxia [7].

Material and methods:

This study was conducted in Medical College & General hospital in the Department of Obstetrics & Gynecology from. A Total no. of 104 cases of antepartum hemorrhage admitted in hospital were studied & analyzed. In the present study all patients who had bleeding from genital tract after 20 weeks of gestation & before second stage of labor were included. The data was entered in excel sheets and analyzed and presented in tabular form expressed in percentages.

Result

Table 1: Distribution of the patients as per the type and incidence of APH

	No.	Percentage (%)
Placenta previa	60	1.39
Abruption placenta	40	0.93
Local lesions	2	0.05
Unclassified group	2	0.05
Total APH	104	2.42
Total No. of deliveries	4307	100.00

The majority of the patients were of Placenta previa were 1.39%, followed by Abruptio placenta Were -0.93%, Local lesions were 0.05%, unclassified group were 0.05%, Total APH were - 2.42% Of the Total No. of deliveries 4307.

Table 2: Distribution of the patients as per the age

Age (years)	No. of cases (n=104)	Incidence (%)
16-20	21	20.20
21-25	39	37.50
26-30	30	28.84
31-35	10	9.62
35 & above	4	2.84
Total	104	100.00

The majority of the patients were in the age group of 21-25 were -37.50%, 26-30 - 28.84%, 16-20- 20.20%, 31-35- 9.62%, 35 & above were 2.84%.

Table 3: Distribution of the patients as per the parity

Parity	No. of cases (n=104)	Incidence (%)
Primi	19	18.27
Second	22	21.15
Third	26	25.00
Fourth	17	16.34
Fifth	10	9.62
Sixth & above	10	9.62
Total	104	100.00

Table 4: Distribution of the patients as per the parity and type of APH

Parity	Placenta previa (n=60)	Abruptio placenta (n=40)	Local causes (n=2)	Unclassified (n=2)
Primi	10(16.27%)	9(22.5%)	-	-
Second	14(23.33%)	7(17.5%)	1(50.0)	-
Third	16(26.67%)	9(22.5%)	-	1(50.0)
Fourth	13(21.66%)	3(7.5%)	1(50.0)	-
Fifth	3(5.00%)	7(17.5%)	-	-
Sixth & above	4 (6.67%)	5(12.5)	-	1(50.0)

Placenta previa was more common in Third-26.67%, followed by Second –23.33%, and Primi -16.27%. Abruptio placenta placenta was more common in Primi and Third-22.5% , Second and fifth were 17.5% Sixth & above were 12.5%. This observed difference was statistically significant ($p>0.05$).

Discussion:

The leading cause of maternal mortality in world is obstetric haemorrhage.⁸ Antepartum haemorrhage (APH) is defined as bleeding from or into the genital tract after 28weeks of pregnancy and before delivery of the baby.⁹ The prevalence of this obstetric emergency varies from hospital to hospital i.e. 0.5-5%.¹⁰ The main causes of APH are placenta previa, abruption placentae, indeterminate cause or local causes of genital tract. In developed countries, maternal mortality due to antepartum haemorrhage has been reduced significantly due to better obstetrical facility and care. But in developing countries like India maternal and perinatal mortality is still very high due to associated

problems like anaemia, difficulties in transport in cases of emergency and restricted medical facilities.¹¹ The complications in pregnancies complicated with APH are malpresentation, premature labour, postpartum haemorrhage, shock, retained placenta, higher rates of caesarean sections, peripartum hysterectomies, coagulation failure and maternal, death. Perinatal complications include premature delivery, low birth weight, intrauterine death, congenital malformations and birth asphyxia.^{12,13} Because of increase in the caesarean section rates, there is an increase in the incidence of placenta praevia and morbidly adherent placenta. In developing countries like India, among the causes of abruption placentae, hypertensive disorders of pregnancy like gestational hypertension and preeclampsia and folic acid deficiency are considered as important etiological factors.^{13,14} APH is one of the important cause postpartum haemorrhage. In our study we have seen that The majority of the patients were of Placenta previa were 1.39%, followed by Abruptio placenta Were -0.93%, Local lesions were 0.05%, Unclassified group

were 0.05%, Total APH were - 2.42% , Of the Total No. of deliveries 4307.

The majority of the patients were in the age group of 21-25 were -37.50%, 26-30 - 28.84%, 16-20- 20.20%, 31-35- 9.62%, 35 & above were 2.84%. The majority of the patients of APH were of Third party were -25.00%, Second -21.15%, Primi-18.27%, Fourth -16.34%, Fifth and Sixth & above were -9.62%. Placenta previa was more common in Third- 26.67%, followed by Second - 23.33%, and Primi -16.27%. Abruptio placenta placenta was more common in Primi and third- 22.5%, second and fifth were 17.5%, Sixth & above were 12.5%. This observed difference was not statistically significant($p>0.05$) .

Conclusion:

In our study we have seen that the majority of the patients were of Placenta previa, The majority of the patients were in the age group of 21-25, The majority of the patients of APH were of Third party. Placenta previa was more common in Third parity; Abruptio placenta placenta was more common in Primi and followed by Second Third parity.

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