



ISSN (P): 2522-6614
ISSN (E): 2522-6622
© Gynaecology Journal
www.gynaecologyjournal.com
2023; 7(4): 34-35
Received: 03-05-2023
Accepted: 08-06-2023

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Prospective study to determine the causes of Antepartum Haemorrhage and resulting postpartum hemorrhage

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DOI: <https://doi.org/10.33545/gynae.2023.v7.i4a.1367>

Abstract

Introduction: Hemorrhage is a life threatening event starting from conception till puerperium and hence obstetrics has been aptly honored to be the business of blood. Antepartum hemorrhage is defined as bleeding per vaginum occurring after the fetus has reached the period of viability but before the birth of baby. Early detection and prompt action can help us provide better maternal care and reduce the morbidity and mortality associated with the same.

Materials and Methods: All cases of antepartum haemorrhage ≥ 28 weeks of gestation that were admitted in the hospital over a period of one year were evaluated.

Discussion: A total of 133 patients were admitted with antepartum hemorrhage who were then evaluated. Placenta previa was the main cause i.e. 58.5% of APH in the present study. Abruptio placentae and undetermined cases were 23.3% and 18.05% respectively. In our study the most common complications encountered was PPH which had incidence of 41%

Conclusion: Awareness of antenatal care during pregnancy, importance of institutional deliveries and adoption of various contraceptive methods (temporary as well as permanent) are the key factors to decrease the morbidity and mortality associated with antepartum hemorrhage and subsequent postpartum hemorrhage.

Keywords: Antepartum haemorrhage, postpartum hemorrhage, vaginum occurring

Introduction

Hemorrhage is a life threatening event starting from conception till puerperium and hence obstetrics has been aptly honored to be the business of blood. Hemorrhage is a big chunk amongst the causes of maternal mortality and is one of the gravest obstetrics emergencies whether antepartum or postpartum. Antepartum hemorrhage is defined as bleeding per vaginum occurring after the fetus has reached the period of viability but before the birth of baby.

Antepartum haemorrhage can be due to placenta previa, abruptio placentae or extra placental causes. These extra placental causes may include cervical polyps, cervical erosions, endocervical erosions, cancer of cervix, cervicitis, varicosities (vaginal, vulvar and cervical) vaginal infections, foreign bodies, genital lacerations, bloody show, degenerating uterine myomata, vasa previa and marginal placental separation. It may even be of undetermined origin ^[1].

Maternal complications of APH are malpresentations, premature labor, postpartum hemorrhage, sepsis, shock and retained placenta. They also include higher rates of cesarean section, peripartum hysterectomy, coagulation failure, puerperal infections and even death. Maternal morbidity and mortality are attributed to the sequence of hemorrhage, hypofibrinogenemia, renal failure and puerperal infection. Pulmonary edema, cesarean section, postpartum anemia and Sheehan's syndrome are other major maternal morbidities ^[2].

The study was conducted to evaluate cases of antepartum hemorrhage and the cases eventually resulting in postpartum hemorrhage, which is a major complication of the same. Early detection and prompt action can help us provide better maternal care and reduce the morbidity and mortality associated with the same.

Materials and Method

The present study was conducted in the Department of Obstetrics and Gynaecology, Kamla Nehru State Hospital for Mother and Child, Indira Gandhi Medical College, Shimla, H.P.

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Inclusion criteria

- All cases of antepartum haemorrhage \geq 28 weeks of gestation.

Exclusion criteria

- All pregnant cases below 28 weeks of gestation.
- Patient suffering from any other bleeding disorders eg;
 - Thrombocytopenia
 - Von Willebrand disease.
 - DIC
 - Hemophilia's
 - Hemolysis, elevated liver enzymes and low platelet count (HELLP syndrome).

A proforma containing the details of the patient along with cause of antepartum hemorrhage was maintained and the patients were followed till delivery to determine whether there was any

postpartum hemorrhage.

Observation

A total of 133 patients were admitted with antepartum haemorrhage who were then evaluated.

Table 1: Distribution of Patients according to APH cases.

Type	Cause	Percentage
Abruptio Placentae	31	23.31%
Placenta Previa	78	58.65%
Undetermined	24	18.05%
Total	133	100%

This table illustrates that 58.65% of the cases were placenta previa and 23.31% were abruptio placentae and undetermined cases were 18.05%.

Table 2: Distribution of cases according to PPH

PPH	No. of Patients	Percentage	Abruptio placentae	Placenta previa	Undetermined
Present	55	41%	15 (27%)	36 (65%)	4 (7%)
Absent	78	59%	16 (21%)	42 (54%)	20 (26%)

X^2 0.044, P Value 0.833

This table depicts that out of a total of 133 patients, 41% had postpartum hemorrhage. Out of this 65% were placenta previa and 27% had abruption.

Discussion

Placenta previa was the main cause i.e. 58.5% of APH in the present study. Abruptio placentae and undetermined cases were 23.3% and 18.05% respectively. Our results were consistent with the study conducted by Adekanle DA, *et al.* [3] in which the placenta previa, abruptio placentae and undetermined cases were

55.6%, 33.3% and 8.4% respectively. Singhal S, *et al.* [4] reported that more than half of the women i.e. 56.64% had placenta previa and about one third i.e. 29.65% had abruptio placentae in their study. Similar study was conducted by Ayushma J, *et al.* [5] of these 40.4% cases were those of placenta previa, 38.6% cases were those of abruption and 21% cases were those of undetermined APH. The incidence of placenta previa, abruption and undetermined cases in study conducted by Sheikh F, *et al.* [6] was 51.7%, 44.6% and 2.5% respectively and findings were similar to our study except undetermined cases.

Table 3: PPH

Kedar	Bhandiwal <i>et al.</i>	Kalam <i>et al.</i>	Sharmila <i>et al.</i>	Tyagi <i>et al.</i>	Fouzia <i>et al.</i>	Samal SK <i>et al.</i>	Rajni <i>et al.</i>	Singhal <i>et al.</i>	
PPH	32%	7.5%	38%	22%	45%	19%	42%	13.6	31%

In our study the most common complications encountered was PPH which had incidence of 41%. Our findings were consistent with Kalam F, *et al.* [7] PPH 38%

Conclusion

Early diagnoses, timely referrals and transfusion facilities aid in decreasing maternal morbidity and mortality. Above all awareness of antenatal care during pregnancy, importance of institutional deliveries and adoption of various contraceptive methods (Temporary as well as permanent) are the key factors to decrease the morbidity and mortality associated with antepartum hemorrhage and subsequent postpartum hemorrhage.

Conflict of Interest

Not available

Financial Support

Not available

References

- Arias F, Daftary SN, Bhine GA. Bleeding during pregnancy. In: Practical Guide to High Risk Pregnancy and Delivery, 3rd ed. New Delhi: Elsevier. 2008;13:323-57.
- Sheiner E, Shoham-Vardi I, Hadar A, Hallak M, Hackmon R, Mazor M. Incidence, obstetrics risk factors and pregnancy outcome of preterm placental abruption: A retrospective analysis. J Matern Fetal Neonatal Med. 2002;11(1):34-39.

- Adekanle DA, Adeyemu A, Fadero F. Antepartum haemorrhage and pregnancy outcome. J Med and Med Sci. 2011;2(12):1243-1247.
- Singhal S, Nymphaea, Nanda S. Maternal and perinatal outcome in Antepartum Haemorrhage: A study at a Tertiary Care Referral Institute. Int J Gynaecol obstet. 2007, 9(2).
- Jejani A, Kawthalkar A. Study of obstetric outcome in antepartum haemorrhage. Panacea Journal of Medical Science. 2015;5(3):153-57.
- Sheikh F, Khokhar SA, Sirichan P, Shaikh RB. A study of antepartum haemorrhage: maternal and perinatal outcomes. Med channel Gynaecol Obstet. 2010;16(2):268-71.
- Kalam F, Faruq MO, Chowdhary SB. Maternal and perinatal mortality, morbidity and risk factor evolution in ante partum hemorrhage associated with Placenta Previa, Bangladesh. Crit Care J. 2013;12:65-70.

How to Cite This Article

Guleria S, Jharaik H. Prospective study to determine the causes of Antepartum Haemorrhage and resulting postpartum hemorrhage. International Journal of Clinical Obstetrics and Gynaecology 2023; 7(4): 34-35

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