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

Dr. Sara Guleria and Dr. Himang Jharaik

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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, vagina 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.
Inclusion criteria
- All cases of antepartum haemorrhage ≥ 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

<table>
<thead>
<tr>
<th>PPH</th>
<th>No. of Patients</th>
<th>Percentage</th>
<th>Abruptio placentaes</th>
<th>Placenta previa</th>
<th>Undetermined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>55</td>
<td>41%</td>
<td>15 (27%)</td>
<td>36 (65%)</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>Absent</td>
<td>78</td>
<td>59%</td>
<td>16 (21%)</td>
<td>42 (54%)</td>
<td>20 (26%)</td>
</tr>
</tbody>
</table>

X̂² 0.044, P Value 0.833

In our study the most common complications encountered was PPH which had incidence of 41%. Our findings were consistent with Kalam F, et al. [1] 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

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