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A study of feto-maternal outcomes in cases of placenta previa admitted to labour room in a tertiary health care centre in South Gujarat

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Abstract

Background: Placenta previa poses significant risks to maternal and fetal health, particularly with increasing cesarean section rates. This study analyzes the socio-demographic profiles, clinical histories, maternal, and fetal outcomes of patients presenting with placenta previa.

Objective: To assess various aspects of patients with placenta previa in a tertiary care setting.

Methods: This observational study included fifty subjects meeting inclusion criteria from May 2022 to May 2024. Data on socio-demographics, antenatal care (ANC) registration, clinical history, and outcomes were collected and analyzed.

Results: Most subjects were aged 25-29 years, primarily housewives, with a significant proportion lacking higher education. A large percentage of participants were registered for ANC, yet many did not have frequent check-ups. Complications included a high incidence of anemia and pregnancy-induced hypertension. Maternal outcomes showed a mean gestational age of 36+4 weeks, with a significant number delivering preterm. Most neonates were healthy, although a small percentage faced complications.

Conclusion: Effective management of placenta previa remains a challenge, highlighting the importance of early ANC registration, regular check-ups, and timely interventions to improve outcomes.

Keywords: Placenta previa, caesarean, outcomes, complications

Introduction

- Placenta previa complicates 0.3-1.5% of pregnancies and it may lead to significant maternal morbidity and even death. It is also associated with poor neonatal outcomes including preterm delivery, low birth weight, and perinatal death.
- Placenta previa is an obstetric complication that classically presents as painless vaginal bleeding in the third trimester secondary to abnormal placentation near or covering the internal cervical os.
- It is of a great importance to determine the clinical risk factors in placenta previa in an effort to anticipate cases of severe hemorrhage and thereby improving feto-maternal outcomes.
- This rising trend of caesarean section has led to a dramatic increase in the incidence of placenta previa and Morbidly Adherent Placenta in the last few decades.
- The incidence of placenta previa ranges from 0.3% to 0.5% of pregnancies worldwide and 0.2% to 0.9% of pregnancies in India.
- The prevalence of placenta previa is 4 to 5 per 1000 pregnancies worldwide.

Materials and Methods

This observational study includes 50 consenting pregnant women with diagnosed placenta previa, coming to our labour room with singleton live pregnancy of >28 weeks and delivering in our hospital during the period of May 2022 to May 2023 (after HREC clearance).

Sampling Technique: 50 consenting consecutive pregnant women with diagnosed placenta previa.

Inclusion Criteria

- Our study included all consenting pregnant women with diagnosed placenta previa, coming to labour room with singleton live pregnancy of >28 weeks and delivering in our hospital (after HREC clearance)

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Exclusion Criteria

- Abruptio placenta
- Vasa previa
- Non-consenting women
- Detailed history including previous history of abortion, history of placenta previa, history of bleeding per vagina in antenatal period or any associated disorders was gathered.
- General examination including general condition of the subject, vital parameters were assessed. Per abdominal examination was done to look for uterine size, presentation of fetus, fetal heart rate, uterine contractions, previous operative scar. Per speculum examination was performed to look for bleeding.

- The management of patients was done as per departmental standard of protocol.

We have analysed the mode of delivery, gestational age at delivery, if subject had post-partum haemorrhage or not, need for blood and blood product transfusion, need for any extra operative intervention in terms of vessel ligation, need for OBICU admission, associated placenta accreta syndrome, obstetric hysterectomy, requirement of any invasive ventilation or ionotropic support.

Results**Table 1:** Distribution of study participants according to their sociodemographic data

(n=50)			
Variable	Categories	No. of patients (n=50)	Percentage (%)
Age (years)	<19	2	4
	20-24	14	28
	25-29	20	40
	30-35	11	22
	>35	3	6
Occupation	House wife	20	40
	Labour work	21	42
	Office work	9	18
Education	Illiterate	13	26
	Up to 12 th pass	29	58
	Graduate	7	14
	Post Graduate	1	2
BMI	Underweight (<18.5)	10	20
	Normal (18.5-22.9)	18	36
	Overweight (23-24.9)	14	28
	Obese (≥25)	8	16
Distance from home to hospital	<5 km	4	8
	6-10 km	26	52
	11-15 km	5	10
	>15 km	15	30

Table 2: Distribution according To Obstetric/Gynae History

(n=50)		
Obstetric History Variables	No. of patients (n=50)	Percentage (%)
History of Abortions	5	10
History of bleeding PV in current pregnancy	35	70
Previous history of D& E/ D & C	3	6
Previous history of Placenta Previa	2	4
Previous history of manual removal of placenta	2	4
Previous history Uterine Rupture	1	2
Previous history morbidly adherent placenta	0	0
Previous history of uterine surgery for myomectomy	2	4
Total	50	100

Table 3: Distribution according to Gestational Age at delivery

(n=50)		
Gestational age(weeks) at delivery	No. of patients (n=50)	Percentage
<34 weeks	8	16
34-37 weeks	11	22
≥37 weeks	31	62

Table 4: Distribution of fetal outcome of the participants

Outcome	Number of patients	Percentage (%)
Maturity		
Preterm	19	38
Term	31	62
Outcome		
Live birth	48	96
Neonatal demise	2	4
Healthy and discharged	46	96
Still birth	2	4
Sex (n= 48)		
Male	28	58
Female	20	42
Birth weight (n= 48)		
<1.5 kg	3	6
1.5-2.5 kg	30	63
2.5-3.5 kg	12	25
>3.5 kg	3	6
APGAR score (n= 48)		
<6/10	5	10
>6/10	43	90
NICU Admission (n= 48)		
Yes	23	48
No	25	52

Table 5: Post-Partum operative status of the participants.**Table 5.1:** Interventions of post-partum period

Interventions	Number of subjects (n=50)	Percentage (%)
OBICU admission	14	28
Ventilatory support	3	6
Inotropic support	2	4
Blood and blood product transfusion	34	68

Table 5.2: Complications of post-partum period

Complications	Number of patients (n=50)	Percentage (%)
Pyrexia	1	2
Lactation issues	13	26
Lactational failure	8	16
Mastitis	2	4
Breast abscess	1	2
Cracked nipple	2	4
Postpartum blues/psychosis	2	4

Discussion

The findings indicate that placenta previa is associated with significant maternal and fetal risks. The high rates of anemia and complications underscore the need for regular ANC visits and timely interventions. The correlation between cesarean section rates and placenta previa incidence necessitates improved management strategies in obstetric care.

Conclusion

In today's era with advanced diagnostic facilities available, placenta previa poses a major challenge when it comes to the diagnosis and timely management. With the rise in primary and repeat caesarean section rate, the rise in incidence of placenta previa has also been evident.

Managing a case of placenta previa, especially in last trimester is challenging even in a tertiary care centre. There is an increased risk of maternal and perinatal mortality and morbidity.

Hence, early registration of antenatal women, regular ANC check-up, regular investigations, timely building up of haemoglobin levels, timely ruling out morbidly adherent placenta and encouraging institutional deliveries still remain the pioneers in preventing and handling obstetrical complications well in placenta previa.

Conflict of Interest

Not available

Financial Support

Not available

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