



FETOMATERNAL OUTCOME IN CASES OF ABRUPTIO PLACENTA

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<p>Article Info Received 15/12/2015 Revised 27/12/2015 Accepted 10/01/2016</p> <p>Key words: Placental abruption.</p>	<p>ABSTRACT Placental abruption, is a premature separation of placenta from its implantation site before the birth of fetus. It complicates approximately 1 % of birth. It is an important cause of vaginal bleeding in 2nd half of pregnancy and is associated with significant perinatal mortality and morbidity. Abruption placenta, is an important cause of maternal and perinatal morbidity and mortality. In this study, there were 85 women with abruption placenta with incidence of 1.33. Vaginal delivery performed in 57%. 43% patients had to be taken for caesarean section either for maternal indication or due to fetal indication. Maternal Complications encountered were: PPH – 11.6%, DIC – 9%, Acute renal failure 7%, Maternal Mortality – 2.3 %. Regarding fetal outcome: Live Born: 57%, Still Born: 34.8%, Pre mature babies: 50%, Perinatal Mortality: 43%. Definite management of abruption placentae is to deliver the baby out either vaginally or through caesarean section. In admitted or referred patients, with timely management both maternal and perinatal outcome could be improved.</p>
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INTRODUCTION

- Placental abruption is a premature separation of placenta from its implantation site before the birth of fetus.
- It complicates approximately 1 % of birth.
- It is an important cause of vaginal bleeding in 2nd half of pregnancy and is associated with significant perinatal mortality and morbidity.

AIMS AND OBJECTIVES

- To find out the incidence of abruption placenta in our setup.
- To analyze maternal outcome in the form of maternal morbidity and mortality.
- To study perinatal outcome in the form of live birth , intrauterine death , still birth , and neonatal mortality.

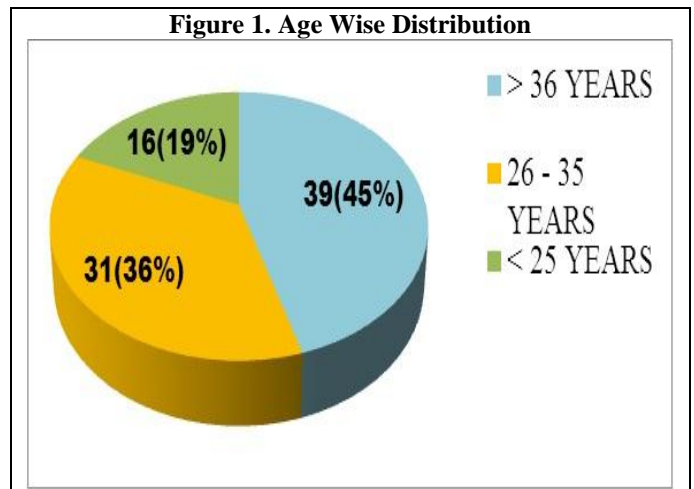
MATERIALS AND METHODS

Source of Data:

- Study type : Retrospective study
- Study period : January 2012 to December 2012
- Setting : Tertiary care center
- Site : Department of obstetrics and gynecology , Civil Hospital, Ahmedabad.

RESULTS

- Total Number of deliveries : 6442
- Cases of Abruption Placenta : 86
- INCIDENCE – 1.33%



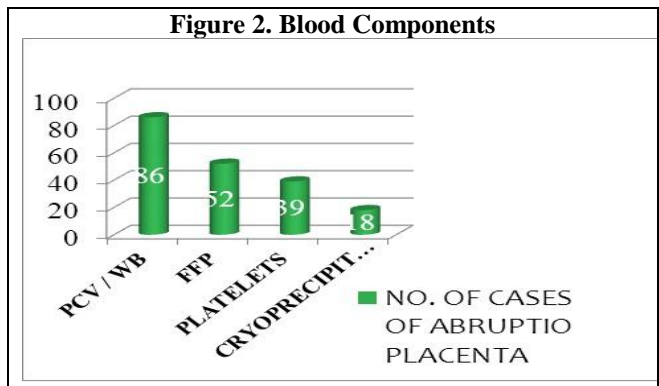


Table 1. Gravida Status

Gravida Status	No.of Patients
Primi	21 (24.4%)
2 nd TO 3 rd Gravida	36 (41.8%)
≥ 4 th Gravida	29 (33.7%)

Table 2. Gestational Age

Gestational Age	Numbers
28 – 32 Weeks	19 (22%)
33 – 36 Weeks	36 (41.8%)
37 – 40 Weeks	31 (36%)

Table 3. Associated Other Maternal Risk Factors

Risk Factors	No.of Patients
Anaemia	51
Hypertension	49
Prom	18
Smoking	7
P/H/O Abruptio	2
H/O Trauma	1

Table 4. Outcome

Mode of Delivery	Number
Vaginal	49 (57%)
Caesarean Section	37 (43%)

Table 5. Maternal Complications

Anaemia	51
PPH	10
DIC	8
ARF	7
Courvelaire Uterus	2
Maternal Mortality	2
Obstetrics Hysterectomy	1

Table 6. Perinatal Outcome

Live born	49 (57%)
Still born	30 (34.8%)
Early Neonatal Death	7 (8%)
Preterm Babies	43 (50%)

DISCUSSION

- Abruptio placenta, is an important cause of maternal and perinatal morbidity and mortality
- In this study, there were 85 women with abruptio placenta with incidence of 1.33 %. Which is comparable with observation made by Saadia, et al. from King Edward medical college, 2003, where abruptio was seen in 2% of Hospital Obstetrics population.
- Vaginal delivery performed in 57%.
- 43% patients had to be taken for caesarean section either for maternal indication or due to fetal indication. Relatively lower caesarean section rate (43%) in this study correlates with a rate of 30.2% by Sarwar et al and 27% by Bibi.
- Maternal Complications encountered were :
PPH – 11.6 %
DIC – 9 %
Acute renal failure – 7 %
Maternal Mortality – 2.3 %

This study was compared with a study done by Pitamphrome A et al, who found 103 cases of abruptio placenta, PPH in 19.4 % and DIC in 5.8%.

- Regarding fetal outcome :
Live Born : 57%
Still Born : 34.8%
Pre mature babies : 50%
Perinatal Mortality : 43%
This is consistent with Observation in local studies and the study from Lahore .

CONCLUSION

- Abruptio placenta is a grave and potentially life threatening condition for mother and the fetus which taxes the limit of even the best equipped obstetrics and neonatal units.
- Educating the pregnant mother about the importance of antenatal care, nutritional supplements, maintaining blood pressure and hemoglobin levels bringing down the maternal and perinatal morbidity and mortality.
- Definite management of abruptio placentae is to deliver the baby out either vaginally or through caesarean section.
- In admitted or referred patients, with timely management both maternal and perinatal outcome could be improved.

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CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

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