CASES OF PLACENTA PRAEVIA, 1939-1948

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Placenta praevia is still one of the major complications of pregnancy; but modern management has minimised the terror that confronted the obstetricians of the past. Early diagnosis, hospitalisation, choice of correct treatment, and the ease of blood and plasma transfusions have decreased the mortality rate to a considerable degree.

Total number of deliveries for 10 years, 1939-1948, was 9,044. Among these, 75 cases of placenta praevia were admitted to this hospital. Of these, one was admitted moribund and died undelivered, duration of stay in the hospital 15 minutes.

Incidence: 1 in every 120 deliveries. The incidence for four other mission hospitals are as follows:—1 in 120; 1 in 126; 1 in 118; and 1 in 105.

Warning Haemorrhages.

Eleven patients were admitted in the ante-natal period with warning haemorrhages, and were treated with conservative measures. 5 remained in the hospital till the time of delivery. 4 among these had second bout of severe haemorrhage. 3 were cases of central placenta praevia, and the mode of delivery was Caesarean section. The fourth one was a case of marginal placenta, mode of deli-

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6 among 11 were discharged after 2 weeks rest in the hospital, 4 returned for delivery. 3 among them were marginal and 1 lateral. All 4 cases returned with fair amount of antepartum haemorrhage. The other two could not be traced.

Recurrent Placenta Praevia.

1. A seventh para who had marginal placenta praevia in 1940 was admitted in 1943 for the next delivery again with marginal placenta praevia.

2. A fourth para with marginal placenta praevia in 1941 was admitted in 1946 for her sixth delivery again with marginal placenta praevia, the fifth confinement being normal in 1944.

Associated Complications.

1. A second para who had a normal delivery but stillbirth for her first confinement, had placenta praevia complicated by accidental haemorrhage. The findings were as follows: albumen, no casts; oedema of lower limbs; and blood pressure, 120/75.

2. 4 cases had albumin in the urine but no other abnormalities.

50% of the above cases were complicated with anaemia, Hb % (Sahli) being 7 and 8 gms.

Abnormal Presentations.

Transverse lie	2 cases
Transverse lie with prolapse of cord	1 case
Breech	8 cases
Persistent occipito-posterior	1 case

Onset of Bleeding in Placenta Praevia.

Two among these cases started bleeding before the viable stage, 26 weeks, the type of placenta praevia being central. 7 cases started bleeding after 32 weeks, 1 among these was marginal, 2 lateral and the rest central; 2 after 34 weeks, both being marginal; 58 cases were between 35 and 36 weeks, 13 being cases of central placenta praevia.

3 cases had bleeding during 38th week and they were marginal; 2 at full term, 1 lateral and 1 marginal.

Parity and Placenta Praevia

Central—	2	among	the 20 were
			primigravidae.
Marginal—	5	among	the 36 were
Lateral—	9		primigravidae.
Lateral—	3	among	the 18 were primigravidae.

Morbidity.

2 cases had thrombophlebitis in puerperium, 1 was central and the other lateral. With good diet of high protein value, chemotherapy and paravertebral block, they were discharged cured from the hospital.

1 had putrid endometritis as well as general peritonitis. This was a case of central placenta praevia and died on the 6th day after delivery.

Maternal Mortality.

6.5% including the patient who was admitted moribund.

Stillbirths and neo-natal deaths:— Stillbirths 30. Foetal heart was absent in 12 cases, and 7 were premature.

Live births 12. 9 among them were premature. 3 died within 48 hours.

Before the viable stage 2. Foetal mortality 45.5%.

PLACENTA PRAEVIA: 1939 to 1948 I. Central Placenta Praevia

	M	lothers			Babies				
	No. of cases	Living	Expired	Remarks.	Living	Expired	Still births	Remarks	
Contral Placental		,							
Praevia	20	16	4	1. Moribund	10	1 Kahn positive.	6	2 were miscar- riages.	
Complete 12				2. Shock				1 died undeli- vered.	
Incomplete 5				3. Peritonitis and Kahn positive.				2 were with absent foetal heart. 2 premature.	
Miscarriage 2 Undelivered 1 (admitted oribund. Expired after 15 minutes.)				4. In complete central. Hb, 20%. Internal podalic version done. Died hour later.				2: foetal heart pre- sent on admis- sion but could not be heard after they were in labour for a	
Caesarean Section (All				2 11001 1001				few hours.	
Complete) (Incomplete)	12	10	2	2 & 3 (remarks as shown above)	9	1 Kahn positive		Foetal heart absent.	
Artificial rupture of membrane	1	1			1				
Artificial rupture of membrane & Willett's	2	2					2	1 premature.	
Artificial rupture of membrane and bring-									
ing down a leg Internal Podalic Ver-	1	1	w •		• •		1	Premature.	
sion	1		1	As shown against (4) Transverse lie with pro- lapsed cord.			1		

Total 17 plus 2 miscarriages plus 1 who died undelivered.

II Marginal Placenta Praevia

	7	Mothers				Babies	5	-
	No. of cases	Living	Expired	Remarks.	Living	Expired	Still births	Remarks
Marginal Placenta	FI	<u> </u>	bet		H	Щ.	01	X
Praevia					- 11			
Artificial rupture of membranes	9	9			8		1	2 among 8 wer premature.
Artificial rupture of membranes and Wil-								
lett's forceps	15	14	1		5 (1 tw		11	7 with absent for tal heart. For tal heart properties a n t for among which were premature.
Artificial rupture of membranes and in-								
ternal podalic version	4	3		For 1 patient in- ternal podalic version was done when Wil- lett's failed.	5		2	Foetal heart al sent.
Artificial rupture of								
membranes a n d					- 10			
bringing down a leg	4	3	1	Had severe P. P H. All the me- thods to check the complica-			3	1 among 3 promature. The other 2 with all sent foets
Artificial rupture of membranes and low				tion failed.				heart.
forceps Packing and artificial	1	1			••		1	Foetal heart al
rupture of membrane	1	1			1			SCIIV.
Packing and internal								
podalic version Packing with normal	1	1	• •		1			
delivery	1	1		Membranes absent and Os 1/5				
Unaided delivery	1	1		admission	1			

Total 36 cases. On 1 patient two types of operations were performed.

Total .. 19

III Lateral Placenta Praevia

	Mothers				1	Babies	3	
	No. of cases	Living	Expired	Remarks.	Living	Expired	Still births	Remarks
Lateral Placenta		,						
Praevia	19							
Artificial rupture of	0							0 6 5 0
membrane	9	9	••		4 1 pre.	••	••	Out of 5, 3 were premature. The other 2 with absent foetal heart.
Artificial rupture of membrane and Wil- lett's forceps	3	3			3		••	neart.
Artificial rupture of mebrane and bring-								
ing down a leg	2	2				1	1	
Artificial rupture of membrane and (Ex- ternal Version to								1 To
Vertex) Internal Podalic Ver-	1	1	••	Transverse	••	••	1	
sion	1	1		Transverse			1	Premature.
Artificial rupture of membrane and low								
forceps	2	2			2			
Unaided delivery	1	1	••				1	Foetal heart ab-