

REVIEW OF CASES OF SECONDARY POST-PARTUM HAEMORRHAGE

by

RAMA MITRA

Secondary post-partum haemorrhage, arising 24 hours or more following the birth of a child, received little attention from obstetric writers. This abnormality usually causes distress and discomfort rather than danger, and maternal morbidity rather than mortality. Most cases of secondary post-partum haemorrhage reveal themselves within the first week or nine days of the puerperium and often indicate advance warning in the form of increased red lochial loss and a low grade puerperal pyrexia.

Most obstetric text books deal with the subject briefly merely stating that the haemorrhage is usually due to retained fragments of placenta. Moir (1964) suggests that although retention of portions of the placenta is the most common cause, other causes are retention of blood clots and pieces of membrane, backward displacement of the uterus, a submucous fibroid and in a few cases chorion-epithelioma. Brew (1963) suggests in addition to the retained placental fragments, delayed involution, backward displacement of the uterus, the use of oestrogens to suppress lactation, and in severe cases he adds

further causes such as the presence of puerperal inversion or a growth within the uterus. Greenhill (1961) places thrombosed blood vessels of the placental site, subinvolution and prolonged retained placental fragments as causes of secondary post-partum haemorrhage. He is also of the opinion that oestrogen used to suppress lactation causes haemorrhage and suggests also fibroids, carcinoma of the cervix, rupture or inversion of the uterus, choriocarcinoma and too early coitus as other causes. McIntyre (1949) and Theobald (1950) both suggest that the bleeding is usually due to retention of placental fragments. The precise role of retained fragments in secondary post-partum haemorrhage was investigated by Lester *et al* (1956). They found such fragments in 18 (27%) out of a total of 66 cases, but in cases in which the haemorrhage was regarded as severe 12 (44%) out of 27 showed retention of pieces of placenta. In 6 cases (9%) the haemorrhage was ascribed to retroversion and subinvolution and in 42 (63%) no cause could be determined. In sharp contrast to the usual brief accounts on this subject, is a long paper by Melody (1949) which he devotes entirely to a detailed consideration of a great many possible aetiological factors.

*Lecturer in Obst. & Gynec. G. S. V. M. Medical College, Kanpur.

Received for publication on 9-8-1968.

Material and Methods

Thirty-five cases were collected from January 1966 to April 1968 from the Department of Obstetrics & Gynaecology, G.S.V.M. Medical College Hospitals, Kanpur; 15 cases were admitted as emergencies after delivery elsewhere, 12 cases were in the hospital when secondary post-partum haemorrhage occurred, 8 cases came as emergencies but had delivered in the hospital.

The time of onset of the bleeding in the puerperium was variable. It can be seen from Table I that in most

had been delivered outside the hospital. Of the 8 patients who delivered in the hospital, 5 had been discharged on the 8th day or later and 3 after 4 days.

Relation to the amount of bleeding

Variation in the amount of bleeding could not be classified more precisely than slight, moderate or heavy.

Table II shows the distribution of cases according to the amount of haemorrhage.

Among 35 cases, only 20 cases had persistent red lochia. In 4 cases the

TABLE I
The time of onset of bleeding

Total cases	1-7 days	8-14 days	15-21 days	22-42 days
35	9	15	7	4

of the cases haemorrhage occurred during the second week of the puerperium.

Of the 15 cases in whom the haemorrhage occurred between 8-14 days, 6 had caesarean section and one of these had severe post-partum haemorrhage. The patient collapsed and all anti-shock measures including blood transfusion of 4 pints did not save her.

In 7 cases the haemorrhage occurred after the 2nd week, and in 4 cases after the 22nd day. All the cases in whom the haemorrhage occurred after 14 days were admitted to the hospital as emergencies because of bleeding. Eight of these had delivered in the hospital, were discharged and then re-admitted, and 3

TABLE II
Distribution according to amount of bleeding

Total No. of cases	Slight	Moderate	Severe
35	15	17	3

lochia remained heavy for 2-3 days and the rest of the cases had no presenting symptoms at all.

Vaginal finding

In all these cases a vaginal examination was done to find out the cause of the haemorrhage. In 4 cases, fragments of placenta were felt. In 2 cases, a placental polyp was found and one case was of fibroid uterus.

TABLE III
Treatment

Total	Ergot	Surgical evacuation	Blood transfusion	Chemotherapy	No surgery required
35	35	30	12	30	5

Treatment employed

The treatment is summarised in Table III. To all these patients a preparation of ergot was given. Surgical evacuation was done in thirty patients. No surgery was required in 5 cases, as 4 patients responded to ergot and other conservative line of treatment and one case of fibroid uterus responded to anti-haemorrhagic drugs, like styptochrome injection and styptovit tablets. For the patients who were treated surgically, the uterine cavity was explored with the finger to loosen placental fragments which were then removed with the help of sponge forceps and the cavity gently curetted with the help of a blunt curette. The vagina and cervix were carefully inspected, especially in those cases where the uterine cavity revealed no convincing cause for the bleeding; only 15 cases revealed the fragments of placenta among 30 cases and in all these cases the curetted material was sent for histopathological examination. Only 12 patients required blood transfusion. To 30 patients antibiotics were given. Retained membrane was not found in any of the cases. There was no case of chronic inversion of uterus, nor chorionepithelioma. No cervical cause for bleeding was found.

The result of surgical treatment

Surgical treatment appeared satis-

factory whether placental tissue was found or not. In no case was there any recurrence of bleeding.

Histopathological findings

In 30 cases the curetted material was sent for histopathological examination. In 15 cases the report was placental tissue and blood clot, and in 15 cases the tissue was reported to be endometrium.

Table IV shows the onset of bleeding as related to presence or absence of placental fragments.

TABLE IV
Histopathological findings

Days	Placental fragments	No placental fragments
1-7	2	3
8-14	5	6
15-21	6	4
22-42	2	2

Table V shows the severity of bleeding as related to the presence of placental tissue.

TABLE V

Degree of bleeding	Placental fragments	No placental fragments
Slight	3	7
Moderate	10	7
Severe	2	1

Relationship of previous history of post-partum haemorrhage

In this series, 10 were primigravidae and 25 were multigravidae.

Only in 2 cases was there a history of post-partum haemorrhage at a previous confinement.

Discussion

The present study includes 35 cases of secondary post-partum haemorrhage. It is clear from Table IV that retention of fragments of placenta is an important cause of secondary post-partum haemorrhage. Placental tissue was found in 15 (43%) of 35 cases; according to Lester and his colleagues and Dewhurst (1966) placental fragments were found in 27% and 32% respectively.

So far as other causes of secondary post-partum haemorrhage are concerned, in 15 (43%) cases no placental fragments were found and in 5 cases the bleeding was checked with conservative line of treatment. There is some agreement between this series and that of Lester *et al.* In 63% of their cases the cause of bleeding was unknown and in 9% they attributed the bleeding to retroversion and subinvolution. In Dewhurst's series, in about 58 (66%) of the cases treated surgically no placental tissue nor other obvious abnormality was found. In 8 of his cases the bleeding was checked without surgery.

The presence of retroverted uterus, too, is a questionable aetiological factor, and although this finding was noted on a number of occasions, it was noted much more often when no secondary haemorrhage occurred. There is little evidence to incriminate either subinvolution or retroversion in the causation of haemorrhage in any of the present cases, although

each may have been contributory. No useful information could be obtained of the part played by oestrogens used to suppress lactation in producing secondary post-partum haemorrhage.

Summary

Thirty-five cases of secondary post-partum haemorrhage admitted in the department of Obstetrics and Gynaecology, G. S. V. M. Medical College, Kanpur, from January 1966 to April 1968 have been reviewed. Factors like period of onset of bleeding, relation to presence or absence of placental fragments, amount of bleeding and surgical treatment and relation to previous history of post-partum haemorrhage were studied.

References

1. Brews A.: Manual of Obstetrics ed. 12, London 1963, Churchill, p. 561.
2. Dewhurst, C. J.: J. Obst. & Gynec. Brit. Comm. 73: 53, 1966.
3. Greenhill, J. P.: Obstetrics ed. 12, Philadelphia 1961, W. B. Saunders p. 815.
4. Lester, W. M., Bartholomew, R. A., Colvin, M. D., Grimes, W. H., Fish, J. S. and Galloway, W. H.: Am. J. Obst. & Gynec. 72: 1214, 1956.
5. McIntyre, W. K.: Med. J., Aust, 2, 836, 1949.
6. Melody, G. W.: Am. J. Surg. 78: 821, 1949.
7. Moir, J. C.: Operative Obstetrics ed. 7, London, 1964, Bailliere Tindall & Cox, p. 867.
8. Theobald, G. W.: Brit. Med. J. 1: 659, 1950.