

LATE POSTPARTUM HAEMORRHAGE

by

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Late postpartum haemorrhage (LPPH) is defined as any excessive bleeding from birth canal between 10 hours (Moir and Myerscough, 1971) and 12 weeks (Melody, 1949) after delivery.

No one in obstetrical practice escapes the necessity of readmitting a puerperal patient to the hospital for control of profuse, delayed postpartum haemorrhage. The importance of late postpartum haemorrhage (LPPH) in developing countries, where home delivery is predominant is clear. The present study was undertaken to study the incidence, etiology, management and possible prevention of LPPH.

Material and Methods

Analysis was based on a retrospective survey of the records of 133 patients admitted because of LPPH during the 16 months ending with April, 1977. Of these, 54 patients were delivered at Bokaro General Hospital, representing 0.9% of all women delivered at this hospital during this period.

Results

Sixty per cent of the patients were referred from different areas in 50 kilo-

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Accepted for publication on 16-6-78.

meters radius around Bokaro Steel City. The mean age of the patients was 26 years. Their mean gravidity and parity were 5 and 4 respectively. All but 5 patients had term deliveries. The method of delivery was spontaneous in 118 women (88.72%). Six patients (4.51%) had operative delivery. The method of delivery was not recorded in 9 cases (6.76%). The placenta was delivered spontaneously in 126 patients (94.73%). The placenta was manually removed in 7 women.

The postpartum course prior to admission to hospital is shown in Table I. To

TABLE I
Postpartum Course Until Admission According to History

Condition	No. of patients	%
Smooth	79	59.39
Febrile	30	22.55
Profuse lochia	16	12.03
Spotting	8	6.01
Total	133	100.0

indicate the severity of bleeding, the patients under study were divided into 3 groups.

Mild: Twenty-nine patients with mild bleeding and with no signs or symptoms of anemia and whose hemoglobin concentration was 10 gm/100 ml. or more.

Moderate: Forty-eight women with moderate bleeding who were not in acute

distress clinically and whose hemoglobin was 7 to 10 gm/100 ml.

Severe: Forty-five patients with severe haemorrhage who had significant clinical distress and whose haemoglobin concentration was below 7 gm/100 ml. Thirty-one women were brought in a state of shock.

Table II shows the average latent period as well as the duration of hospitalization for these 3 groups. As can be seen the moderate and severe bleeding occurred during the second week of puerperium. The rest occurred after the 3rd week.

TABLE II
Latent Period of Different Groups and Duration of Hospitalization

Severity of bleeding	Average latent period		Average hospital stay (days)
	No. of patients	Days	
Mild	29	22	3.5
Moderate	48	16	5.5
Severe	45	10	7
Unknown	11	16	4
Total or average	133	16	5

Management: Forty-six patients received blood transfusion (34.58%). All patients received either oxytocics or ergometrine and antibiotics on admission. Curettage was performed on 122 patients. Nine women were treated conservatively only with bed rest, 0.2 mgm of Ergometrine maleate tablet 3 times daily and antibiotics. Total abdominal hysterectomy was performed in 2 cases where all conservative measures including curettage bimanual compression of uterus and oxytocics had failed to control the bleeding. There was no maternal death in this series.

Gross Findings: The most common gross finding was that of a softened subinvolved uterus and dilated cervical canal. Frequently, on gross examination, the rubbery, fibrinous material obtained on curettage was assumed to represent retained placental tissue, but the microscopic examination of the curettings often reported its absence.

Histological Findings: Retained placental fragments occurred in 70 women (52.63%), of whom 59 had either moderate or severe bleeding. Decidual tissue was seen in 34 cases (25.56%). Half of these showed varying degrees of decidual necrosis. Endometritis only, was found 17 times. Two hysterectomy specimens have been reported as "subinvolution" with intra vascular thrombosis. One case of proliferative endometrium presented with severe bleeding after latent period of 6 weeks.

Discussion

True incidence of LPPH in this referral hospital catering 6 lacs population of township and neighbouring areas is difficult to estimate. Only 0.9% women delivered at this hospital reported with LPPH. Robert (1975) reported LPPH in 1.29% of all hospital deliveries.

Retained placental fragments were found in 52.63% cases in our series. Twenty of 31 patients admitted in shock had retained placental pieces. In addition, 54 (68.3%) of 79 patients who had home deliveries, while 16 of those who delivered in hospital showed retained secundines (29.62%). It is surprising how often a portion of placenta is left behind even when that organ, on inspection appeared to be complete. These data confirm that a well conducted third stage of labour prevents LPPH in a large percentage of cases.

The cause of LPPH in many cases remains problematic and the disorder is often attributed to "Subinvolution" of placental site predisposed by infection (Rutherford and Hertig, 1945). In 53 cases (39.84%), the curettage material consisted of degenerated or hyalined decida and/or endometritis. Mechanism of bleeding is related to "vascular incompetence" (Paalman and McElin, 1959). Unfortunately, because of delay in proper diagnosis in our series, the majority had received symptomatic treatment such as ergometrine and hormones, days or even weeks before admission to hospital. Prevention is difficult as pathogenesis of this clinical entity is not clear at present.

In general, conservative treatment consisting of blood replacement, oxytocics, antibiotics and curettage whether or not a placental fragment was present, proved to be effective treatment in all but 2 patients where hysterectomy was performed subsequently. No patient required hypogastric ligation.

Summary

Late postpartum haemorrhage was studied in 133 cases, to indicate etiology, management and possible prevention. This study showed that retained placental fragments were responsible for 52.63% of all cases. Whether the haemorrhage was caused by subinvolution of the placental site or a retained placental fragment, curettage proved to be highly effective treatment. Hysterectomy was required in 2 cases to control bleeding after curettage.

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