

# STUDY ON 540 CASES OF ANTEPARTUM HAEMORRHAGE

by

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In about 3% of pregnancies significant bleeding from the birth Canal occurs after 28th week of gestation and this is referred to as antepartum haemorrhage (A.P.H.). The main forms of A.P.H. are (1) Placenta Praevia, (2) Accidental haemorrhage.

A.P.H. is one of the important causes of maternal and perinatal mortality in spite of improved methods of treatment. As such this paper intends to analyse the cases of A.P.H. treated in Eden Hospital during the year 1975-77.

During this period there were 26,433 deliveries of which 540 cases had A.P.H. (i.e. 1 in 49 or 2.06%).

- (1) Placenta praevia—231.
- (2) Accidental haemorrhage—108.
- (3) Unclassified group—196.
- (4) Combined accidental haemorrhage with placenta praevia—5.

Placenta praevia with accidental haemorrhage was detected in 5 cases. The diagnosis was made only during

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caesarean section. There was no maternal mortality but the perinatal loss was 3 out of 5 i.e. 60%. All these were pre-matures.

## Placenta Praevia

In this series incidence of placenta praevia was 1 in 101 of total deliveries and 47.7% of total A.P.H.

## Incidence of Different Types

- Type—I 16 (6.93%).
- Type—II (Ant) 37 (16.03%)
- Type—II (Post) 65 (28.13%);
- Type—III 54 (23.37%);
- Type—IV 59 (25.54%).

It was found that type II, posterior variety was more frequent than anterior Types III and IV were close followers. This study is a retrospective one. Hence the low incidence of type I may be due to the fact that cases which delivered normally were not properly recorded.

## Age Distribution

Thirty-one (13.41%) were below 21 years, 80 (34.63%) between 21-25 years, 81 (35.06%) between 26-30 years, 28 (12.12%) between 31-25 years and 11 (4.76%) above 35 years.

## Parity Distribution

Fifty-six (24.25%) were primigravidae

105 (45.45%) between 2nd and 3rd gravidae, 70 (30.30%), were amongst 4th gravidae and above.

#### *Time of Onset of First Haemorrhage*

In 50 cases (21.65%) bleeding occurred within 34th weeks 111 (48.05%) had bleeding between 35th to 38th weeks and in 70 cases (30.30%) after 38th week of gestation.

In this series 15 cases (6.49%) had twin pregnancy, 10 cases (4.31%) had breech presentation and 5 (2.16%) had Transverse lie.

Placenta praevia was associated with Post C.S. pregnancies in 14 cases (6.06%) of which I had placenta accreta (7.13%).

#### *Treatment*

Out of 231 cases of placenta praevia expectant Treatment could be continued in 14 cases (6.06%) for a period of 2 to 7 weeks. All other cases were interferred within I week of admission due to fresh bleeding and premature onset of labour. In some cases interference outside before admission to this hospital prevented conservative treatment. Out of 231 cases, 162 cases (70.12%) were terminated within 38th weeks of gestation.

#### *Type of Treatment done:—*

A.P.H. and Vaginal delivery	— 16 cases	— 6.93%
L.S.C.S.	— 206 cases	— 89.18%
L.S.C.S. with hysterectomy	— 4 cases	— 1.73%
Internal version on the 2nd of twin	— 1 case	— 0.43%
Classical C.S.	— 2 cases	— 0.86%
Postmortem C.S.	— 2 cases	— 0.86%

*Incidence of L.S.C.S. compared with Other Reported Series: Beilly et al (19523—86.4%, Menon (1954-61)—55%, Das (1970)—62.2% and present series (1975-77)—89.18%.*

#### *Complications*

In 4 cases (1.73%) subtotal hysterectomy were done. In 2 cases morbid-adhesion of the placenta were found and in the other 2 cases there was severe P.P.H. from the placental site in type II Posterior variety. All of them had uneventful recovery.

#### *Maternal Deaths*

Two cases died and both the cases were emergency admissions in moribund condition and died before they could be resuscitated. Both the cases had Type IV placenta praevia. The maternal death rate of other reported series are Gun (1951-54) 0.46%, Menon (1954-61)—2.2%, Das (1975)—2.1% and present series (1975-77)—0.86%.

#### *Foetal Outcome*

One hundred and sixty-two were premature babies (below 2.5 Kg. birth weight) and eighty-four were mature babies—2.5 Kg. & above birth weight).

Perinatal loss. Eighty (32.52%) of which prematures and matures were 71 (28.86%) and 9 (3.65%) respectively. There were 34 stillbirths deaths during the first week were death 46.

#### *Accidental Haemorrhage*

##### *Incidence*

In this study there were 108 cases of accidental haemorrhage amongst 26,433

deliveries, an incidence of 0.4% or 1 in 245 deliveries. In relation to total number of A.P.H. Cases, the incidence was 20% or 1 in 5.

#### Types

There were 36 (33.33%) concealed, 28 (25.93%) revealed and 44 (40.74%) mixed variety of accidental haemorrhage.

#### Age Distribution

Nine (8.33%) were below 21 years 48 (44.44%) between 21-25, 30 (27.77%) between 26 to 30 17 (15.74%) between 31-35, and 4 (3.72%) above 35 years.

Parity Twenty-seven (25%) were primigravidae, 67 (62.04%) were between second and fourth gravidae and 14 (12.96%) were 5th gravidas and above. 60% of the patients were unbooked and 40% were booked.

In 27 cases (25.01%)—bleeding occurred before 34th week and 81 (74.99%) had bleeding between 35 and 40th weeks of gestation.

#### Mode of Delivery

Types of Acc. HgeY	Spontaneous delivery after ARM	Forceps	Destructive operation	LUCS	U.S.C.S.	Post-mortem CS
Concealed	22	1	1 (Craniomy)	12	0	0
Revealed	16	1	0	11	0	1
Mixed	37	0	0	3	1	2
Total	75	2	1	26	1	3
	(69.44%)	1.85%	0.93%	24.07%	0.93%	2.79%

ARM followed by spontaneous vaginal Delivery occurred in 75 cases (69.44%), Syntocinon drip (2.5 units) in 500 ml. of 5% dextrose solution was not used as a routine after ARM. The onset of spontaneous onset of labour was not taken into consideration because as soon as the diagnosis of Accidental haemorrhage was made, ARM for repaid vaginal delivery

was the rule. In this series LSCS were done in 26 cases (24.07%).

Eleven cases of revealed variety treated by LSCS need clarification. Three cases were postcaesarean pregnancies and 1 case had cephalopelvic disproportion. In the other 7 cases bleeding continued with no progress of labour and LSCS was performed.

#### Admission—Delivery Interval

Thirty-eight cases (35.19%) delivered within 6 hours 28 (25.92%) within 7 to 12 hours 30 (27.77%) within 13-24 hours and 12 (11.12%) were delivered after 24 hours.

Retroplacental clots weighing between 300-500 gms. were present in most of the concealed group of patients. Though pre-eclampsia is said to be an important, association of accidental haemorrhage—only 17 cases (15.74%) were associated with PET in this series. There were no cases of recurrent accidental haemorrhage nor was any case associated with eclampsia.

#### Maternal Complications

Couvellaire uterus was found in 3 cases of concealed variety. PPH occurred in 6 cases (5.55%), 1 in concealed variety and 5 in mixed variety. Coagulation failure occurred in 2 cases (1.84%) in the mixed variety.

Anuria was not recorded in any case.

This is probably due to rapid and active treatment by blood transfusion, ARM or by Caesarean section.

#### Maternal Deaths

Seven (6.48%) deaths were 2 in concealed variety, 2 in revealed variety and 2 in mixed variety.

The maternal death rate reported by other authors were Critchton (1950)-4.4%, Das (1961-70)-2%, Menon and Mudaliar (1972)-2.8% and present series (1975-77)-6.48%.

#### Foetal Outcome

Of total 110 babies—108 + 2 (twins), 84 (76.36%) were premature and perinatal loss was 57 (67.85%). Mature babies were 26 (23.63%) and perinatal loss was 10 (38.46%).

Perinatal loss was 67 (60.91%); still births 54 (49.09%) and first week deaths 13 (11.82%).

#### Unclassified Group

During this period there were 196 cases of unclassified group of APH amongst 26,433 deliveries, an incidence 2.7% or 1 in 134 deliveries. Incidence of unclassified group amongst APH was 36.3%.

The unclassified group was diagnosed in cases of vaginal bleeding where examination under anaesthesia and examination of the placenta and membranes after the third stage of labour did not show any positive evidence suggestive of either of placenta praevia or accidental haemorrhage.

Maximum incidence were found between 21-25 years of age, 74 cases (37.75%). The highest incidence. Parity distribution was in 2nd and 3rd gravidas, 87 cases (44.4%).

First symptom appeared after 37th week onwards in 111 cases (56.61%).

#### Treatment

One hundred and thirty eight cases (70.40%) were delivered spontaneously, 7 (3.62%) had forceps delivery 8 (4.08%) had breech delivery and 43 cases (21.9%) were delivered by caesarean section. The indications in most of the cases of LSCS were other associated factors.

#### Foetal Outcome

Three were 129 (65.81%) premature babies and perinatal loss was 56 (43.41%). Mature babies were 67 (34.18%) and perinatal loss was 4 (5.95%). Total perinatal loss was 60 (30.62%); still births 34 (17.34%) and first week 1st week deaths 26 (13.26%).

#### Discussions

The management of placenta praevia has improved after the introduction of expectant treatment by Macafee. Yet it is worth while to note that the maternal and foetal results have not improved in the last 23 years (Gun 1964). The 2 maternal deaths which occurred in placenta praevia clearly shows that these could have been prevented by proper antenatal and intranatal care.

About the perinatal loss the important factor was prematurity and this might have been prevented if we could continue the conservative treatment in a greater number of cases. This needs more free supply of blood from blood banks and improved general health of expectant mothers. Steps for prevention of neonatal infections should also be taken.

The cause of accidental haemorrhage is also not definitely known. Pre-eclampsia has been said to be a responsible factor but in our study it was present in only 17 (15.74%) cases. It is also worth nothing that there was no case of acci-

dental haemorrhage in eclampsia during this period.

In concealed variety, 1 patient could not be revived from shock since admission and I died of haemorrhage following severe P. P. H. In revealed variety, 1 died of heart failure due to severe anaemia (Hb % less than 5 gm %) and the other due to associated factors (severe respiratory tract infection). In mixed variety out of 3 patients, 1 died of coagulation failure and the other 2 could not be resuscitated from shock since admission. In most of the cases adequate blood transfusion could not be given due of non-availability of blood in proper time. All were unbooked cases. None died who were delivered by caesarean section.

In perinatal loss, placental separation was the most important cause of death and prematurity was the important factor for first week deaths.

Here it can be inferred that though the unclassified group forms a large number amongst the APH, they were not so dangerous to the foetus and the mother. Probably out of these cases some might have been classified amongst mild revealed type of accidental haemorrhage or type I placenta praevia or excessive show if properly recorded.

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