

ANALYSIS OF BAD OBSTETRIC HISTORY

by

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Introduction

Patients with bad obstetric history (BOD) still forms a major obstetric hurdle in the daily antenatal practice. In spite of possessing advanced knowledge and technology for diagnosis and management of such patients, still in many of these patients the cause for such obstetric losses are unknown. The past decade has seen an increasing interest in the recognition and successful management of complicated pregnancies and several quantitative testing of placental function and fetal well-being have been developed to detect antepartum fetal distress (Crane *et al.*, 1976). High-risk pregnancies account for more than two-thirds of perinatal deaths and morbidity.

An attempt is made in the present study to find out incidence of BOD and its various possible causes.

Material and Methods

Four hundred and sixty-six patients with BOD who attended the obstetric care clinic of the Department of Obstet. & Gynaec., PGIMER, Chandigarh from December, 1977 to December, 1978 were evaluated. Only 385 (83.7%) attended the clinic regularly, while the rest came only in labour. During the same period the total number of deliveries were 2154 cases

and this makes an incidence of 21.6% of BOD in our set-up.

After taking detailed history, especially regarding previous pregnancy and labour and clinical examination, all patients were subjected to various routine and special investigations viz. detail urinalysis, fundoscopy, glucose tolerance test, ABO grouping and Rh. typing, indirect Coombs and pappain enzyme test in Rh negative pregnancy, STS, haemagglutination test for toxoplasmosis, interval IVP and renal biopsy. Cases with obvious factors for obstetric losses viz. contracted pelvis and antepartum haemorrhage with shock were excluded from study. Careful antenatal monitoring were done with serial urinary oestriol, serum cystine amino-peptidase (CAP), aminoscopy, aminocentesis, oxytocin challenge test and L:S ratio whenever indicated.

Observations

TABLE I
Age-wise distribution

Age	No.	Percentage
a. 20 years or less	33	7.0%
b. 21-30 years	357	76.6%
c. 31-40 years	75	16.0%
d. 40 years or more	1	0.2%

Maximum cases i.e. 357 (76.6%) were found between 21 to 30 years of age group. Cases below 20 years or less and 40 years or more were found only in 33 (7.0%) and 1 (0.2%) cases respectively.

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TABLE II
Gravida-wise Distribution

Gravida	No.	Percentage
G2-G5	399	86.5
G6-G10	65	12.11
G11 and above	2	0.4

Maximum cases, 399 (86.5%) belonged to gravida 2 to gravida 5. Only 2 i.e. 0.4 per cent cases were noted from gravida 11 and above.

TABLE III
Hypertensive Disorders with Pregnancy
(89 Cases)

Disorder	No.	Percentage
Pre-eclamptic	66	14.1
Essential hypertension, super-imposed,	10	2.1
Essential hypertension with PET	6	1.2
Renal hypertension	7	1.5

Table III shows the break-up of hypertensive disorders with pregnancy. Pre-eclamptic toxæmia and essential hypertension were noted in 66 (14.1) and 10 (2.1%) cases respectively, while essential hypertension super-imposed with PET and renal hypertension were found in 6 (1.2%) and 7 (1.5%) respectively.

TABLE IV
Haemolytic Diseases with Pregnancy

Disease	No.	Percentage
Rh. incompatibility non-immunised	58	12.2
Immunised	2	3.3
ABO incompatibility	84	18.0
Rh. incompatibility in association with ABO incompatibility	10	5.8
G6 PD deficiency	2	0.4

Out of a total of 60 (12.6%) cases with Rh. incompatibility, only 2 (3.3%) cases showed evidence of immunization. Ten (5.8%) cases of non-immunized mother had association with ABO incompatibility.

TABLE V
Systemic Infection With Pregnancy

Infection	No.	Percentage
Toxoplasmosis (Titer at or above 1:200)	12	2.5
Syphilis	6	1.2
Pulmonary tuberculosis	3	0.6
Urinary tract infection	10	2.1
Recurrent malaria	1	0.2

Evidence of material toxoplasmosis and syphilis in patients with bad obstetrical history were noted only in 12 (2.5%) and 6 (1.2%) cases respectively. Urinary tract infection either with pyuria and/or bacteriuria were found only in 10 (2.1%) cases.

TABLE VI
Other Medical Disorders With Pregnancy
(51 Cases)

Disease	No.	Percentage
Diabetes	37	7.9
Class A	29	6.2
Class B	8	1.7
Heart disease	7	1.5
Severe anaemia	4	0.8
Epilepsy	2	0.4
SLE	1	0.2

Table VI shows the break-up of other medical disorders associated with pregnancy in cases with BOD in the present study. There were in all 37 (7.9%) cases of diabetes of which 29 (6.2%) were only with G.T.T. abnormality. Overt diabetes with pregnancy (Class B) was noted in 8 (1.7%) cases.

TABLE VII
Distribution of Other Related Factors (29 Cases)

Factors	No.	Percentage
Cervical incompetence	12	2.5
A.P.H.	16	3.3
Extra-hepatic portal obstruction	1	0.2

Cervical incompetence for obstetric losses was noted only in 12 (2.5%) cases.

Discussion

A total of 466 cases with BOD who attended obstetric unit of P.G.I. Chandigarh from December, 1977 to December, 1978 were reviewed. Three hundred and eighty-five (83.7%) cases were booked and the rest came only in Labour. Three hundred and fifty-seven (76.6%) cases were in the age group 21-30 years and 399 (86.5%) cases were between gravida 2 to 5.

In 249 (53.1%) cases no cause could be found for the obstetric losses and more than one factor was responsible in 49 (15.1%).

Hypertensive disorders with pregnancy formed the largest group in the present study. There were 37 cases with diabetes mellitus of which 29 (6.2%) belonged to Class A.

Toxoplasmosis (titre at or above 1:200)

and syphilis were found in 12 (2.5%) and 6 (1.2%) cases respectively.

ABO incompatibility was noted in 84 (18.0%) cases in contrast to Rh. incompatibility which was noted in 60 (12.6%) cases. Rh. immunization was found in only 2 (3.3%) cases. Out of the remaining 58 Rh. negative non-immunized cases, 10 (5.8%) had associated ABO incompatibility.

Cervical incompetence was found only in 12 (2.5%) cases.

Summary

Analysis of 2154 pregnant patients which included 466 cases with bad obstetric history (BOD) and who attended the obstetric unit of the Department of Obstetrics and Gynaecology at Postgraduate Medical Institute of Education and Research, Chandigarh for obstetric care were evaluated. 83.7% (386 cases) of these patients were booked at P.G.I. and the rest were unbooked and were admitted in labour. In 53.9% (249 cases) no cause could be found for the obstetric losses, while hypertensive disorders with pregnancy formed the largest group

Reference

1. Crane, J. P., Sauvage, J. P. and Arias, F.: *Am. J. Obstet. & Gynec.* 125: 227, 1976.