

PERINATAL OUTCOME IN ANTEPARTUM HAEMORRHAGE

(A Five Year Study)

By

A. KHOSLA, V. DAHIYA, K. SANGWAN AND S. RATHEE

SUMMARY

A five year retrospective study of perinatal outcome in patients of antepartum haemorrhage (APH) who attended Medical College and Hospital, Rohtak from year 1982 to 1987. Out of 210 cases of APH there were 107 perinatal deaths, giving an incidence of 509.5 per thousand total births which is 3.2 times higher than the general perinatal mortality rate (159.2/1000 total births) of this hospital (Gulati, N. 1980). Out of these accidental haemorrhage was associated with highest PNM rate of 60% (placenta praevia 51.03%, unclassified nil). PNM rate was found comparatively higher in unbooked cases, anaemic patients, preterm babies and low birth weight babies.

Introduction

Antepartum haemorrhage is a major cause of perinatal mortality (PNM), specially in developing countries. Abruptio placentae is associated with a higher perinatal loss (9.2%) than placenta praevia (5.2%) (Mehta, A. C., 1980). Although perinatal deaths occurring in abruptio placentae are usually unavoidable, the PNM in placenta praevia has been considerably reduced by the expectant line of management introduced by Macafee in 1945. Further reduction in PNM is being reported with conservative aggressive management of placenta praevia (Cotton *et al*, 1980).

From: Department of Obstetrics and Gynaecology, Medical College, Rohtak-124 001 (Haryana) India.

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Material and Methods

A retrospective analysis of all deliveries occurring in medical college and hospital, Rohtak from the year 1982 to 1987 was done. Out of total 5,135 deliveries there were 210 cases of APH (4.08%). In every case, maternal age, parity, antenatal booking, period of gestation, haemoglobin level, amount of bleeding, mode of delivery and perinatal death if any were recorded and data was analysed so as to find out the various factors affecting PNM and total PNM in APH cases.

Observations

There were total of 107 perinatal deaths giving an incidence of 509.5 per 1000 total births.

Factors which were found to have effect on PNM in APH

(1) *Type of APH*: Out of a total of 55 cases of accidental haemorrhage there were 16 fresh stillbirths, 7 macerated stillbirths and 10 early neonatal deaths giving the perinatal mortality rate of 60%. In placenta praevia there were 74 perinatal deaths out of a total of 145 cases, giving an incidence of 51.05%. Out of these 39 were fresh still births, 10 were macerated still births and 25 were neonatal deaths. In unclassified group of APH (10 cases) there was no perinatal death.

(2) *Antenatal care*: Out of these 210 cases only 80 were booked and rest 150 were unbooked. In booked patients there were only 14 perinatal deaths (23.3%) as compared to 93 perinatal deaths in unbooked cases (62%).

(3) *Period of gestation*: There were

111 patients who had preterm deliveries (< 37 weeks gestation) while 99 had term delivery (37 to 41 weeks). The effect of gestation on PNM is shown in Table I.

(4) *Severity of bleeding and pre-existing anaemia*: However it was difficult to measure the exact amount of bleeding but the haemoglobin level had a definite effect on PNM (Table II). It shows that PNM was highest amongst severely anaemic women in cases of placenta praevia.

(5) *Mode of delivery and birth weight*: Out of 210 cases in 42 LSCS was done (20%). The PNM was found to be maximum in babies weighing less than 2 KG. In placenta praevia the PNM rate was lesser in babies born by LSCS than those delivered vaginally, more so in less than 2 kg birth weight group. Combined effect of birth weight and mode of delivery on PNM in APH is shown in Table III.

TABLE I
Period of Gestation and PNM

Type of APH	Term		% age	Pre-term		% age
	Total No. of cases	PND		Total No. of cases	PND	
Placenta praevia	26	16	61.5	77	38	75.3
Accidental haemorrhage	21	10	47.6	34	23	67.6
Unclassified	10	0	0	0	0	0

TABLE II
Hb Level and PNM

Maternal Hb (gm%)	Placenta praevia		% age	Acc. haemorrhage		% age
	Total cases	PND		Total cases	PND	
Less than 6 gm%	15	12	80	10	6	60
6 to 8.4 gm%	50	38	72	20	13	65
8.5 to 11.0 gm%	65	24	40	22	14	63.6
More than 11.0 gm%	15	0	0	3	0	0

TABLE III
Birth Weight, Mode of Delivery and PNM

Birth weight in kg.	P. praevia				Accidental haemorrhage			
	LSCS		Vaginal		LSCS		Vaginal	
	Total cases	PND	Total cases	D PND	Total cases	PND	Total cases	D PND
1-1.4 kg	5	2 (40%)	15	10 (66.6%)	—	—	9	6 (66.6%)
1.5-1.9 kg	8	4 (50%)	17	15 (88.2%)	—	—	15	12 (80%)
2-2.4 kg	8	3 (37.5%)	42	27 (64.2%)	1	—	15	9 (60%)
2.5 kg & above	19	5 (26.3%)	29	7 (24.1%)	1	—	16	9 (56.2%)

Discussion

The incidence of APH in this study was 4.8%. Placenta praevia 3.53% was more common than accidental haemorrhage (0.58%). The total perinatal mortality was 509.5/1000 total births which is three times higher than the general PNM rate (159.2/1000) of this hospital (Gulati, N.).

In accidental haemorrhage PNM was found to be 60% which is similar to that reported by Naidu *et al* and Das *et al* (59.3 to 82.2%). While in placenta praevia PNM was 51.03%. Various Indian studies have also given 25 to 50% PNM rate in placenta praevia (Menon *et al*, 1986).

Conclusion

- The PNM is three times higher in cases having antepartum haemorrhage than normal pregnancies.
- Out of APH cases PNM is higher (60%) in accidental haemorrhage than placenta praevia cases (51.03%).
- PNM is more in unbooked cases (62%) than booked cases (23%).
- Preterm deliveries were associated with higher perinatal deaths ($\pm 72.9\%$) than with term deliveries (26.2%).

- PN mortality is significantly low in patients who are not anaemic.
- Babies having birth weight less than 2 kg were associated with maximum PNM.
- PNM decreases significantly in placenta praevia when mode of delivery is LSCS in babies having birth weight less than 2 kg.

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