

PROGNOSIS OF PREGNANCY AFTER THREATENED ABORTION

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SUMMARY

Results of a prospective study of 52 cases of threatened abortion are presented. Patients having moderate to severe bleeding as well as those with bleeding for more than 5 days, had poor pregnancy outcome and very high spontaneous abortions. In 44% cases no etiology for threatened abortion was found. Amongst known cause, 28% had low lying placenta. Patients with unknown etiology had better pregnancy outcome. 25% had spontaneous abortions, 28.8% had preterm labours and 46.1% had full term deliveries. Of those reaching term 74% had normal vaginal delivery, 2.56% required forceps and 12.8% required LSCS. IUGR was found in 21.1% babies and perinatal mortality was 12.3%. Patients with threatened abortion after 1st trimester, with mild bleeding, presenting within 5 days having unknown etiology, had best prognosis.

Introduction

Since time immemorial, bleeding per vaginum in early months of pregnancy is considered as an ominous sign. However, it may not always be a hopeless situation. It is certain from clinical experience of many (Hertz - 1985) that one or more smart hemorrhage in early pregnancy are not incompatible with complication of gestation and the birth of a healthy child.

Workers like Waller (1974); Adelsi (1980) and others have hinted at an association between vaginal bleeding early in pregnancy and gestational as well as peri-

natal complications. It is with the aim to clearly find out the obstetric outcome in cases presenting as threatened abortion, that this prospective study was carried out.

Material & Methods

This prospective study was carried out over a period of one year from 1st April 1988 to 31st March 1989 in the Department of Obst. & Gynaec., SSG Hospital & Medical College, Baroda. All patients admitted to the department with pregnancy less than 28 weeks and a history of bleeding per vaginum were considered for the study. However, all cases other than threatened abortion, like missed abortion and inevitable or incomplete abortion were

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TABLE - I
AMOUNT & DURATION OF BLEEDING

	Amount of Bleeding		Duration of Bleeding		
	No.	%	No.	%	
Mild	46	88.46	1 - 5 days	48	92.30
Moderate	6	11.5	More than		
Severe	00	00	5 days	4	7.69
Total	52	100	Total	52	100

not enrolled. Detailed history and clinical examination backed up by relevant investigations were carried out. These patients were then followed up, upto their delivery/abortion, irrespective of the duration for which the pregnancy lasted. The events during pregnancy and delivery/abortion were carefully observed on the basis of the results so obtained, scientific conclusions were drawn.

Results

73 patients were admitted to the department with clinical diagnosis of threatened abortion during the study period. On subjecting all of them to ultrasonography, 11 were diagnosed as missed abortions, 3 as blighted ovum, 1 as vesicular mole and one as ectopic. All these 15 cases were not included in the study. Only the remaining 57 cases who were diagnosed to have a normal gestational sac and active fetal heart movement, in utero, were enrolled for the study. However, 5 of these 57 were lost to follow up. Thus 52 cases remained with complete details, results of which are being presented here.

Of these 52, 23 (44.2%) were primigravida. The remaining 56% were nearly equally distributed at around 12% to 14% between gravida 2 to 5.

8 cases (13.38%) were less than 8 weeks, 14 cases (26.9%) between 9 to 12

weeks, cases (42.9%) between 13 to 20 weeks and 8 cases (15.38%) were between 21 to 28 weeks.

Presentation

As shown in Table I, 88.4% patients had mild bleeding (spotting p/v) and 11.5% had moderate bleeding (soaked 2/3 pad per day without passing clots). 5 out of 6 patients with moderate bleeding ended in spontaneous abortions on follow up. Also, all those patients reporting for admission after 5 days of commencement of bleeding aborted on follow up.

Etiological Factors

Table II, shows the probable etiological factors leading to threatened abortion. As shown, 28% patients had low lying placenta and in about 44% no cause could be found.

19.3% of 52 patients had past history of abortions - spontaneous or induced of these nearly 75% aborted on follow up.

Outcome

Table III depicts the ultimate outcome of these patients on follow up. As shown, 2.5% landed up in spontaneous abortion, 28.8% had preterm labour and the remaining 46.1% reached full term.

Nearly 16% had APH of which 7 (13.4%) had placenta praevia. Incidence of

TABLE - II
ETIOLOGICAL FACTORS

Probable Etiological factors	No. of pts.	%
Low lying placenta	15	28.84
Fever	6	11.53
Fall	2	3.84
Severe psychological trauma	2	3.84
Drug ingestion	4	7.69
H/O Coitus just before bleeding	1	1.92
No cause	23	44.23
Total	52	100

TABLE - III

Feto-maternal Outcome	No. of cases	%
Spontaneous abortion	13	25
Preterm labour	15	28.84
Fullterm delivery	24	46.15
Accidental haemorrhage	02	3.84
Malpresentation		
— Breech	08	15.38
Anaemia		
— Mild	13	25.00
— Moderate	04	7.69
— Severe	01	1.92
Intrauterine growth retardation	11	21.15
Intrauterine fetal death	01	1.92
Congenital anomalies	02	3.84

IUGR was significantly high - 21.15% children born were growth retarded.

Of the patients who had full term delivery, 74% (i.e. 26) had normal delivery, 11.8% had vaginal breech delivery, 2.56% had forceps and LSCS was required in 12.8% cases.

Perinatal Outcome

As shown in Table IV 28.8% babies had prematurity and 21.1% were IUGR. Also, amongst the 5 perinatal deaths, 2 were fresh still births, 2 were early neonatal deaths.

Outcome In Relation To Weeks At Which Threatened Abortion Diagnosed

Table V brings forth many interesting facts. Of the 22 patients, who were diagnosed as threatened abortion in 1st trimester, 9 patients (40%) spontaneously aborted. Of the 30 patients diagnosed so thereafter, only about 13% i.e. 4 patients aborted. However, if she didn't abort spontaneously, a patient who was diagnosed as threatened abortion, had more chances of reaching full term than her counterpart who had threatened abortion, after first

TABLE - IV
PERINATAL OUTCOME

Perinatal Outcome	Present series 1987-88		Evans 1970	Waller 1974	Funderburk 1982	Hertz 1982
	No.	%	%	%	%	%
Prematurity	15	28.8	16.6	25.2	12.7	19.4
I.U.G.R.	11	21.1	10.8	17.1	17.4	14.1
Asphyxia Neonatorum	04	10.25	6.4	8.1	7.3	6.9

TABLE - V
OUTCOME IN RELATION TO WEEKS AT WHICH THREATENED ABORTION DIAGNOSED

Weeks of gestation	Spontaneous abortion	Preterm delivery	Full term delivery	Total No.	%
Upto - 8	04	01	03	08	15.38
9 - 12	05	01	08	14	26.92
13 - 20	04	08	10	22	42.30
21 - 28	00	05	03	08	15.38
Total	13	15	24	53	100

trimester. This also emerges clearly from the table.

Discussion

Threatened abortion seems to be an ominous sign with at times distinctly unfavourable outcome. However all is not dark, there are silver linings, as is shown from the results of the study.

Obstetric outcome seems to be greatly determined by the amount of bleeding and the duration after which the patient presents for help after commencement of bleeding; Moderate to heavy bleeding, nearly invariably led to spontaneous abortion, so did the duration of bleeding. If the bleeding was more than 5 - 6 days duration, patients tend to abort more frequently.

In nearly 45% cases no etiological factor for threatened abortion could be found. Also, amongst the known etiology, nearly 29% patients had low lying placenta, fever, trauma and drug ingestion were other contributing causes. History of coitus immediately followed by bleeding and threatened abortion was present in only one patient.

On following up these patients according to etiology, it was found that those with low lying placenta, 6 out of 15 (40%) went in for preterm deliveries. Amongst

these in whom retroplacental clot was found on ultrasound, 3 out of 4 had full term deliveries. However in those who had high grade fever or history of drug ingestion, nearly 50% ended in spontaneous abortions. It was also interesting to note that in the 23 cases (45%) in whom no etiology for threatened abortion could be found, 11 i.e. 47.3% had full term deliveries, 25.8% had preterm deliveries and spontaneous abortion each. This gives a better outlook for patients with unknown etiology or low lying placenta as compared to others.

Patients ending up in spontaneous abortions in the present study were 25% which is towards the lower side when compared to other series like Adelus (1980) - 48.8%, Waller (1974) - 41%; Turnbull (1986) - 28% and Hertz (1985) - 21.4%. Thus we found a more favourable outcome with nearly 46% of patients of the present series reaching full term as compared to only 23.8% in Waller's (1974) series.

A high incidence of IUGR (21.15%) in these cases is a distinct point. Waller (1974) reports an incidence between 10-21%. The speculation for its cause could be presence of retroplacental clots, abnormal location of placenta, maternal anaemia and the like.

Breech was the only malpresentation found in the present series (8 patients). No other malpresentation was present in this series. Incidence of congenital malformations — 3.9% in present series is comparable with that of some other workers like Evans (1970) and Hertz (1985), who quoted its incidence between 2.5%-8%.

Mode of delivery did not change with threatened abortion. Of the 5 cases requiring LSCS, 4 were for placenta previa and one case had fetal distress early in labour. 74.4% patients delivered normally. 3 patients (7.69%) had premature rupture of membranes (P.R.O.M.) had PPH. Adelusi (1980) reported 6.83% and 9.98% as incidence of PROM respectively in his series.

In the present series, the perinatal mortality was distinctly higher 12.9% as compared to 22% reported by Hertz (1985) and 11% reported by Evans (1970).

Also, patients having threatened abortion in 1st trimester tend to have poorer outcome than those having the same in 2nd trimester.

Conclusions

From the present series, one can conclude that threatened abortion is more common in primis. Amount of bleeding and its duration has a direct effect on the prognosis of the case. 44% patients had no attributable etiological factor for threatened abortion. This group tends to have a better obstetric outcome than in whom etiology is known. 46% patients reached full term and 16% had A.P.H. 74% patients amongst those reaching term had normal vaginal delivery. Patients in whom threatened abortion occurred in 1st trimester had poorer outcome than those in 2nd trimester. There was 21.75% incidence IUGR and 12.3% perinatal mortality.

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