MATERNAL AND FOETAL OUTCOME IN POSTDATED PREGNANCIES

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SUMMARY

Maternal and foetal outcome was studied in 200 uncomplicated postdated pregnancies. Apgar score at 1 minute was better in induced group of 150 patients and there was no perinatal mortality, as compared to a spontaneous group of 50 patients where it was lower and there were 2 still births. It was concluded that a policy of inducing labour in postdated pregnancy will help in decreasing the perinatal mortality rate and improving foetal outcome.

INTRODUCTION

Increased perinatal morbidity and mortality has been reported in pregnancies beyond 40 weeks of gestation i.e. postdated pregnancies (Lahiri et al, 1984, Arias, 1987). Postdated pregnancies may lead to increased incidence of meconium aspiration and low Apgar score, resulting in increased perinatal mortality. Placental insufficiency, oligohydramnios, post maturity syndrome and macrosomia have been reported as some of the factors associated with postdated pregnancies. The decreased amniotic fluid volume is likely to increase the thickness of the meconium passed thereby making its aspiration more dangerous. Moreover size of the foetal head can increase, causing increased chances of cephalopelvic disproportion, prolonged labour, birth trauma, cerebral hypoxia and foetal distress resulting in operative interference. Therefore, this study was planned to evaluate maternal and foetal morbidity and mortality in postdated pregnancies.

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MATERIAL AND METHODS

The present study was carried out in 200 patients of uncomplicated postdated pregnancies admitted in the Obstetric Wards of S.G.T.B. Hospital/ Medical College, Amritsar and grouped as follows :

Group A : Spontaneous group consisting of 50 patients who were already in labour and were closely observed.

Group B : Induced group consisting of 150 patients in whom the labour was induced with oxytocin drip.

Detailed history of all patients including the exact LMP was recorded. Detailed examination was done to find out any obstetrical or systemic complication. Intrapartum record of uterine contractions. FHR, progress of labour, mode of delivery and Apgar score at 1 and 5 minutes was kept. The patients were followed upto 7 days after delivery and maternal and foetal morbidity and mortality was recorded .

OBSERVATIONS

Majority of the patients in spontaneous group (60%) as well as in induced group (63.3%) were below 25 years of age and were primigravidae i.e. 58% and 59.3% respectively (Table I).

The incidence of caesarean delivery was higher in induced group (30%) in comparison to spontaneous group (18%) whereas forceps delivery rate (10.7% and 10% respectively) was almost same. The normal vaginal deliveries were more in spontaneous group 72% than in induced group 59.3% (Table II). These differences are statistically not significant.

TABLE I
SHOWING AGE DISTRIBUTION AND GRAVIDITY

	Spontaneous group	Induced group
Age of Mother :		
< 25 years	30 (60%)	95 (63.3%)
26 - 30 years	19 (38%)	37 (24.7%)
> 30 years	01 (2%)	18 (12%)
Gravida		
Primigravida	29 (58%)	89 (59.3%)
Multigravida	21 (42%)	61 (40.7%)
Total	50 (100%)	150 (100%)

TABLE II
SHOWING MODE OF DELIVERY

Mode of delivery	Spontaneous group	Induced group
N.V.D.	36 (72%)	90 (95.3%)
Forceps	5 (10%)	16 (10.7%)
L.S.C..	9 (18%)	45 (30%)
Total	50 (100%)	50 (100%)

TABLE III
SHOWING MATERNAL MORBIDITY

Maternal morbidity	Spontaneous group	Induced group
Prolonged labour	9 (18%)	17 (11.3%)
Episiotomy infected	3 (6%)	10 (6.6%)
Mild PPH	9 (18%)	26 (17.3%)
Puerperal pyrexia	8 (16%)	32 (21.3%)
Cervical and vaginal tear	3 (6%)	11 (7.3%)
Maternal deaths	Nil	Nil

The incidence of prolonged labour (8%) was less in spontaneous group as compared to induced group (11.3%), but this difference is statistically not significant. The other morbidity pattern was closely parallel in both groups (Table III). There was no maternal death.

Apgar score between 7-10 was found in 24 (48%) in spontaneous and 104 (69.3%) in induced group at 1 minute whereas at 5 minutes it was in 47 (94%) and 143 (95.3%) in the respective groups. These difference are statistically not significant.

DISCUSSION

The management of postdated pregnan-

cies viz. expectant management (Cardozo et al, 1986) versus active management (Lahiri et al, 1984, Hannah et al, 1992) depends upon culture, customs, literacy, socio-economic conditions and pressure on the hospital beds.

In the present study, increased incidence of postdated pregnancies in the younger age group is consistent with the findings of Zwerdling (1967) and Beischer et al (1969). However Phelan et al (1989) reported no significant relationship between maternal age and the incidence of post dated pregnancy. Most of the authors (Schneider et al, 1978) agree that pregnancy beyond 40 weeks is found in primigravidae mainly.

The caesarean section in spontaneous and induced groups 18% and 30% in the present study were higher than those reported by Gibb et al (1982) viz 9.8% and 26.7% respectively, however Ahn and Phelan (1989) have reported a still higher figure of 34%. The reported forceps delivery ranges from 2.6% (Bergsjo et al, 1982) to 34.9% Hannah et al (1992) whereas in the present study it was 11.3%.

Apgar score of less than 7 in spontaneous group at 1 minute as seen in 52% in the present study is in contrast to Kumari et al (1984) who reported it in only 7.4%. In induced group, also Apgar score of less than 7 at 1 minute as seen in 30.7% is also not very encouraging as compared to 12.7% reportedly Hannah et al (1992). However, Apgar score after 5 minutes shows much improvement i.e. above 7 in 94% and 95.3% in both the groups.

No significant difference was found in the maternal morbidity in two groups in the present study (Table III). Hannah et al (1992) also opined that there was no difference in maternal morbidity pattern between the two groups.

There were 2 intrauterine deaths in the spontaneous group (4%) as compared to none in the induced group. There was no maternal death.

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