

## MATERNAL MORBIDITY DUE TO MASSIVE OBSTETRIC HAEMORRHAGE

PRAIKSHIA A. PAWAR ● APARNA SHROTRI

### SUMMARY

**Massive Obstetric haemorrhage continues to be an important cause of maternal mortality, accounting for 15-20% of maternal deaths. Those who survive often suffer severe morbidity, inspite of energetic management.**

**100 cases who bled more than 1 litre either during pregnancy, labour or puerperium were studied. The incidence of massive haemorrhage in early pregnancy was 18%, in late pregnancy 66% and after delivery it was 16%. Major complications were noted in 43% of cases. In all 17 laparotomies were performed. Internal iliac ligation was effective in 60% of cases only. 10 emergency hysterectomies were performed. Maternal mortality was 10% in this group of women who suffered from massive haemorrhage.**

### **INTRODUCTION**

Massive obstetric haemorrhage continues to be an important cause of maternal mortality accounting for 15-20% of maternal deaths. Those who survive often suffer severe morbidity inspite of energetic management.

We have considered a blood loss of more than 1 liter as massive in our study.

### **MATERIAL AND METHODS**

This prospective study was carried out at Sassoon general hospital, Poona from 1-1-93 to 30-6-94. 100 cases were found to have massive haemorrhage and required 3 or more blood transfusions.

**OBSERVATIONS**

Table I shows that out of 100 cases included in the study 18% manifested in early pregnancy, 66% in late pregnancy and 16% bled massively after delivery.

Table II shows the morbidity suffered. - Hypovolemic shock was noted in 23 cases.

- 4 cases of abruptio placentae developed coagulation failure, 1 landed in ARF while 1 case had ARF with DIC.

**Table I**  
**DISTRIBUTION OF CASES**

Group	No. of cases
Early pregnancy	18
Late pregnancy	66
After delivery	16

**Table II**  
**MORBIDITY**

Morbidity	No of cases
Major	
Shock	23
Cardiac arrest	2
DIC	5
ARF	2
Bladder injury	3
Bowel injury	2
Uterine perforation	4
Septicaemia..	2
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	43
Minor..	59

**Table III**  
**INTERVENTIONS TO ARREST HAEMORRHAGE**

Therapy	No. of cases
<b>Medical</b>	
Oxytocics..	11
Prostodine	15
Dried Plasma	4
<b>Minor surgery</b>	
Suction evacuation	3
MRP	4
Reposition of uterus	1

**Table IV**  
**MAJOR SURGERY**

Surgery	No. of cases
Laparotomy	17
- Salpingectomy	8
- Excision of rudimentary horn	2
- Suturing of perforation	2
- Suturing of scar rent	4
- Correction of inversion	1
Internal iliac ligation	4
Uterine artery ligation	1
Hysterectomy	10

- Accidental injury to the bladder one case of atonic PPH during  
 occurred in 2 cases of placenta praevia obstetric hysterectomy.  
 during caesarean section and in - Bowel was injured in 1 case of V.

**Table V**  
**CAUSES OF MATERNAL DEATHS**

Condition	No.
Abruption placentae	2
Placenta praevia..	4
Uterine rupture	1
PPH	3
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	10

**Table VI**  
**PREDICTIVE INDICATORS**

Condition	Indicator	Complication
Ectopic Pregnancy	- Pregnancy in isthmus rudimentary horn.	Massive haemorrhage in 37%
V. mole	- size of uterus >20 weeks spontaneous expulsion	Massive haemorrhage in 26.3%
MTP	- Uterine size >12 weeks	Massive haemorrhage in 0.12%
Abruptio placentae	Abruption delivery interval > 8 hours	ARF + DIC in - 14.8%
	Weight of clot upto 450 gm.	.7%
	450-600	15

mole during suction and in 1 case undergoing an MTP.

- 4 cases had, uterine perforation which includes 3 cases of MTP and 1 case of

V Mole.

Major complications were noted in 57% and minor in 59%.

Table III : Shows interventions to arrest haemorrhage.

- Oxytocics including Prostodine, were used in 26 cases.

4 cases who developed DIC were infused with plasma.

Minor surgery was performed in 8 cases.

Table IV : Shows the major surgeries performed.

- In all 17 laparotomies were performed.

- Internal iliac ligation was found to be effective in 3 cases only (60%)

10 emergency hysterectomies were performed out of which 1 case died.

Table V : Shows the causes of deaths.

- Incidence of maternal mortality in the series was 10%. APH and PPH accounting for 90%.

Table VI : Shows the predictive indicators for massive haemorrhage.

- In ectopic pregnancy when the isthmic region was involved 37% of cases bled furiously.

- In V. mole when size of uterus was more than 20 weeks 26.3% bled massively.

- During MTP when uterine size was more than 12 weeks 0.12% cases bled profusely.

- In abruptio placentae when abruption delivery interval was more than 8 hours complications were noted in 14.8% of cases. Also as amount of retroplacental bleeding increased, complications encountered also increased.

**DISCUSSION**

During delivery one cannot always forecast complications, but provision to deal with such emergencies must be readily available in order to achieve the social goal of "Safe motherhood by 2000 A.D."

Hence only with commitment on the part of all those who are involved can women be helped off the road to maternal morbidity and mortality.