

Placental & Cord Abnormalities – As a Cause of Fresh Stillbirth.

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Placenta & umbilical cord, a vital link between mother and foetus, can sometimes become lethal for the baby itself. Abnormalities of placenta & cord are rare but important causes of perinatal mortality. Here we are reporting 4 such cases who reported within a month leading to 3 fresh stillbirths; however 1 baby could be saved by timely caesarean.

CASE – 1: 25 yrs old third gravida presented in the casualty at 34 wks pregnancy with sudden onset of fresh bleeding P/V. There was no history of trauma or pain in abdomen. She had no prior antenatal checkup. On examination there was severe pallor, pulse 104/min, poor volume, BP 100/60 mm of Hg. On P/A, height of uterus was 34 wks, no tenderness, foetal parts were clearly palpable, cephalic presentation. Uterus was contracting & relaxing, FHS irregularly irregular.

Fresh blood transfusion was given. In O.T. gentle per speculum examination revealed cervix 5-6 cm dilated, BOM presented. It was ruptured, clear liquor came out. Patient delivered a fresh dead foetus on 6/10/2000. Placenta came out immediately after delivery of baby. Placenta on examination was 5" in diameter, circumvellate type with cord attached at the outer margin of inner ring. (Photo-1)

CASE – 2: G3 P1A1 with previous caesarean came in labour with variable decelerations. Timely caesarean saved the baby. Placenta on examination was circumvellate and there were 3 true knots (cobble knots) in the cord.

CASE – 3: 27 yrs, 2nd gravida with previous one spontaneous abortion, a booked patient with normal ongoing pregnancy came at 40 weeks for induction of labour. Cervix was 1 finger tight, uneffaced, Vx at – 2 station, with adequate pelvis. Cerviprime gel was put in the cervix. After 6 hours, pitocin drip was started. On per vaginal examination, thick membranes were felt. Patient started bleeding profusely; it was fresh red in colour

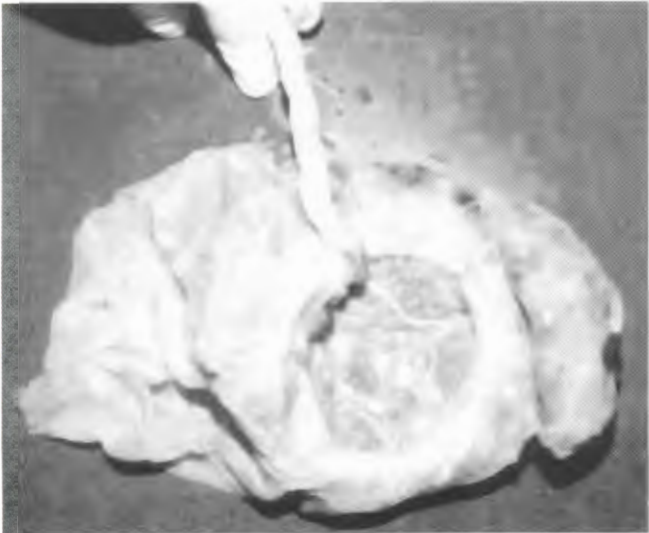


Photo – 1: Circumvellate placenta with insertion of cord at outer Margin of inner ring.

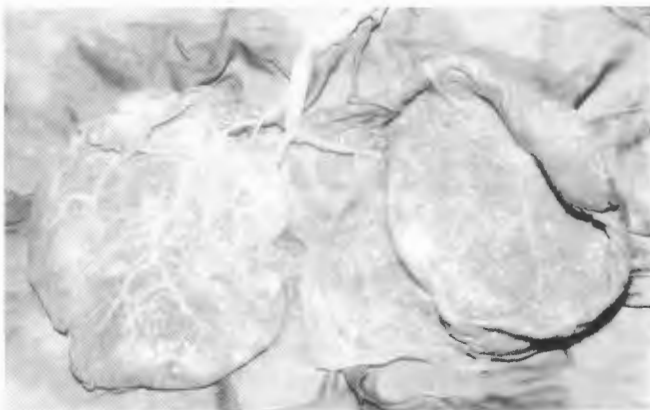


Photo -2: Bilobed placenta with velamentous insertion of cord.

Patient was taken to O.T for LSCS, but F.H.S. disappeared within 10 minutes. ARM done, clear liquor came out, Pitocin drip continued. Patient delivered fresh stillborn baby. Cause of intranatal death was revealed only after delivery of placenta. It was bilobed, each lobe measuring 7" in diameter, with velamentous insertion of cord (PHOTO-2). Two main branches of umbilical vessels were torn probably at 1st P/V examination.

CASE-4: A primigravida was admitted in casualty with term pregnancy in labour, with leakage for the last 12

hours. GPE examination was normal. P/A showed term pregnancy, cephalic presentation, FHS normal, regular. On P/V examination, cervix was 2 finger loose, fully effaced, Vx at zero station, adequate pelvis.

Labour progressed very well, but foetal heart became 60/min and absent within no time without any evident cause. Patient delivered a dead baby with cord entangled around neck, then around arm & leg. Entanglement of cord with drained liquor probably killed the baby.