

THE MATERNAL AND FETAL OUTCOME OF PLACENTA PREVIA IN KUMUDINI WOMEN'S MEDICAL COLLEGE

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ABSTRACT

Objective: In this study our main goal is to evaluate the maternal and fetal outcome of placenta previa in Kumudini Women's Medical College. **Method:** this case control type of study was done at Kumudini Women's Medical College from September 2018 March 2020. A total of 100 antenatal patients of 28 weeks of gestation regardless of their parity were included in the study. Where placenta previan cases were selected as a case group, n=100 and normal deliveries cases selected as a control group, n=100. **Results:** During the study, in case group 85% cases cesarian delivery occurred where as in control group it was 56%. In case 75% cases had bleeding and 25% cases had blood with stained discharge. According to incidence of placenta accrete, in case group only 20% cases incidence of placenta accrete occurred where as in control group it was 2%. Also according to complications, in case group 58% had bleeding and 6% had hypertension during intraoperative period where as during post-operative period 10% had wound infection and 5% had febrile morbidity. **Conclusion:** From our study we can say that, there is significant association with placenta previa and maternal morbidity, first trimester and second trimester bleeding increased blood transfusion. Further study is needed for better results.

KEYWORDS: maternal and fetal outcome, placenta previa, cesarian delivery.

INTRODUCTION

Placenta praevia is when the placenta attaches inside the uterus but in an abnormal position near or over the cervical opening.^[1-2] Symptoms include vaginal bleeding in the second half of pregnancy.^[3] The bleeding is bright red and tends not to be associated with pain.^[4] Complications may include placenta accreta, dangerously low blood pressure, or bleeding after delivery.^[5] Complications for the baby may include fetal growth restriction.^[6]

Risk factors include pregnancy at an older age and smoking as well as prior cesarean section, labor induction, or termination of pregnancy.^[7]

Painless bleeding is the most characteristics event with placenta previa. Bleeding from a previa usually begins without warning and without pain or contractions in a woman who has had an uneventful prenatal course. Usually it ceases, only to recur.

In this study our main goal is to evaluate the maternal and fetal outcome of placenta previa in KWMC (Kumudini Women's Medical College).

Objective

- To assess Maternal and fetal outcome of placenta previa.

METHODOLOGY

Type of study	Case control type of study
Place of study	Kumudini Women's Medical College
Study period	September 2018 to March 2020
Study population	A total of 100 antenatal patients of 28 weeks of gestation regardless of their parity were included in the study. Where placenta previa cases were selected as a case group, n=100 and normal deliveries cases selected as a control group, n=100.
Sampling technique	Purposive

Study procedure

➤ During the study period the potential confounding variables were age, clinical and Obstetrics examination. All examinations were performed on the basis of clinical indications alone.

Data analysis

Result of the study was calculated and analyzed by standard statistical package for social sciences version

20.0 for windows (SPSS Inc, Chicago, Illinois, USA) and was presented in forms of tables and graphs.

RESULTS

In table-1 shows age distribution of the patients where in both group most of the patients belong to 21-30 years age group, 82% and 80%. The following table is given below in detail:

Table-1: Age distribution of the patients.

Age group	Case, Percent	Control, percent
<20 years	8%	5%
21-30 years	82%	80%
>30 years	10%	15%

In table-2 shows parity, gravida distribution of the patients where in case group 85% cases cesarian delivery

occurred where as in control group it was 56%. The following table is given below in detail:

Table-2: Parity, gravida distribution of the patients.

Parity	Case, Percent	Control, percent
Nullipara	30%	40%
Multiparas	70%	60%
Mode of delivery	Case, Percent	Control, percent
Spontaneous vaginal delivery	15%	40%
CS	85%	56%
Instrumental delivery	5%	4%

In table-3 shows presenting complaints of the patients where in case 75% cases had bleeding and 25% cases

had blood with stained discharge. The following table is given below in detail:

Table-3: Presenting complaints of the patients.

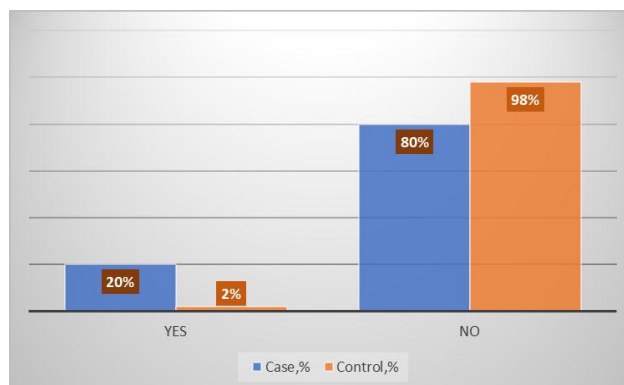
Complain	Case, Percent	Control, percent
Bleeding	75%	3%
Blood stained discharge	25%	27%
Nil	5%	70%

In table-4 shows placental edge from OS where in case group, most of the cases were of central placenta praevia completely covering the OS. The following table is given below in detail:

Table-4: Placental edge from OS.

Variable	Case, Percent	Control, percent
<2cm	40%	97%
>2cm	16%	3%
Covering OS	44%	0%

In figure-1 shows distribution of the patients according to incidence of placenta accrete. Where in case group only 20% cases incidence of placenta accrete occurred where as in control group it was 2%. The following figure is given below in detail:

**Figure-1: Distribution of the patients according to incidence of placenta accrete.**

In table-4 shows blood transfusion incidence. Proportion of patients who required blood transfusion was significantly higher among cases. The following table is given below in detail:

Variable	Case, Percent	Control, percent
No	40%	90%
Antepartum	25%	3%
Intra/postpartum	35%	7%

In table-5 shows distribution of the patients according to complications where in case group 58% had bleeding and 6% had hypertension during intraoperative period

where as during post-operative period 10% had wound infection and 5% had febrile morbidity. The following table is given below in detail:

Table-5: Distribution of the patients according to complications.

Intraoperative complications	Case, Percent	Control, percent
Nil	36%	90%
Bleeding	58%	3%
Hypertension	6%	7%
Post-operative complications	Case, Percent	Control, percent
Nil	70%	95%
PPH	15%	3%
Wound infection	10%	2%
Febrile morbidity	5%	0%

In figure to shows neonatal complications where in case group 30% neonates admitted in NICU where as in control group it was 23%. The following figure is given below in detail:

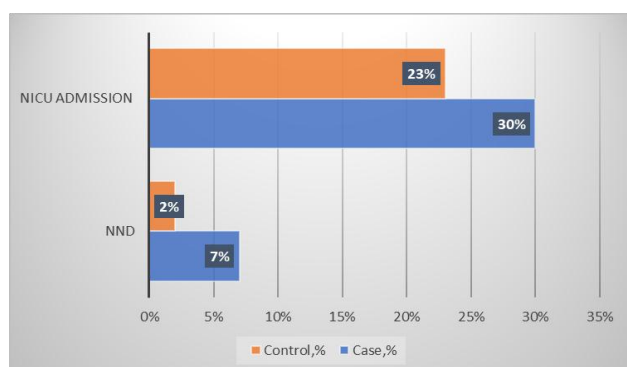


Figure-2: Neonatal complications.

DISCUSSIONS

In one study reported that, majority of patients are in the age group 20-35 and it is more in multi gravidae than in primi gravida where as in our study both case and control group most of the patients belong to 21-30 years age group, 82% and 80%.⁸ Also, in case group 85% cases cesarian delivery occurred where as in control group it was 56%. Which is quite similar to the study.^{5]}

In the study 75% cases had bleeding and 25% cases had blood with stained discharge found in case group.^[9] Also, most of the cases were of central placenta praevia completely covering the OS. Where as in one study said that, Risk for antepartum bleeding was significantly higher among cases of placenta praevia, RR=9.15 (5.41–15.47), $\Psi^2(1)=113.58$, $p < 0.00001$. also another study found that, the risk for postoperative complications was significantly more among cases, RR=3.18 (1.28–7.93), $\Psi^2(1)=6.98$, $p=0.008$.^[10]

There was no significant difference in 5' apgar score between the two groups, $\Psi^2(1)=1.921$, $p=0.166$ and during intraoperative period The incidence of placenta accrete was significantly higher among cases, RR=14.72 (3.35–64.71), Fisher's exact test Overall: RR = 7.96 (3.57–17.72), $\Psi^2(1) = 42.46$, $p = < 0.00001$. Bleeding:

RR=10.6 (3.94–28.55), $\Psi^2(1)=39$, $p = < 0.00001$. Hypotension: RR=8.88 (1.91–41.21), Fisher's exact test $p = 0.003$.⁵ Which was quite similar to our study where in case group 58% had bleeding and 6% had hypertension during intraoperative period where as during post-operative period 10% had wound infection and 5% had febrile morbidity. According to neonatal complications in case group 30% neonates admitted in NICU where as in control group it was 23%. Which was supported by one study.^[4]

CONCLUSION

From our study we can say that, there is significant association with placenta previa and maternal morbidity, first trimester and second trimester bleeding increased blood transfusion. Further study is needed for better results.

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