

STUDY OF PREGNANCY OUT COME OF THREATENED ABORTION WITH HISTORY OF PREVIOUS ABORTION, RECURRENT ABORTION OF FIRST TRIMESTER OF PREGNANCY**Dr. Haripada Debnath^{1*}, Dr. Aminur Rahaman², Dr. Jibon Krishna Sarkar³ and Dr. Khaleda Jahan⁴**^{1,2,3}Assistant Professor (Gynae & Obs), Shahid Sayed Najrul Islam Medical College, Kishoreganj, Bangladesh.⁴Assistant Professor (Gynae & Obs), National Institute of Cancer Research & Hospital, Dhaka, Bangladesh.***Corresponding Author: Dr. Haripada Debnath**

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ABSTRACT

Introduction: Background – Now a days, there is huge number of pregnant women suffering from threatened abortion at first trimester of pregnancy which occupy approximately 20% of all pregnancy. There are some patients continue their pregnancy upto term and some patients loss their pregnancy. Continuation of pregnancy depends on some factor such- maternal age, history of previous pregnancy loss, health status of mother, infection and initial treatment with Bed rest (complete), folic acid and progesterone supplements. **Object:** My Study aimed of finding the outcome of pregnancy of threatened abortion at first trimester with early initiation of treatment with Bed rest (complete), folic acid and progesterone supplement at different duration. **Method:** It was a Prospective study of 100 (One hundred) patients Suffering from Threatened abortion with or without previous spontaneous abortion and recurrent abortion, These patients were observed at Upazila Health Complex Bhairab, Kishoregonj and my Private Chamber from 2018 to 2019. **Result:** In my Study 100 (One hundred) patients of first Trimester pregnancy with Threatened abortion treated with Bed rest, Folic acid and Progesterone Supplement at different duration. As a result out come of these patients - abortion occurred 40 patients (40%) and Continuation of pregnancy occurred 60 patients (60%). Incidence of abortion was increased when maternal age more than 35 Years and less than 20 Years, per vaginal bleeding duration more than 10 days, Gestational age 6-8 weeks and history of previous medical termination of pregnancy.

KEYWORDS: Threatened abortion, recurrent abortion, Folic acid, micronised progesterone, absolute Bed rest.**INTRODUCTION**

In my Studies there was a large number of patients suffering from first trimester pregnancy loss. I Selected 100 patient last two years from 2018 to 2019. These patient were grouped at different criteria according to maternal age, gestational age, per vaginal bleeding duration and history of previous Pregnancy loss. During first antenatal checkup every patient looks tense, anxious and seeking safe continuation of pregnancy. These patients complain with short period of amenorrhea vaginal. Spotting or vaginal bleeding, lower abdominal pain or history of pervious pregnancy loss either spontaneous or medical termination of pregnancy. For treatment of these patients first of all I Consider Psychological assurance, absolute Bed rest, then Folic acid and progesterone supplement. Incase of previous pregnancy loss, pre conceptional folic acid supplement make successful pregnancy out come.

METHOD

These 100 (One hundred) patients Study were prospective study and was carried out as out patients.

These Patients Come with the Complin of Period of amenorrhoea (within 12 weeks), the lower abdominal pain mild to moderated, vaginal spotting or per vaginal fresh bleeding or history of previous pregnancy loss either spontaneous or medical termination of pregnancy. First of all I try to find out the risk factors - life style, history of medication, Infection (UTI, TORCH) Diabetes Mellitus, uterine malformation or fibroid, previous MR, intra vaginal medication. After minimizing these risk factors I started treatment with Psychological assurance, Absolute Bed rest, Broad spectrun antibiotic, Folic Acid and progesterone supplement up to 20 weeks to 28 weeks of gestation and Regular antenatal check up to delivery.

RESULT of this Study were Shown on these following Under lying Table

Table I: Outcome of pregnancy of threatened abortion according to maternal age.

Maternal age	Total patients	Pregnancy Continuation	Pregnancy Loss
Less than 20	18	11(61%)	7(39%)
21-25	51	29(56.86%)	22(43.14%)
26-30	17	12(70.5%)	5(29.5%)
31-35	8	06(75%)	2(25%)
More than 35	6	2(33.3%)	4(66.7%)

Table II: Outcome of pregnancy of threatened abortion according to gestational age.

Gestational age	Total Patients	Pregnancy Continuation	Pregnancy Loss
04 to 6 weeks size	11	08(72.7%)	3(29.3%)
06 to 08 weeks Size	32	18(56.25%)	14(43.75%)
08 to 10 weeks Size	20	14(70%)	06(30%)
10 to 12 weeks	37	22(59.5%)	15(40.5%)

Table III: Outcome of pregnancy of threatened abortion according to P/V Bleeding Duration.

Bleeding Duration	Total Patients	Pregnancy Continuation	Pregnancy Loss
Less than 05 days	70	42(60%)	28(40%)
05 to 10 days	21	13(61.9%)	8(38.1%)
More then 10 days	9	5(55.5%)	4(44.5%)

Table IV: Outcome of pregnancy of threatened abortion according to Previous Pregnancy History.

Previous Pregnancy loss	Total Patients	Pregnancy Continuation	Pregnancy Loss
Nil	69	40(57.9%)	29(42.1%)
MTP	3	01(33.33%)	2(66.67%)
A 1	20	14(70%)	6(30%)
A2	6	4(66.67%)	2(33.33%)
A3 or more than A3	2	1(50%)	1(50%)

DISCUSSION

In this Study there are 100 patients with threatened abortion stage affect on pregnancy like ante partum hemorrhage, (placenta previa) PROM, Preterm labour and on fetous like IUGR and IUFD. Among 100 patients with threatened abortion stage 60 patients (60%) continue their pregnancy and 40 patients (40%) loss their pregnancy (40 %). There were variation of pregnancy loss of threatened abortion depends on different factor like maternal age, gestational age, per vaginal bleeding duration and previous history of pregnancy loss. There were number of abortion are decreasing with increasing maternal age up to 35 Years but after 35 years of maternal age this incidence of abortion is increased. After 35 years of maternal age there may be association of chromosomal abnormality like Trisomy 21 (Down Syndrome) and abortion occurs. Incidence of abortion is more while gestational age 6 to 8 weeks, Bleeding Duration more than 10 days, History of medical termination of pregnancy (MR) and more than three spontaneous abortion. The Present Study shows that bleeding amount and duration are positively related with poor fetal out come. In my study presence of blood clot, passage of fleshy mass suggest incased chance of abortion. In spotting group compared with bleeding group were significant association found between symptom and out come. Spotting group had increased chance of pregnancy continuation. Heavy Bleeding and more duration is most strongly associated with

Pregnancy loss which is matching with present study. Symptoms other than bleeding are not related with pregnancy loss. Complain of pain in abdomen is negatively associated with pregnancy loss. High Risk mother for threatened abortion were managed preconceptionally counseling, minimizing Risk factors and folic acid supplement. As a result pregnancy out come become more and good.

CONCLUSION

Patients of threatened abortion with only symptom of spotting per vagina have good chance of pregnancy continuation. The number of pregnancy loss is decreased up to the age of 35 Years and after 35 years of age number of abortion is increased. History of bad obstetric history were associated with increased chance of pregnancy loss among the patients with threatened abortion. Out of all TORCH infection, Diabetes Mellitus and Fibroid Uterus are associated more with pregnancy loss. Pre connectional Treatment and Initiation of treatment at earlier as possible in first trimester pregnancy make more successful pregnancy Outcome.

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