



FETOMATERNAL OUTCOME IN PLACENTA PREVIA

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Abstract

Background: This study is conducted to know the various clinical presentations and fetomaternal outcome in cases of placenta previa.

Methods: All cases of placenta previa diagnosed by clinical or ultrasonography were included in the study.

Results: Majority of cases belong to 21-25 age group. Out of 100 cases 12 cases had PPH. Baby birth weight was 2.28±1.32 Kg.

Conclusions: Early diagnoses and pre plan mode of delivery will decrease the risk of low birth weight and low APGAR score infants.

Keywords: Placenta previa, Bleeding, Antepartum hemorrhag

Introduction

Placenta previa is defined as situation of the placenta partially or wholly in the lower uterine segment of the uterus. The prevalence of placenta previa has been recently estimated to be approximately 0.5% of all pregnancies, and this increase correlates to the elevated caesarean section rate.¹ Placenta previa is a major cause of maternal morbidity and mortality because of the associated massive antepartum and intra-partum hemorrhage.² Risk factors are old age, multiparity, previous caesarean delivery, abortion, smoking, cocaine, and male fetus.³ In previa patients, postpartum haemorrhage is substantial, which increases maternal complications.

Risk factors for massive haemorrhage and transfusion are old age, abortion, previous caesarean section, uterine myoma, increased BMI, increased neonatal weight, and complete previa.⁴

This study is conducted to know the various clinical presentations and fetomaternal outcome in cases of placenta previa.

Material and methods

This is a prospective study. All cases of placenta previa diagnosed by clinical or ultrasonography were included in the study.

Inclusion criteria

- All cases of placenta previa diagnosed by clinical and ultrasonography admitted during the study period.

- Gestational age >28 weeks

Exclusion criteria

- Gestational age <28 weeks
- Other causes of antepartum hemorrhage.

Results

Table 1: Age wise distribution.

Age group (Yrs)	No. of cases	Percentage
≤20	25	25
21-25	42	42
26-30	23	23
>30	10	10
Total	100	100

Above table shown that majority of cases belong to 21-25 age group.

Table 2: Parity-Wise Distribution

Parity	No. of Case	Percentage
Primi para	25	25
Multi para	75	75
Total	100	100

In our study placenta previa was found in 75.00% cases in multipara.

Table 3: Type of placenta previa Wise Distribution

Type of placenta	No. of Case	Percentage
Low lying	43	43
Marginal	27	27
Incomplete	12	12
Complete	18	18
Total	100	100

Low lying placenta was the most common type of placenta previa in 43% cases.

Table 4: Type of delivery Wise Distribution

Type of delivery	No. of Case	Percentage
LSCS	58	58
Normal delivery	42	42
Total	100	100

Majority of cases (58.00%) deliver by LSCS.

Table 5: Birth weight Wise Distribution

Birth weight (Kg)	Mean	SD
	2.28	1.32

The birth weight was 2.28±1.32 Kg

Table 6: incidence of maternal complication

Maternal complication	No. of Case	Percentage
PPH	12	14.00
Hysterectomy	3	2.00
Hemorrhagic shock	7	6.00

Out of 100 cases 12.00% cases had PPH.

Discussion

The present study was undertaken to evaluate the various types of placenta previa and its clinical presentation and fetomaternal outcome.

Majority of cases belong to 21-25 age group which is similar to study by Kaur B (77%)⁶.

Placenta previa was more commonly present among multiparous a woman which is similar to study conducted by faiz³.

Most common type was type 1 placenta previa in our study which was similar to study conducted by Vaishali et al (22.7%)⁷. Out of 100 cases 13 had PPH which is similar to study by Bhatt AD (15%).⁸

Managing a case of placenta previa during pregnancy poses a great challenge to every obstetrician in present day obstetrics due its increased risk of maternal and perinatal complication. Thus good antenatal care including more frequent antenatal check-ups, correction of anemia during antenatal period, anticipating the complications in consultation with senior obstetrician, educating the patient's regarding the complications like prematurity, need for blood transfusions and its products and rarely hysterectomy and taking the paediatrician help will definitely reduce the perinatal complications associated with it.

Conclusions

Early diagnoses and pre plan mode of delivery will decrease the risk of low birth weight and low APGAR score infants

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