

Clinical Study of Placenta Previa and Its Effects on Maternal Health and Fetal Outcome

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I. INTRODUCTION

Incidence of placenta previa is 3-5per 1000 pregnancies.

Placenta previa includes:

- i) Low lying placenta i.e., when the lower edge of placenta is within 20mm distance from internal os.
- (ii) Placenta previa i.e. when placenta lies directly over the internal os.

The rising incidence of cesarean section combined with increasing maternal age, the number of cases of placenta previa and its complications, including placenta accreta spectrum (PAS), will continue to increase.

Majority of the painless vaginal bleeding in the 2nd half of the pregnancy are associated with placenta previa, more common with neglected pregnancies, increased parity and advancing age.

Incidence is much higher in mid pregnancy possibly due to trophotropism resulting in resolution of placenta previa in late pregnancy .

Availability of blood for transfusion have dramatically decreased maternal mortality, morbidity and with better NICU facilities available, perinatal morbidity and mortality has certainly been curtailed to a large extent.

II. AIMS AND OBJECTIVES

To analyse :

- incidence,
- maternal and neonatal outcome
- to evaluate the potential risk factors

III. METHODOLOGY

➤ A retrospective study was conducted over a period of 2 years (January 2021- December 2022) in the Department of Obstetrics and Gynaecology, King George Hospital, Visakhapatnam.

➤ A total of 130 pregnant women with placenta previa were enrolled in this study according to the inclusion and exclusion criteria.

➤ Systematic analysis was done with respect to their age, parity, gestational age, past obstetric history, period of gestation at delivery, mode of delivery, birthweight.

Inclusion Criteria:

- Singleton pregnant women with placenta previa confirmed by ultrasonography
- gestational age beyond 28 weeks were selected irrespective of their parity
- a live or dead fetus.

Exclusion Criteria:

- Women with multiple gestation pregnancies are excluded to avoid overrepresentation of studying high risk women.

IV. RESULTS

According to the age of the patient		
Age	Total	Percentage
<20	4.00	3.1%
20-24	61.00	46.9%
25-29	51.00	39.2%
>/=30	14.00	10.8%
	130.00	

According to parity		
According to parity	Total	Percentage (100%)
Primigravida	29	22.3%
Multigravida	101	77.7%
	130	

❑ Out of 130, 61 were between the age 20-24years which was 46.9%, and 14 were aged >/=30 years which was 10.8%.

❑ Out of 130 cases, 101 were multigravida which accounts for 77.7%, primigravida were 29 which accounted for 22.3%.

According to presenting complaints		
	Total	Percentage
Active bout of bleeding	41	31.5%
Labour pains	6	4.6%
Draining per vaginum	4	3.1%
Asymptomatic	79	60.8%
	130	

Previous history		
	Total	Age
Prior abortions	34	33.6%

Prior c-sections	44	43.5%
Prior NVDs	12	9.2%

Out of 130 patients 79 were asymptomatic at the time of admission which accounted for 60.8%, 41 had active bout of bleeding which accounted for 31.5%.

Among 101 multigravida 44 patients had prior c-section history which accounted for 43.5%, 34 with prior abortion history which accounted for 33.6%.

Placenta accreta spectrum		
Placenta accreta spectrum	Total	Percentage
Placenta accreta	2	1.5%
Placenta increta	1	0.8%
Placenta percreta	3	2.3%
	6	

Among 130 cases , 6 cases had placenta accreta spectrum which accounted for 4.6% of which 1 was placenta accreta, 1 was placenta increta, and 3 were placenta percreta.

Maternal complications		
	Total	Percentage (100%)
Blood transfusion >5units	17	13.1%
No of IRCU admissions	29	22.3%
Maternal mortality	3	2.3%
Post-partum haemorrhage	98	75.3%
	130	

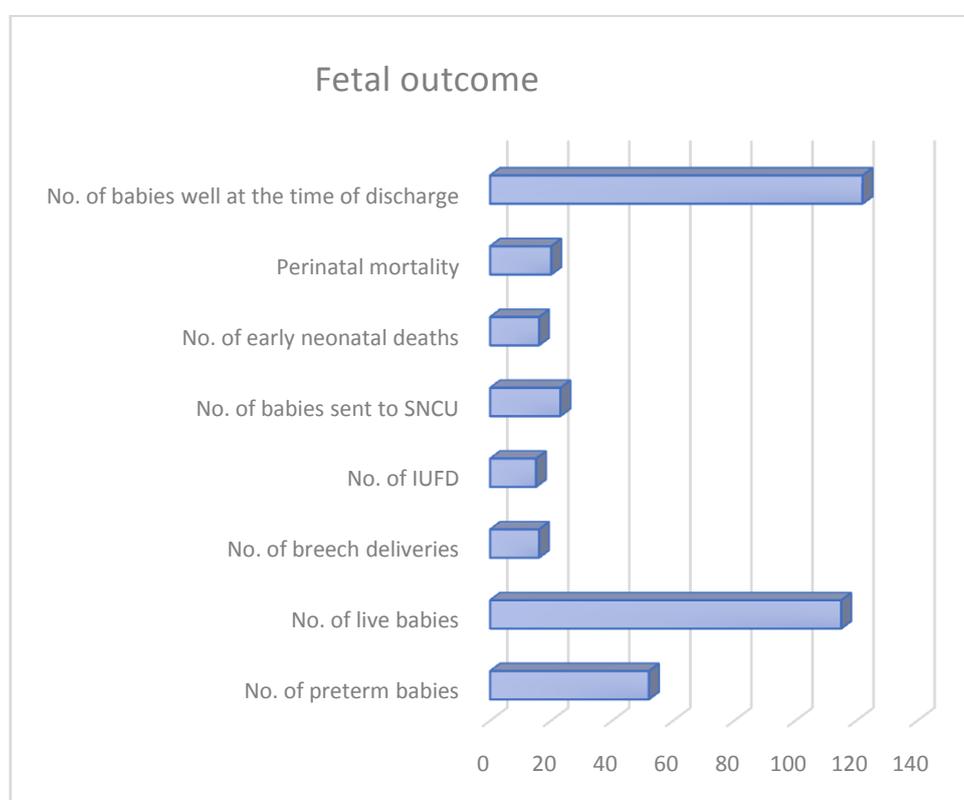
Table 10. Various methods for controlling PPH

Mechanical methods	Total of patients	Percentage
Balloon tamponade	11	12.8%
B- lynch	32	37.2%
Uterine artery ligation	24	27.9%
Internal iliac artery ligation	2	2.3%
Caesarean hysterectomy	15	17.4%
Peri partum hysterectomy	2	2.3%
	86	

□ Out of 130 cases, 98 patients developed post-partum haemorrhage which accounted for 75.3%. medical management was effective in 12cases. B-lynch sutures were accounted for 37.2%, 15cases had caesarean hysterectomy and 2 had peripartum hysterectomy.

According to parity		
Gestational age	Total	Percentage (100%)
Preterm 28-37 wks	70	53.8%
Term >/=37wks	60	46.2%
	130	

According to the birth weight of live babies		
Birth weight (kgs)	Total	Percentage (100%)
<1.5kg	15	11.5%
1.5-2.4kg	58	44.6%
>/= 2.5kg	57	43.8%
	130	



V. DISCUSSION

- ❑ Incidence of placenta previa in King George Hospital, Visakhapatnam, Andhra Pradesh over a period of 2 years is 0.9% as total no. of deliveries in that year was 13552 of which placenta previa were 130.
- ❑ Incidence was found to be maximum i.e., 10.8% in the age group of >30 years.
- ❑ Placenta previa incidence was highest among multigravida accounting for 77.7% of which previous abortions were 33.6% and previous c-sections were 43.5%.

VI. CONCLUSION

- Placenta previa is one of the life threatening complications of pregnancy and its incidence is rising probably due to rise in abortions and c-sections.
- Advancing maternal age, multiparity, prior caesarean section, and prior abortions are independent risk factors for placenta previa. Meticulous management of placenta previa is important in order to reduce the untoward maternal and fetal complication

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