

# A Study of Fetomaternal Outcome in Antepartum Hemorrhage

Dr. Prithviraj Paliwal<sup>1</sup>, Dr. R. K. Deora<sup>2</sup>, Dr. Sanju Meena<sup>3</sup>, Dr. Manvika Chandel<sup>4</sup>,  
Dr. Anzum Bano<sup>5</sup>

<sup>1,2,3,4,5</sup>Department of Obstetrics and Gynecology, Dr S. N. Medical College Jodhpur

---

## ABSTRACT

**Aim:** To study fetal and maternal outcome in antepartum hemorrhage.

**Material And Methods:-** This was a prospective observational study conducted at Umaid Hospital, Dr S. N. Medical college, Jodhpur. All antepartum hemorrhage cases between March 2020 to November 2020 were analysed in term of fetal and maternal outcome in antepartum hemorrhage. The present study was conducted on total 100 cases of antepartum hemorrhage.

**Result:-** During the study period there were total 100 cases delivered. Out of this, common type of antepartum hemorrhage was abruption placentae in 58 cases, placenta previa in 31 cases, and undetermined in 11 patients. Out of 58 cases of abruption placentae, 25 were live birth, 13 were still birth, 12 IUD, 8 were NICU death. In placenta previa, 12 were live birth, 9 still birth, 6 IUD and 4 NICU death. In undetermined, 4 were live, 3 were still birth, 2 were IUD, 2 NICU death. Common cause of deaths in abruption placentae was sepsis in 15 and respiratory distress syndrome in 12. 52% cases in abruption placentae mode of delivery was emergency C/S, 55% in placenta previa and 55% in undetermined. Maternal death was 2 in abruption placentae, 1 in placenta previa and 1 in undetermined. In the present study it was also observed that the incidence of antepartum hemorrhage was more common in multipara than in nullipara.

**Conclusion:-** APH is a major cause of maternal morbidity and mortality. APH is an obstetric emergency and cannot be predicted, so timely intervention is required to prevent maternal and fetal morbidity and mortality. In present time, USG is a very useful diagnostic tool for placenta localization and to diagnose APH. Delivery should be in tertiary centre. All of these have played important role in decreasing perinatal as well as maternal morbidity and mortality. The common reason of antepartum hemorrhage is abruption placentae and is more common in multipara.

---

## INTRODUCTION

Labour is a process by which fetus is delivered from uterus. It consist of four stages:

First stage begin with onset of regular uterine contractions accompanied by start of effacement and dilatation of cervix. Second stage start with full dilatation of cervix and terminate at birth of a baby. The third stage start with delivery of baby and ends with delivery of placenta. Fourth stage begin after delivery of placenta and last upto 2 hour.

Antepartum hemorrhage (APH) is defined as bleeding from the genital tract from the time of viability of pregnancy for extrauterine survival of the delivery of the baby. APH is a major cause of maternal and perinatal morbidity and mortality even in modern day obstetrics and is one of the most frequent emergencies in obstetrics.

Maternal complications of APH include hypovolemic shock, disseminated intravascular coagulation, and acute renal failure. It also includes higher rate of cesarean section. Fetal complications are premature delivery, low birth weight, birth asphyxia, and intrauterine fetal death. Up to one-fifth of very preterm babies are born in association with APH.

**AIM :** To study fetal and maternal outcome in antepartum hemorrhage.

## MATERIAL & METHODS

The present study was conducted in the department of Gynaecology and Obstetrics at Umaid Hospital, Dr S. N. Medical college, Jodhpur. It comprised of 100 cases of APH. All patients were explained regarding the study and written consent was obtained.

### Inclusion Criteria:

All cases of antepartum hemorrhage with gestational age > 28 weeks.

### Exclusion Criteria:

- Any antenatal cases of gestational age <28 weeks with bleeding PV.
- Patient suffering from any other bleeding disorder.
- Bleeding from sources other than uterus.

Women who fulfilled the above criteria were included in the study. On admission, detailed history of patient regarding age, address, socio-economic status, history regarding her previous antenatal check-ups was obtained. General physical examination was done to assess both maternal and fetal condition. The gestational age of the patient was confirmed with her dates, first trimester ultrasound. Data was collected for maternal and fetal outcome.

## RESULT

Total no of cases of antepartum hemorrhage during study period were 100. Out of which abruption placentae in 58 cases, placenta previa in 31 cases, and undetermined in 11 patients.

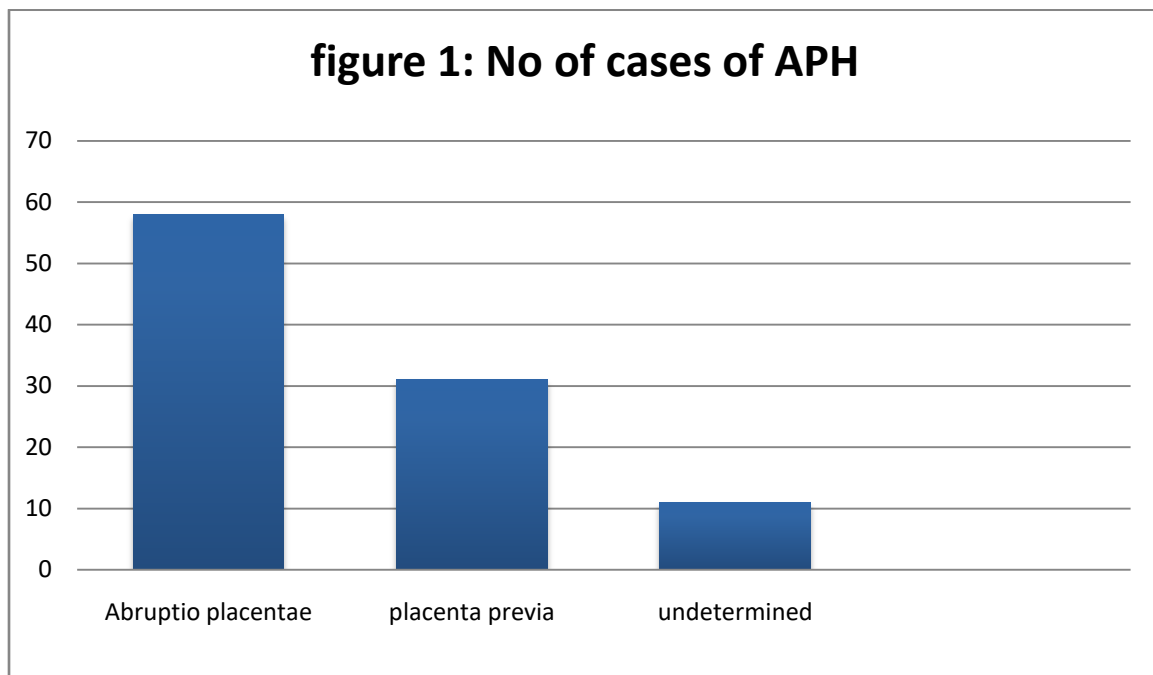


Figure 1 show no of cases of antepartum hemorrhage.

Table No 1: Maternal Outcome

Outcome	Abruptio placentae	Placenta previa	Undetermined
Mode of delivery			
Emergency C/S	52%	55%	55%
Elective C/S	38%	32%	30%
Vaginal	8%	10%	10%
<b>Complications</b>			
Anemia	10	6	4

HELLP	1	0	1
MI	1	0	0
DIC	1	1	0
Maternal death	2	1	1

Above table show maternal outcome and complications in antepartum hemorrhage.

**Table No 2: Fetal outcome**

<b>Outcome</b>	<b>Abruptio placentae</b>	<b>Placenta previa</b>	<b>Undetermined</b>
Live	<b>25</b>	<b>12</b>	<b>4</b>
Still birth	<b>13</b>	<b>9</b>	<b>3</b>
IUD	<b>12</b>	<b>6</b>	<b>2</b>
NICU Death	<b>08</b>	<b>4</b>	<b>2</b>
<b>Cause of death</b>			
Sepsis	15	7	3
RDS	<b>12</b>	<b>4</b>	<b>2</b>
Shock	<b>4</b>	<b>6</b>	<b>2</b>
Pulmonary hemorrhage	<b>5</b>	<b>3</b>	<b>1</b>

Above table show fetal outcome.

### DISCUSSION

Antepartum hemorrhage is defined as bleeding from the vagina after 24 weeks. It occurs in 2-5 % of pregnancies and is important cause of fetal and maternal deaths. The causes of antepartum hemorrhage can be divided into three main groups, abruption placentae, placenta previa and undetermined. Abruptio placentae are the terminology used for premature separation of a normally sited placenta. Placenta previa occurs when the placenta is implanted wholly or in part into the lower segment of uterus. The leading cause of antepartum hemorrhage in this study was found to be abruption placentae followed by placenta previa.

In present study common type of APH was abruption placentae. Out of 100 cases,58 was abruption placentae, 31 placenta previa, 11 undetermined. Out of 58 in abruption placentae 25 were live birth, 13 were SB, 12 were IUD, and 8 NICU death. In placenta previa out of 31, 12 were live birth, 9 were SB, 6 were IUD, and 4 were NICU death. In undetermined 4 were live birth, 3 were SB, 2 were IUD, 2 were NICU death.

### CONCLUSION

APH is a major cause of maternal morbidity and mortality. APH is an obstetric emergency and cannot be predicted, so timely intervention is required to prevent maternal and fetal morbidity and mortality. In present time, USG is a very useful diagnostic tool for placenta localization and to diagnose APH. Delivery should be in tertiary centre. All of these have played important role in decreasing perinatal as well as maternal morbidity and mortality. The common reason of antepartum hemorrhage is abruption placentae and is more common in multipara. APH is associated with maternal and perinatal morbidity and mortality.

### REFERENCES

- [1]. Pandelis k, Kardina A, Samina M. Antepartum haemorrhage. *Obstet Gynaecol Repord Med.* 2012;1:21-5.
- [2]. Adekanle DA, Adeymu A, Fadero F. Antepartum haemorrhage and pregnancy outcome. *J Med and Med Sci.* 2011;2(12):1243-47.
- [3]. Borodo AT, Shehu CE. Placenta previae at Usmanu Danfodio University Teaching Hospital: A 5 year review. *Sahel Med J* 2013;16:56-9.
- [4]. Jejani A, Kawthalkar A. Study of Obstetric outcome in antepartum haemorrhage. *Panacea J Med Sci* 2015;5(3): 153-57.
- [5]. Jharaik H, Dhiman B, Verma SK, Sharma A. Consequences of antepartum haemorrhage and its maternal and perinatal outcome. *Int J Repord Contracept Obstet Gynecol* 2019;8:1480-6.