



### **Fetomaternal Outcome in Placenta Previa**

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#### **Abstract**

**Background:** Prevalence of Placenta previa is found to vary between 0.5% of all pregnancies. Placenta previa is one of the major causes of antepartum hemorrhage and is also important cause of maternal and perinatal morbidity and mortality in India.

**Methods:** This is a retrospective study conducted in the department of OBG, RVRS medical college, Bhilwara for a period of one years. All cases of placenta previa diagnosed by clinical or ultrasonography were included in the study. All case records were obtained from medical record section.

**Results:** In our study placenta previa was found in 41% cases in gravid 2, followed by primigravida in 25% cases. Out of 100 cases 13 cases had Atonic PPH.

**Conclusions:** 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 complications.

**Keywords:** Placenta previa, Bleeding per vagina, Antepartum hemorrhag

#### **Introduction**

Placenta Previa (PP) is defined as placenta that lies wholly or partly within the lower uterine segment. The prevalence

of clinically significant PP is estimated to be approximately 0.5-1 % of amongst hospital deliveries. It is responsible for one-third of all cases of antepartum hemorrhage and around 35% of cases of placental bleeding. With the rising incidence of cesarean sections (CS) combined with increasing maternal age, the number of cases of PP and its complications, including placenta accreta is likely to continue<sup>1,2</sup>.

Placenta l bed is the commonest Site of third trimester hemorrhage, in a few cases bleeding is from local causes in the genital tract, whereas in a substantial remainder the bleeding has no obvious cause but it is probably still from placental bed. Maternal and fetal morbidity and mortality from placenta previa and placenta previa accreta are considerable and are associated with high demands on health resources. With the rising incidence of caesarean sections combined with increasing maternal age, the number of cases of placenta previa and its complications, including placenta accreta, will continue to increase. Defective decidual vascularization, possible result of inflammatory or atrophic changes is one of the factors in the development of PP. Abnormal placentation such as placenta Accreta, Increta and Percreta are often associated with combination of PP, particularly with the combination

previous CS and P.In PP the most common symptom is painless vaginal bleeding. The first hemorrhage is usually not severe the “warning hemorrhage”, occasionally it is severe one<sup>3-5</sup>.

Placenta previa is one of the major causes for maternal and perinatal mortality accounting for 35% cases of antepartum haemorrhage. This study is conducted to know the various clinical presentations and fetomaternal outcome in cases of placenta previa.

**Methods**

This is a retrospective study conducted in the department of OBG,RVRS medical college, Bhilwara for a period of one years. All cases of placenta previa diagnosed by clinical or ultrasonography were included in the study. All case records were obtained from medical record section.

**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	21	21
21-25	47	47
26 – 30	26	26
> 30	5	5
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 gravida	25	25
Gravida-2	41	41
Gravida-3	16	16
≥G-4	18	18
Total	100	100

In our study placenta previa was found in 41% cases in gravid 2, followed by primigravida in 25% cases.

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	68	68
Normal delivery	32	32
Total	100	100

Majority of cases (68.00%) deliver by LSCS.

Table-5: incidence of birth weight Wise Distribution

Birth weight (Kg)	No. of Case	Percentage
<2.0	31	31.00
2.0-25	21	21.00
2.5-30	29	29.00
>3.0	19	19.00
Total	100	100

Out of 100 cases, 31 cases were of birth weight <2.0 kg.

Table-6: incidence of maternal complication

Maternal complication	No. of Case	Percentage
PPH	13	13.00
Hysterectomy	2	2.00
Hemorrhagic shock	6	6.00
Total	100	100

Out of 100 cases 13 cases had Atonic PPH.

### Discussion

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

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

Placenta previa was more commonly present among multiparous women which is similar to study conducted by faiz<sup>3</sup>.

Most common type was type 1 placenta previa in our study which was similar to study conducted by Vaishali et al (22.7%)<sup>7</sup>.

Out of 62 cases 13 had atonic PPH which is similar to study by Bhatt AD (15%)<sup>8</sup>.

### Conclusion

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.

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