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Conceptual study of complication of placenta praevia

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ABSTRACT:

AIM AND OBJECTIVE : To study the outcome of pregnancy complicated by placenta praevia.

INTRODUCTION: placenta praevia is an obstetric complication in which the placenta is inserted partially or wholly in the lower uterine segment. It is a leading cause of antepartum haemorrhage . About 1/3 of cases of antepartum haemorrhage belong to placenta praevia. The incidence of placenta praevia ranges from 0.5-1 % amongst hospital deliveries. In 80% cases, it is found to multiparous women. The incidence is increased beyond the age of 35, with high birth order pregnancies and in multiple pregnancy. Increased family planning acceptance with limitation and spacing of birth, lowers the incidence of placenta praevia.

CLINICAL FEATURES:

Symptoms : The only symptom of placenta praevia is vaginal bleeding.

Sign :

Abdominal examination =

- The size of uterus is proportionate to the period of gestation.
- The uterus feels relaxed, soft and elastic.
- Persistence of malpresentation like breech or transverse or unstable lie is more frequent.
- The head is floating in contrast to the period of gestation. Fetal heart sound is usually present.

Vulval inspection = in placenta praevia , the blood is bright red .

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Vaginal examination = must not be done.

COMPLICATIONS OF PLACENTA PRAEVIA:

MATERNAL:

1)During pregnancy

- Antepartum haemorrhage with varying degrees of shock is an inevitable complication of placenta praevia.
- Malpresentation is common.
- Premature labour either spontaneous or induced is common.

2) During labour

- Early rupture of the membranes.
- Cord prolapse.
- Slow dilatation of the cervix.
- Intra partum haemorrhage.
- Increased incidence of operative interference.
- Postpartum haemorrhage.
- Retained placenta.

3) Puerperium

- Sepsis is increased due to:

1)Increased operative interference

2)Placental site near to the vagina and

3)Anaemia and devitalised state of the patient.

- Subinvolution.
- Embolism.

FETAL

- Low birth weight babies are quite common which may be the effect of pretetm labour either spontaneous of induced.
- Asphyxia is common and it may be the effect of:-

1)Early separation of placenta.

2)Compression of the placenta.

3)Or compression of the chord.

- Intrauterine death is more related to severe degree of separation of placenta,with maternal hypovolaemin and shock.Deaths are also due to cord accidents.
- Birth injuries.
- Congenital malformation.

PROGNOSIS

1)Maternal:

- The contributing factors are-

a)Early diagnosis.

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b)Internal examination.

c)Free availability of blood transfusion facilities.

d)Potent antibiotics.

e)Wider use of caesarean section with expert anaesthetist and

f)Skill and judgement with which the cases are managed.

g)The ultimate causes of death are haemorrhage and shock.

2)Fetal:-

- The causes of death are

a)Prematurity

b)Asphyxia and

c)Congenital malformation.

MANAGEMENT

1]Prevention:

Adequate antenatal care.

Antenatal dignosis.

Significance of warning haemorrhage.

Family planning and limitation of births.

2]At Home:

To assess the blood loss.

Quick but gentle abdominal examination.

Vaginal examination must not be done.

3]Transfer to Hospital.

4]Admission to Hospital.

- ⊡ TREATMENT

Mainly includes:

1)Immediate attention.

2)Formulation of the line of treatment.

Immediate Attention:

- Amount of blood loss.
- Blood samples are taken.
- An infusion of normal saline.
- Gentle abdominal palpation.
- Inspection of vulva.
- Conformation of diagnosis.

Formulation of the line of treatment:

The definitive treatment depends upon:

1)Duration of pregnancy.

2)Fetal and maternal status.

3)Extent of haemorrhage.

Expectant Treatment

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The expectant treatment include:

- ✓ Bed rest.
- ✓ Investigations.
- ✓ Periodic inspection.
- ✓ Supplementary Haematinics.
- ✓ A gentle speculum examination.

The expectant treatment is carried up to 37 weeks of pregnancy.

Steroid Therapy is indicated if the duration of pregnancy is less than 34 weeks.

- ➢ "Betamethasone" reduces the risk of respiratory distress of new born when preterm delivery is considered.

Definitive treatment=

Definitive treatment includes:

1]Vaginal examination in operation theatre followed by:

a)Low rupture of membranes or

b)Caesarean section.

2]Caesarean section without internal examination.

CONCLUSION: The outcomes of placenta praevia are highly variable and cannot be predicted confidently from antenatal events. Nonetheless, in the majority of cases with or without bleeding and irrespective of the degree of praevia . Out patient management would appear safe and appropriate.

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