

INCIDENCE OF ANTEPARTUM HAEMORRHAGE IN NORTH INDIA

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Abstract : *Antepartum Haemorrhage (APH) an obstetric emergency because of uncontrolled heavy genital tract bleeding, caused mainly due to Placental praevia, Placental abruption and different cervical complications, that is commonly prevalent in northern parts of India, can be effectively managed by ensuring regular antenatal checkups, improved nutritional status, creating health education and wellness awareness, wide spread availability of critical tertiary healthcare facilities including better caesarean amenities besides easy blood transfusion facilities by adopting multidisciplinary approach at all levels can reduce this obstetrics disorder significantly thereby improving maternal and perinatal morbidity and mortality.*

INTRODUCTION

Antepartum Haemorrhage (APH) defined as any bleeding from or into genital tract after around 24 weeks of gestation and before the delivery of fetus, caused mainly due to placental praevia, abruption placenta, cervical polyps, cervicitis, varicosities, cancer of cervix, genital lacerations, vaginal infections and so on, has been leading reason of maternal mortality, particularly higher in some parts of northern India. The ongoing increasing incidence of cesarean delivery, and placenta accrete spectrum disorders contribute additional causes of predominance in APH.

The early diagnosis and timely management of this obstetric emergency can significantly reduce the associated maternal and prenatal morbidity and mortality from genital to a substantial extent. In developed countries, APH associated with mortality has been significantly reduced because of improved obstetrics facilities but in developing countries like India, morbidity and mortality rate is comparatively higher because of associated conditions like pre existing anemia, financial constraints, poor transport facilities, poor education, maternal mal nutrition, less health awareness, non availability of specialized critical care facilities and other geo political governance factors. Even women with pregnancy complicated with APH often present with acute blood loss, necessitate immediate blood transfusions to ensure basic management of maternal and neonatal safety.

Therefore this study, primarily confined at ground zero level, is conducted with an objective to find out incidence of different varieties of APH associated with socio economic health consciousness causes leading to maternal and perinatal outcomes of pregnancy. Although its is practically difficult to prevent APH and its associated maternal and neonatal mortality in countries like India, but within given constraints, its morbidity can be improved by working on timely awareness and appropriate treatment with improvement of all those related facilities reducing its underlying and associated co-morbidities.

RESEARCH AND METHODOLOGY

Basically this study, undertaken in some northern parts of India, was a retrospective and observational in nature based on available medical records, sufficient data collection, consideration of related variables and application of standard statistical analytical methods to achieve authenticity in results among 200 patients over a period of five months spread over three different hospitals and adjoining locations in north India.

Pre-designed format was used to collect data for studying objective parameters pertaining to maternal characteristics and mainly following common variables such as maternal age, socio economic condition, gravidity, gestational age at the time of delivery, risk factors for antepartum haemorrhage, fetal presentation, mode of delivery, antepartum details, intrapartum and postpartum complications, maternal morbidity and mortality data related to perinatal outcomes such as live and still births, gestational age at birth, sex and weight of neonates were collected and used besides observing their socio economic conditions and health education and awareness on medical wellness was also recorded. Variables pertaining to bleeding and other disorders before 24 weeks after delivery of baby were excluded.

Information and data so collected, was processed in MS Excel and analyzed using Statistical Product and Services Solution (SPSS) Version 21 and results so obtained were calculated and declared statistically significant when p was < 0.05 wherein continuous variables were summarized using mean and standard deviations method. End results so obtained are presented in Table : 1 below :-

Table 1 : CAUSES OF ANTEPARTUM HAEMORRHAGE

CAUSES	NUMBER	PERCENTAGE
Placenta praevia	81	40.5
Placental abruption	58	29
Cervical complications, polyps, cancer	25	12.5
Lack of advanced medical facilities	14	7
Education and Awareness	13	6.5
Financial constraints and transportation	9	4.5
TOTAL	200	100

RESULTS AND DISCUSSION

During the period under this review study, there were about two hundred cases of Antepartum Haemorrhage, in which maximum cases were due to Placenta praevia (40 %) followed by Placental abruption (29 %) and Cervical complications including cervicitis, cervical polyps, cervical cancer, genital lacerations thereby comprising maximum of nearly 83 percent of total cause history details with remaining around 17 % causes due to lack of critical medical facilities, health education, wellness awareness, financial constraints, transportation and other minor causes were significantly found predominant in some northern parts of India (Table : 1).

About 50% of majority of women with APH were within the age group of 25 to 30 years followed by 15 % in the age group of 20 to 25 years and incidence of APH was more about 60 % in multigravidas and about 30 % in primigravidas. Most of the patients with APH were unbooked around 70 % and about 75 % cases were terminated before 36 weeks of gestation. Further, pregnancy in most the cases in about 40 % was terminated during 25 to 35 weeks of gestation out of which 45 % were due to Placenta praevia and 50 % were due to Placenta abruption (Table : 1).

Interestingly most common risk factors found to be associated with APH in North India was caesarean section which comprised about 40 % followed by previous history of abortion around 30 % . Previous caesarean section was most common risk factor associated with Placenta praevia followed by Placental abruption in APH under this study.

Further, it was also observed that anemia was another most common antepartum complication in patients with APH and among which more than 40 % patients required blood transfusions. Also gestational age at the time of termination of pregnancies with APH was observed less than 36 weeks in almost 70 % of cases.

CONCLUSION

Placental Praevia and Placental abruption with cervical complications turned to be major causes of Antepartum Haemorrhage responsible for maternal and perinatal morbidity and mortality in northern region of India. Higher incidence of APH was associated with poor nutritional status, anemia, lack of education on health awareness and non availability of critical care facilities in India.

Collectively such complications associated with APH can be reduced , if not completely prevented, by early registration of pregnancy, regular antenatal check-ups, improved nutritional standards, increased health wellness awareness, and early identification of high risk cases besides emphasis on reaching out the advanced tertiary healthcare mechanism at affordable costs down to rural India, an initiative from government side, can improve such burning obstetrics ailments sooner or later. Round the clock facilities for caesarean section, availability of blood bank amenity, efficient NICU set ups, good referral facilities besides multidisciplinary approach can improve maternal and perinatal outcomes of APH in the longer terms.

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