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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/15973
DOI URL: http://dx.doi.org/10.21474/IJAR01/15973

RESEARCH ARTICLE

OBSERVATIONAL STUDY ON PLACENTA ACCRETA SPECTRUM DISORDERS IN A TERTIARY CENTRE FOR TWO YEARS

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Manuscript Info

Manuscript History
Received: 31 October 2022
Final Accepted: 30 November 2022
Published: December 2022

Abstract

Introduction: Incidence of placenta previa is 3-5per 1000 pregnancies. Placenta previa includes: i) Low lying placenta: when the lower edge of placenta is within 2cms distance from internal os. (ii) Placenta previa : 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.

Aims And Objectives: To analyse : Incidence Evaluate risk factors Maternal and Neonatal outcome

Methodology: A retrospective study was conducted over a period of 2 years (august 2020 - august 2022) in the Department of Obstetrics and Gynaecology, King George Hospital, Visakhapatnam. A total of 144 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

Criteria Inclusion: Singleton pregnant women with placenta previa confirmed by ultrasonography gestational age beyond 28 weeks were selected irrespective of their parity alive or dead fetus.

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

Discussion: Incidence of Placenta previa in King George Hospital, Visakhapatnam, Andhra Pradesh over a period of 2 years is 1.0% as total no. of deliveries in that year was 13552 of which placenta previa were 144. Incidence was found to be maximum i.e.,37.5% among age of 20-24 age group, 11.1% in the age group of >30 years. Placenta previa incidence was highest among multigravida accounting for 76.3% of which 43.6% were previous c-sections and 33.3% were previous abortions

Conclusion: Community level education regarding Safe Abortion Practices and Anemia correction should be done. Complete management and mock drills for PostPartum Hemmarhage management in cases of Placenta previa is important inorder to reduce the maternal and fetal complications Safe abortion procedures and also C section Audit should be done.

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Introduction:-

Incidence of placenta previa is 3-5per 1000 pregnancies. Placenta previa includes:
i) Low lying placenta: when the lower edge of placenta is within 2cms distance from internal os.
(ii) Placenta previa : when placenta lies directly over the internal os.

1. 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.
2. 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.
3. Incidence is much higher in mid pregnancy possibly due to trophotropism resulting in resolution of placenta previa in late pregnancy .
4. 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.

Aims and Objectives:-

To analyse :
Incidence
Evaluate risk factors
Maternal and Neonatal outcome

Methodology:-

1. A retrospective study was conducted over a period of 2 years (august 2020 -august 2022) in the Department of Obstetrics and Gynaecology, King George Hospital, Visakhapatnam.
2. Atotal of 144 pregnant women with placenta previa were enrolled in this study according to the inclusion and exclusion criteria.
3. 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 alive or dead fetus.

Exclusion Criteria:

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

Results:-

Table 1 According to the age of the patient

Age	Total	Percentage
<20	5.00	3.4%
20-24	54.00	37.5%
25-29	69.00	47.9%
>/=30	16.00	11.1%
	144.00	

Low Lying Placenta	Placenta Previa
87	57
60.7%	39.3%

Out of 144, 54(37.5%) were between the age 20-24years, and 16(11.1%) were aged >/=30 years.
Out of 144 cases, 87(60.7%) cases had Low Lying Placenta, 57(39.3%) had Central Placenta previa.

Table 2. According to parity		
According to parity	Total	Percentage (100%)
Primigravida	34	23.6%
Multigravida	110	76.3%
	144	

Table 3. Previous history		
	Total	Age
Prior abortions	37	33.6%
Prior c-sections	48	43.6%
Prior NVDs	25	9.2%
	110	

1. Of total 144 cases, 23.6% were primigravida and 76.3% are multigravida.
2. Among 110 multigravida, 48(43.6%) patients had prior C-section history, 37(33.6%) with prior abortion history and had D&C, 25(9.2%) patients had Normal vaginal deliveries

Table 4. According to presenting complaints		
	Total	Percentage
Active bout of bleeding	45	31.5%
Labour pains	12	8.3%
Draining per vaginum	5	3.4%
Asymptomatic	82	56.9%
	144	

Out of 144 patients, 82(56.9%) were asymptomatic at the time of admission and majority were referred from other centres in view of Placenta Previa, 45(31.5%) had active bout of bleeding.

Table 5. Placenta accreta spectrum		
Placenta accreta spetrum	Total	Percentage
Placenta accreta	8	5.5%
Placenta increta	3	2.0%
Placenta percreta	3	2.0%
	14	

Table 6. Maternal complications		
	Total	Percentage (100%)
Blood transfusion >5units	25	13.1%
No of IRCU admissions	32	22.3%
Maternal mortality	4	2.3%
Post-partum haemorrhage	100	75.3%

Among144 cases, 14(9.7%)cases had Placentaaccreta spectrum ofwhich 8 were Placenta accreta, 3were Placenta increta,and 3 werePlacenta

Table 7: Various methods for controlling PPH

Mechanical methods	Total of patients	percentage
Balloon tamponade	**10**	**8.1%**
B-lynch	**35**	**28.4%**
Uterine artery ligation	**30**	**24.3%**
Internal iliac artery ligation	**27**	**21.9%**
Caesarean hysterectomy	**17**	**13.8%**
Peri partum hysterectomy	**4**	**3.2%**
	123	

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Outof144cases,100(75.3%)patientsdevelopedpost-partumhaemorrhage.Medicalmanagementwaseffectivein10(8.1%)cases.B-lynchsutureswereappliedfor28.4%,17(13.8%)caseshadcaesareanhysterectomyand4(3.2%)hadperipartumhysterectomy.

Table 8. According to parity		
Gestational age	Total	Percentage
Preterm 28-37 wks	90	62.5%
Term >/=37wks	54	37.5%
	144	

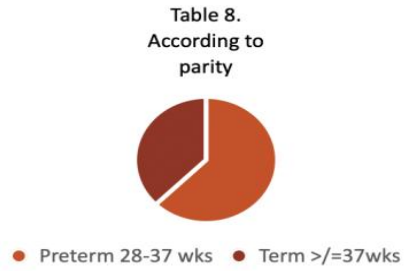


Table 9. According to the birth weight of live babies		
Birth weight	Total	Percentage
<1.5kg	33	22.9%
1.5-2.4kg	61	42.3%
>/= 2.5kg	50	34.7%
	144	

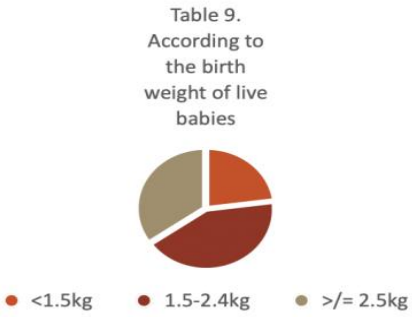
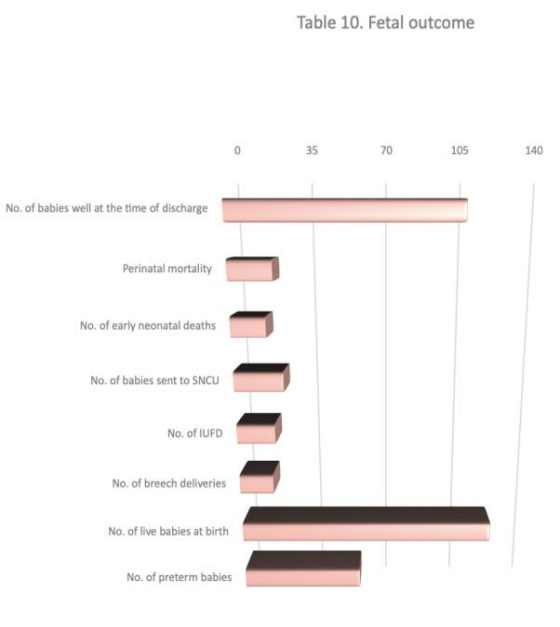


Table 10. Fetal outcome		
Fetal outcome	Total of 144 patients	Percentage
No. of preterm babies	57	39.5%
No. of live babies at birth	121	84.0%
No. of breech deliveries	16	11.1%
No. of IUFD	18	12.5%
No. of babies sent to SNCU	53	36.8%
No. of early neonatal deaths	16	11.1%
Perinatal mortality	20	13.8%
No. of babies well at the time of discharge	105	72.9%



Discussion:-

Incidence of Placenta previa in King George Hospital, Visakhapatnam, Andhra Pradesh over a period of 2 years is 1.0% as total no. of deliveries in that year was 13552 of which placenta previa were 144.

Incidence was found to be maximum i.e.,37.5% among age of 20-24 age group, 11.1% in the age group of >30 years.

Placenta previa incidence was highest among multigravida accounting for 76.3% of which 43.6% were previousc-sectionsand33.3% were previous abortions

Conclusion:-

1. Placentapreviaisoneofthelifethreateningcomplicationsofpregnancyanditsincidenceisrisingprobablyduetoriseinabortionsandc-sections.
2. Advancingmaternalage,multiparity,priorcaesareansection,andpriorabortionsareindependentriskfactorsforplacentaprevia.
3. Thoroughantenatalcheckups,Basicobstetricscanforplacentallocalization,warning
4. bleedscautionandearlyreferraltonearbyhighercentrescanreduceuntowardincidentsofmaternalmortalityandmorbidity.
5. Onetoonecounsellingregardingpatient'sconditionisnecessary.
6. CommunityleveleducationregardingSafeAbortionPracticesandAnemiacorrectionshouldbedone.
   casesofPlacentapreviaisimportantinordertoreducethematernalandfetalcomplications ➢Safeabortionproceduresandalso CsectionAuditshouldbedone.