

PLACENTAL ABRUPTION RISK FACTORS AND PERINATAL OUTCOME

Muhsin Al-Sabbak*, Khlood Salem[#] & Nadia Abid[@]

*Arab Board Certified Gynecologist, Basrah Medical School, Basrah-Iraq. [#]CABOGI, Basrah general hospital. [@]FICMS, Basrah Directorate of health

Abstract

This study aimed to determine the risk factors and the perinatal outcome among pregnant women with abruptio placentae, which may help us in the prevention of such obstetrical dilemma, or to minimize its occurrence.

This is a prospective, case-control study conducted at Basrah Maternity and Child Hospital that extended through a period of 12 months from the first of Oct. 1999 till the first of Oct. 2000.

All the women who presented with clinical features suggestive of abruptio placentae beyond 24 weeks of gestation were compared with randomly selected women presented with labor pain beyond 24 weeks of gestation (we took these cases who attend labor ward at the same time with cases of accidental who met the criteria of the study) whose pregnancies were not complicated by abruptio placentae regarding several demographic risk factors and coexisting obstetric conditions (e.g. age, parity, antenatal complication etc) and the perinatal outcome.

Patients were 188 cases of abruptio placentae and 400 case of the control group. The total number of women delivered was 11010, this gives an incidence rate for abruptio placentae of 1.7%. When compared to the control group and after using multivariate logistic regression analysis, abruptio placentae was significantly associated with: parity >5 ($P<0.01$, OR (odds ratio)=8.3), no antenatal care ($P<0.01$, OR= 4.7), history of previous abruption ($P<0.01$, OR=7.6) and presence of antenatal complications (including: hypertension ($P<0.01$, OR= 2.7), anemia ($P<0.01$, OR= 1.6), first trimester bleeding ($P<0.05$, OR=2.4), trauma ($P<0.01$, OR=11) or combined complications ($P<0.05$, OR=1.8). Stillbirth, birth weight < 2500 gm (growth restricted and preterm babies), low Apgar score, early neonatal loss and congenital fetal malformation occurred more among neonates of women with placental abruption ($P<0.01$). In conclusion, Abruptio placentae have poor perinatal outcome (the perinatal mortality rate was 67.5%). High parity, no antenatal care, previous abruption and presence of antenatal complications (hypertension, anemia, first trimester bleeding and trauma) are significant risk factors for abruptio placentae.

Introduction

Placental abruption, abruptio placentae, ablatio placentae and accidental hemorrhage are names given for premature separation of the placenta from its normal site of

implantation in the uterus before the delivery of the fetus¹.

It is more common in the third trimester of the pregnancy but it may occur at any time after 20 weeks of gestation. The detachment of the placenta may be complete or partial or only at the placental margin, giving rise to marginal sinus bleeding. The bleeding may be

Correspondence to: Muhsin Al-Sabbak, department of gynaecology, College of Medicine, University of Basrah, IRAQ