

PPH-Study of Causes and its Management at People's College of Medical Sciences and Research Centre, Bhopal

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Original Research Article

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Article History

Received: 07.09.2018

Accepted: 18.09.2018

Published: 30.09.2018

DOI:

10.21276/sjams.2018.6.9.55



Abstract: The Study was conducted at People's College of Medical Sciences and Research Centre, Bhopal for 01 Year in the Dept. of OBG to know the occurrence of PPH at our Institute and Management adopted. Women who had PPH during delivery at our institute were analysed for associated risk factor and management. Total Deliveries in one year were 1048 of which 9% (95cases) had PPH, 88% were of Atonic PPH and 12% had traumatic PPH, 48% cases had delivered by Vaginal Route, 52% cases delivered by Caesarean Section, 85% cases were of parity 3 and more. Anaemia was present in 12%, PIH was present 9% case, 5% cases were Twins and 4% cases had Polyhydramnios. Keep High Index of Suspicion for PPH in High parity, Anaemia, PIH, Twins, Polyhydramnios. Currently available drugs for medical management are very effective however surgical skills of stepwise devascularisation of uterus, B-lych sutures applications should be well versed by all obstetricians. This can prevent obstetrics hysterectomy.

Keywords: Postpartum Hemorrhage, Resuscitation Causes, Deliveries.

INTRODUCTION

Postpartum haemorrhage (PPH) is the leading cause of maternal mortality worldwide with a prevalence rate of approximately 6% and 50% is due to atonic PPH. According to WHO 2014- in India 45,000 maternal deaths take place annually and 20-60% are due to postpartum hemorrhage. Various medical and surgical methods are available [1-4].

- PPH is a life threatening condition.
- The conditions which can lead to PPH should ideally be predicted and prevented by adopting Principles of Active Management of third stage of Labour .But there are situation in which prediction and active management both fails then we require a team of experts to manage [5-8].
- Management protocol includes
- Resuscitation and stabilization
- Identifying Potential cause
- Subsequent management.
- As far as possible efforts are to conserve the uterus.

Present study was carried out to know the occurrence of PPH at our Institute and Management adopted.

MATERIALS & METHODS

- TYPE OF STUDY: - The present study was a retrospective cross sectional study.
- DURATION OF STUDY:- Carried out for 1 yr duration from January till December 2011.

- PLACE OF STUDY:- People's College of Medical Sciences and Research Centre, Bhopal.
- Women who had PPH during delivery at our institute were analysed for associated risk factor and management.

After the arrival of each patient all four researchers were perform interview of patient and take her complete biodata and then take blood pressure and pulse of her. All information was gathered by taking written informed consent from patient itself and also verbal consent from attendants, which were her relatives. Surgical intervention, mode of delivery and management method was noted from the medical record files and surgical notes of the patients. Criteria for the diagnosis of PPH was bleeding >500 ml following vaginal delivery or >1500 ml following C-section. Criteria for the diagnosis of Primary Post-partum hemorrhage was that if blood loss occur within 24 hour then it was considered as primary post-partum hemorrhage and if it occurs beyond 24 hour to 6 weeks then it was considered as secondary postpartum hemorrhage. Blood loss was measured from the time of

delivery until the mother was transferred to postnatal care. Immediately after the cord was clumped out, the blood collection was started by passing a flat bedpan under the buttocks of a women delivering in a bed for a women delivering on a delivery table. Blood collection and measurement continued until the third stage of labor was completed and the woman was transferred to the postnatal ward. At that time, the collected blood was poured into a standard measuring jar and its volume measured. Post - Hb% was done 48 hours after the delivery. All women admitted with post-partum hemorrhage or develop PPH in hospital after deliveries were included in study. Exclusion criteria were patients with history of bleeding disorders and those on

anticoagulants. Pulse rate was measured through the standard method of pulse rate counting and Blood pressure was taken with the aneroid manometer. Information was collected through proper and structured questionnaire, which was developed according to the need of study. the variables of classification of post-partum hemorrhage, mode of delivery, status of delivery, place of delivery, blood pressure, pulse rate. While each row add up to 100% in the variable of causes and methods of management of Post-partum hemorrhage.

RESULTS

Table-01: Causes of PPH

Causes of PPH	No of patient
Atonic PPH	88%
Parity 3	85%
Caesarean section	52%
Vaginal Deliveries	48%
Traumatic PPH	12%
Anaemia	12%
PIH	9%
Twins	5%
Polyhydramnios	4%

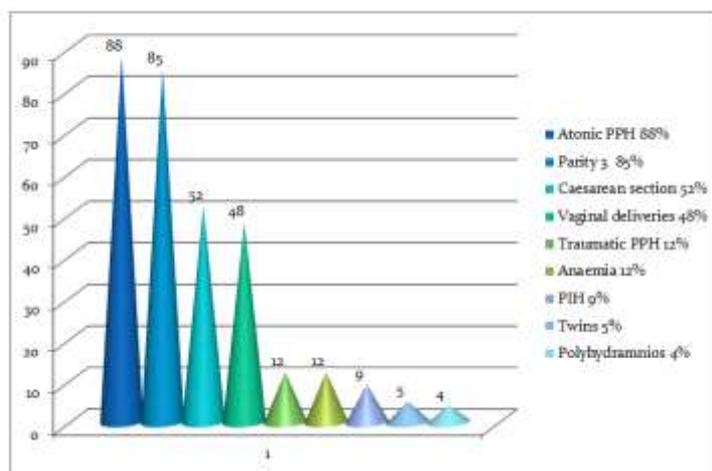


Fig-01: Causes of PPH

Treatment wise distribution

Treatment	No of cases
Medical treatment	235 cases
Surgery	2
a. Internal iliac ligation	1
b. B Lynch Suture	

Traumatic PPH	No of cases
Traumatic PPH	11
a. Instrumental Deliveries	5
b. High vaginal tear	7
c. Cervical tear	4

- Total Deliveries in one year were 1048 of which 9% (95cases)had PPH, 88% were of Atonic PPH and 12% had traumatic PPH, 48%cases had delivered by Vaginal Route, 52%cases delivered by Caesarean Section, 85%cases were of parity 3 and more. Anaemia was present in 12%, PIH was present 9% case, 5%cases were Twins and 4% cases had Polyhydramnios.
- All were explored and repaired in Operation theatre. However no case required Obstetric Hysterectomy.

DISCUSSION

All Patients were given medical managed by giving uterotonics which included.

- Oxytocin infusion.
- Inj Methyl ergometrine.
- Inj Carboprost 250 µg (intramuscular/intramyometrial) .
- Tab Misoprost 1000µg kept per rectally.
- Unsatisfactory response to medical management in.
- 2 Cases Internal iliac artery ligation was done.
- 1 Case B-Lynch sutures was applied.
- 11 cases of traumatic PPH 5 cases had instrumental delivery.
- 7 cases had high vaginal tear and
- 4 cases had cervical tear.

CONCLUSION

Keep High Index of Suspicion for PPH in High parity, Anaemia, PIH, Twins, Polyhydramnios. Currently available drugs for medical management are very effective however surgical skills

of stepwise devascularisation of uterus, B-lynch sutures applications should be well versed by all obstetricians. This can prevent obstetrics hysterectomy.

REFERENCES

1. Murray CJ, Lopez AD. Health dimensions of sex and reproduction. 1998.
2. World Health Organization. Attending to 136 million births, every year: make every mother and child count: The World Report 2005. Geneva, Switzerland: WHO. 2005;3:62.
3. United Nations. UN Millennium Development Goals. 2015. Available at <http://www.un.org/millenniumgoals/>
4. WHO. Maternal mortality fact sheet, updated November 2016. Available at <http://www.who.int/mediacentre/factsheets/fs348/en/>
5. Amy JJ. Severe postpartum hemorrhage: a rational approach. *Nat Med J India.* 1998;11(2):86-88.
6. Keriakos R, Mukhopadhyay A. The use of the Rusch balloon for management of severe postpartum haemorrhage. *J Obstet Gynecol.* 2006; 26:335-8.
7. Georgiou C. Balloon tamponade in the management of postpartum haemorrhage: a review. *Br J ObstetGynaecol.* 2009; 116:748-757.
8. Rathore AM, Gupta S, Manaktala U, Gupta S, Dubey C, Khan M. Uterine tamponade using condom tamponade in non-traumatic postpartum haemorrhage. *J ObstetGynecol Res.* 2012;38 (9):1162-7.