

A Clinical Study of Placenta Previa and Its Effect on Fetomaternal Outcome in Scarred and Unscarred Uterus at a Tertiary Care Hospital

Authors : Sharadha G., Suresh Kanakkanavar

Abstract : Background: Placenta previa is a condition characterized by partial or complete implantation of the placenta in the lower uterine segment. It is one of the main causes of vaginal bleeding in the third trimester and a significant cause of maternal and perinatal morbidity and mortality. Materials and Methods: This is an observational study involving 130 patients diagnosed with placenta previa and satisfying inclusion criteria. The demographic data, clinical, surgical, and treatment, along with maternal and neonatal outcome parameters, were noted in proforma. Results: The incidence of placenta previa among scarred uterus was 1.32%, and in unscarred uterus was 0.67%. The mean age of the study population was 27.12 ± 4.426 years. High parity, high abortion rate, multigravida status, and less gestational age at delivery were commonly seen in scarred uterus compared to unscarred uterus. Complete placenta previa, anterior placental position, and adherent placenta were significantly associated with a scarred uterus compared to an unscarred uterus. The rate of caesarean hysterectomy was higher in the scarred uterus, along with statistical association to previous lower-segment caesarean sections. Intraoperative procedures like uterine artery ligation, bakri balloon insertion, and iliac artery ligation were higher in the scarred group. The maternal intensive care unit admission rate was higher in the scarred group and also showed its statistical association with previous lower segment caesarean section. Neonatal outcomes in terms of pre-term birth, still birth, neonatal intensive care unit admission, and neonatal death, though higher in the scarred group, did not differ statistically among the groups. Conclusion: Advancing maternal age, multiparity, prior uterine surgeries, and abortions are independent risk factors for placenta previa. Maternal morbidity is higher in the scarred uterus group compared to the unscarred group. Neonatal outcomes did not differ statistically among the groups. This knowledge would help the obstetricians to take measures to reduce the incidence of placenta previa and scarred uterus which would improve the fetomaternal outcome of placenta previa.

Keywords : placenta previa, scarred uterus, unscarred uterus, adherent placenta

Conference Title : ICOGRS 2024 : International Conference on Obstetrics, Gynecology and Reproductive Sciences

Conference Location : Kuala Lumpur, Malaysia

Conference Dates : August 22-23, 2024