

**PRIMARY POST PARTUM HAEMORRHAGE  
AND  
ITS CONSEQUENCES**

**A FINAL REPORT  
OF**

**THE RESEARCH STUDY DONE IN  
MATERNITY HOSPITAL  
THAPATHALI, KATHMANDU.**

**1999**

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CONSEQUENCES  
STUDY DONE BY GROUP "F"**

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## **Introduction:**

Blood loss of 5000ml. or more is generally accepted definition of Post Partum Hemorrhage all over the world. However in our country women are weak, malnourished and anaemic so in these women even blood loss of 300ml can lead to shock and collapse.

## **Objective:**

- To identify the incidence of PPH
- To know
  - the incidence of PPH
  - the morbidity & mortality due to PPH
- To improve the management of PPH

## **Methodology:**

Prospective study done in maternity hospital Thapathali.

Sample size 216

Total no of delivery- 4929.

Time period - 5 month ( 056 2.25- 056 7.24)

## **Study population:**

All hospital admitted patient who delivered either vaginal route or caesarean section with blood loss five hundred or more during third stage or within 24 hours of delivery. Structured question was developed and form filled up by direct interview of patient and patient relative. Clinical examination was done to assess the condition of patient. PPH occurring in delivery room, admission room, post natal wards and operation theatre were all recorded daily manually. Haemoglobin % of all patients during 3<sup>rd</sup> trimester of pregnancy and 6-24 hours after delivery was taken and follow up of cases till discharge was done.

## Exclusion Criteria :

- Home delivery with primary PPH
- Secondary PPH.
- Significant intra partum haemorrhage.

## Cast :

Distribution of PPH was found highest amongst Newars & Chhetri then Brahmen.

Cast	Total	Percentage (%)
Newar	50	23.14
Chhetri	50	23.14
Brahman	48	22.2
Rai	22	10.18
Lama	19	8.71
Other	27	12.50

## Age :

PPH - maximum PPH was occurring in active reproductive age i.e. 20-24 Yrs. of age group.

Age in Year	Total
14-19	19
20-24	80
25-29	78
30-34	19
35-39	10
40+	0
Unknown	10

## Address :

Most of PPH occurring was found in urban population.

Rural	78	36.12%
Urban	138	63.88%

## Occupation :

Majority of patient having PPH was found in business holding occupation, least found in farmers

Occupation	Total	Percentage (%)
Business	87	40.27
Service	60	27.77
Farmer	18	8.33
Other	51	23.6

## Education :

Maximum No of PPH occurring was found in primary education group.

Education	Total	Percentage (%)
Primary Education	87	40.27%
Secondary Education	50	23.77
Others	51	23.6
Not Educated Farmers	18	8.33

## Parity:

Parity wise maximum no of PPH occurred amongst P2-P4

Primi	92	42.59%
P2-P4	111	51.39%
Grand multi para	13	6.02%

**Gestation age in weeks-** Maximum of PPH occurred amongst 37-42 weeks of pregnancy:

Gestation Age	Total	Percentage(%)
28-36	17	7.87 %
37- 42	161	74.59 %
More than 42	17	7.87 %
Not Known	21	9.72 %

### **Anti Natal Clinic Visit:**

ANC.visit	Total	Percentage (%)
Yes	176	81.48 %
No	40	18.52 %

### **Types of Labour:**

Types of Labour	Total	Percentage (%)
Spontaneous	115	53.24 %
Induction	29	13.43 %
Augmentation	26	12.02 %
Not in labour	46	21.22%

### **Types of Delivery:**

Caeserean Section rate is seen quite high in this study it may be due to very small sample size.

Types of Delivery	Total	Percentage (%)
Vaginal	81	37.50
Vaecum	7	3.24
Forceps	3	1.39
Twin	3	1.39
Breech	4	1.85
LSCS	108	54.62
-Emergency	104	
- Elective	14	

## Hb % Estimation:

Hb% before PPH		Hb% after PPH	
3.5gm	1	Less than 8gm	59
5gm	1	8-10gm	118
5-7gm	10	>10gm	24
8-10 gm	60	Not known	15
> 10gm	128		
Not Known	16		

## Blood Loss:

Blood Loss in ml.	No.	Percentage (%)
500-1000	171	79.14 %
1000-2000	43	19.9 %
More than 2000	1	0.46 %
4500ml	1	0.46 %

## Cause of PPH in LSCS: Cases:

Cause of PPH	No	Percentage (%)
Uterine atony	124	57.41 %
Retained Placenta piece	25	11.57 %
Tear	60	27.66 %
Cervix tear	4	1.85 %
Angle tear	56	25.72 %

Most of the cases of LSCS - Who have Uterine atony was the cause of PPH then is angle tear.

## Management:

Conservative treatment like syntometrine and syntocinon injection in 126 cases - 18.33 % operative in 90 cases i.e. 41.7%.

### Minor operation Procedure

Exploration	19
MRP	7
Vaginal tear repair	57
Cervix tear repair	9

### Major Operation Procedure:

Laparotomy for ruptured uterus	7
Caeserean Hysterectomy	4
Repair of Rupture Uterus	3
C- Hyst. with Internal Iliac Artery ligation	1

There were four cases of C-Hysterectomy in which one is for failed vacuum delivery. It was a case of previous caeserean delivery so LSCS was done. There was post partum haemorrhage, since haemorrhage was not controlled Internal Iliac Artery ligation was done on both sides - still bleeding was not controlled - Patient died on the table due to severe PPH. Blood loss was -45000ml.

### Blood Transfusion:

Blood transfusion was done in 90 cases.

Up to 2 units	50
3-4 units	31
> 4 units	7
10 units	1
12 units	1
Total	90

## High Risk Pregnancy :

Out of the PPH cases high risk pregnancy is listed as below :-

Causes	No.	Percentage (%)
Ruptured uterus	7	3.2%
Prev. LSCS	17	7.85%
Couvalrae uterus with rp clot	1	0.46%
Twin	3	1.39%
Breech	4	1.85%
I.U.D.	6	2.78%
Eclampsia	6	2.78%
PET with out anti hyper tensive	24	11.7%
PET with anti hypertensive	11	5.05%
Anaemia		-
Hb < 5gm	2	
Hb > 5gm	70	
Previous history of PPH	3	1.39%

## Maternal Morbidity:

Vaginal Haematoma	1
Episiotomy Wound Infection	4
Abdominal Wound Infection	3
Chest Infection	1
Secondary PPH	4
Purpural pyrexia	7
Total	20

## Maternal Mortality

**1**

Cause Severe PPH

-Blood loss 4500ml.

## **Discussion:**

Haemorrhage still stands first in the list of causes of death in our country incidence of PPH being 1-2/5000 births in our subcontinent where as in developed countries it is 1 in 30,000-50,000 deliveries. Our study reports much higher rate of 4.38%. It may be done to very small sample size and short duration of study period. More so this is a tertiary level referral center where patient come in moribund stage from far corner of valley and remote district.

## **Conclusion and Summary:**

Risk factors e.g. maternal obesity, parity multiple gestation, advance age of mother severe PET, Eclampsia, Anaemia and APH conditions should be notified earlier and due precautions should be taken for such cases.

Prolong labour should be recognized. The most common cause PPH Uterine Atony - which can be due to macrosmia, Oxytocic use for induction and augmentation of labour chorio amnionitis, use of Halogenated agents for general anesthesia.

Secondly genital injuries should be inspected and timely managed in all case of vaginal deliveries. Sepsis should be dealt with proper antibiotics.

High risk women should be advised to deliver in centers where there is essential obstetric facility for MRP and blood transfusion.

Routine Blood grouping and cross matching should be done for high risk cases. Active management of third stage recommended by WHO 1989

- Oxytocic at anterior shoulder delivery ( routine use of oxytocic reduces PPH by 40%
- Deliver placenta by CCT method
- Inspect any genital tract injury, retained placental pieces and membrane.
- In all cases of induced or augment labour infuse oxytocin drip for at least one hour after delivery.

# Questionnaire

Date : -

Reg. No :

## Primary PPH & its Consequences

### Exclusion criteria (Home delivery with PPH, Secondary PPH)

1. Surname : \_\_\_\_\_ 2. Age : \_\_\_\_\_ 3. Occupation :  Husband  
 Wife
4. Education : \_\_\_\_\_ 5. Address : \_\_\_\_\_
6. DOA : \_\_\_\_\_ 7. DOD : \_\_\_\_\_ 8. Parity :  P<sub>1</sub>  P<sub>2</sub> - P<sub>4</sub>  
(Time of admission)  P<sub>5</sub> - &
9. Diagnosis : \_\_\_\_\_
10. Period of Gestation :  28 - 36 weeks  37 - 42  42 &  
 Not Known
11. Antenatal care :  Yes  No  
 < 4  4 - 10  > 10
12. Medical History :  Hypertension  Diabetes  Anaemia- Specific  
 PHH (specify).....  Jaundice  Bleeding Disorder  
 Others
13. Drug History : .....
14. Previous H/O PPH :  Yes  No
15. Type of labour :  Spontaneous  Induction  Augmentation
16. Duration of labour :  1st Sol  2nd Sol  3rd Sol  
 Not Known

17. 3rd Stage Management :  Inj Syntometrine/Methergen/Syntocinon  
 During delivery of Anterior shoulder  
 After 3rd Stage of labour
18. Type of Delivery :  Vaginal /Vaginal with Epi/Vaginal with Tear  
 Vaginal - Forcep/Vacuum  
 L.S.C.S - Elective/Emergency
19. Date of Delivery .....  Baby wt .....  Placenta wt .....
20. Amount of Blood Loss .....  During III stage of Labour  
 Within 24 hrs of Delivery
21. Cause of PPH (specify) :  Uterine Atony (Specify) .....  
 Placental .....  Injury (Specify) .....  
 APT - Abruptio Placenta Previa .....
22. General Condition :  Fair  Poor  Shock  
(Before Delivery) Temp ..... Pulse ..... B.P .....  
(After PPH) Temp ..... Pulse ..... B.P .....
- \*23. Investigation :  Before delivery  After PPH (within 24hrs)  After blood transfusion  
Hb%  
PCV -  
BT, CT, PTT, & Platelet
24. Management :  Conservative .....  Surgical.....  
 Blood Transfusion .....
25. Maternal Morbidity :  Anaemia  P - Sepsis  
 Lactation Failure  Other
26. M. Mortality :  Yes  No  
 Cause of Death .....
27. Comment .....