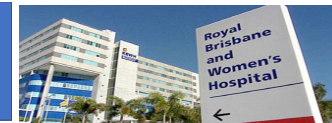




OBSTETRIC OUTCOME FOLLOWING PLACENTAL ABRUPTION IN TERTIARY HOSPITAL



Introduction

Placental abruption complicates 0.4 -1% of all pregnancies. This condition increases the maternal morbidity rates and perinatal morbidity and mortality rates significantly

Aim

Analyse the maternal and perinatal outcomes following a confirmed placental abruption.

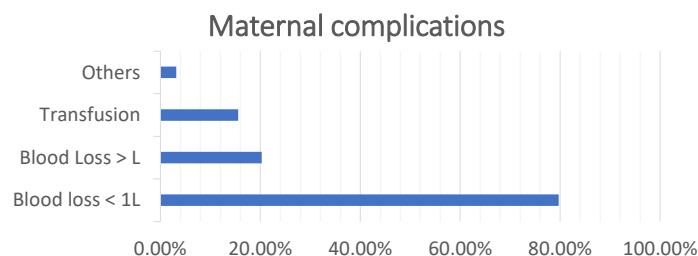
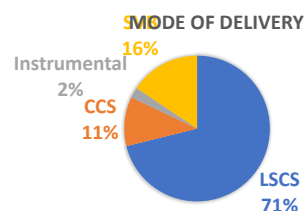
Methods

This retrospective study was conducted at the Royal Brisbane and Womens Hospital, Queensland, Australia, between 2012 and 2021. The data was retrieved from the Obstetric Database. All women diagnosed with placental abruption after 23 weeks were included. All other causes of antepartum haemorrhage were excluded.

Results

- We had 128 confirmed Abruption out of 44812 deliveries (0.285%) during the study period.
- CS was performed for APH for 71.4% and Foetal distress in 10.5%
- General anaesthesia was given for 53.3% of women who had CS

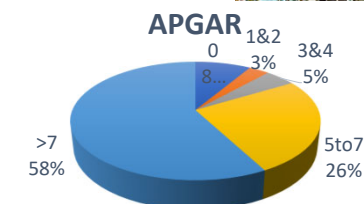
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- DIC in 2 patients,
- Acute renal failure 1
- Retinal detachment (with PET) = 1

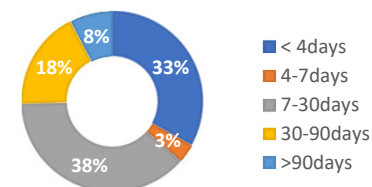
Perinatal Outcome

- Birth Weight – < 2.5 Kg - 71.9% & >3.5 – 6.3%
- Half the babies were born before 32 weeks



Still Birth - 11 (8.5%)
NND – 6 (Early -5 & Late – 1)- 5.2%
HIE – 3 (2.6%)

NEONATAL LENGTH OF STAY



Conclusion

Placental abruption is still a leading cause of pre-term delivery and high perinatal mortality and morbidity despite having a very high Caesarean section rate. Maternal morbidity too is high in these women. The rates have not changed despite advances in obstetric care.

References

- Tikkanen M. Placental abruption: epidemiology, risk factors and consequences. Acta Obstet Gynecol Scand 2011; 90:140.
- Tikkanen M. Placental abruption: epidemiology, risk factors and consequences. Acta Obstet Gynecol Scand 2011; 90:140.