

Background

Placenta previa (PP) is a major cause of antepartum hemorrhage, often leading to significant maternal and fetal complications. The condition requires consistent monitoring due to its potential for serious morbidity and mortality. Studies have shown that placenta previa accounts for approximately 0.5%–2% of all deliveries worldwide. It is associated with increased risks of preterm birth, postpartum hemorrhage, and neonatal morbidity.

The objective of this study is to evaluate the prevalence, associated risk factors, and maternal and fetal outcomes of PP in Nnamdi Azikiwe University Teaching Hospital, Nnewi.

Materials and Methods

A ten-year retrospective cross-sectional study was conducted involving pregnant women diagnosed with PP at the hospital. Cases of antepartum hemorrhage unrelated to PP were excluded. Data were extracted from patient records and analyzed using SPSS 26.0 IBM Corporation.

Results

The study reviewed 8194 deliveries over a ten-year period, identifying 110 cases of placenta previa, giving a prevalence of 1.3%. Key findings are presented below, detailing the mode of delivery, associated maternal risk factors, and the maternal and fetal outcomes observed.

Placenta Previa accounted for 1.3% of all deliveries over ten years (110 of 8194). Nearly all affected women (96.4%) required caesarean section, indicating high clinical caution to protect mother and fetus. Vaginal deliveries were rare (3.6%), likely due to risks associated with bleeding and fetal distress.

Anaemia was the most common maternal complication (16.3%), reflecting blood loss as a persistent challenge in PP management. Notably, no maternal deaths were recorded, reflecting effective intervention and possibly improved obstetric protocols over the years.

The result also reveals that more than half of the babies (52.7%) had normal APGAR scores, suggesting good outcomes with prompt care. However, moderate to severe birth asphyxia occurred in 16.3% of cases.

Stillbirths (2.7%) and perinatal deaths (6.4%) reveal that PP can still result in significant neonatal compromise, underlining the importance of timely delivery and NICU support.

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Conclusion

Placenta previa continues to present a serious maternal-fetal risk in our setting. While prompt surgical intervention has yielded favourable maternal outcomes, neonatal complications remain an area for concern.

Sustained investment in antenatal care quality, health education, and resource preparedness is essential to improving perinatal outcomes and reducing the burden of placenta previa in Nigeria.