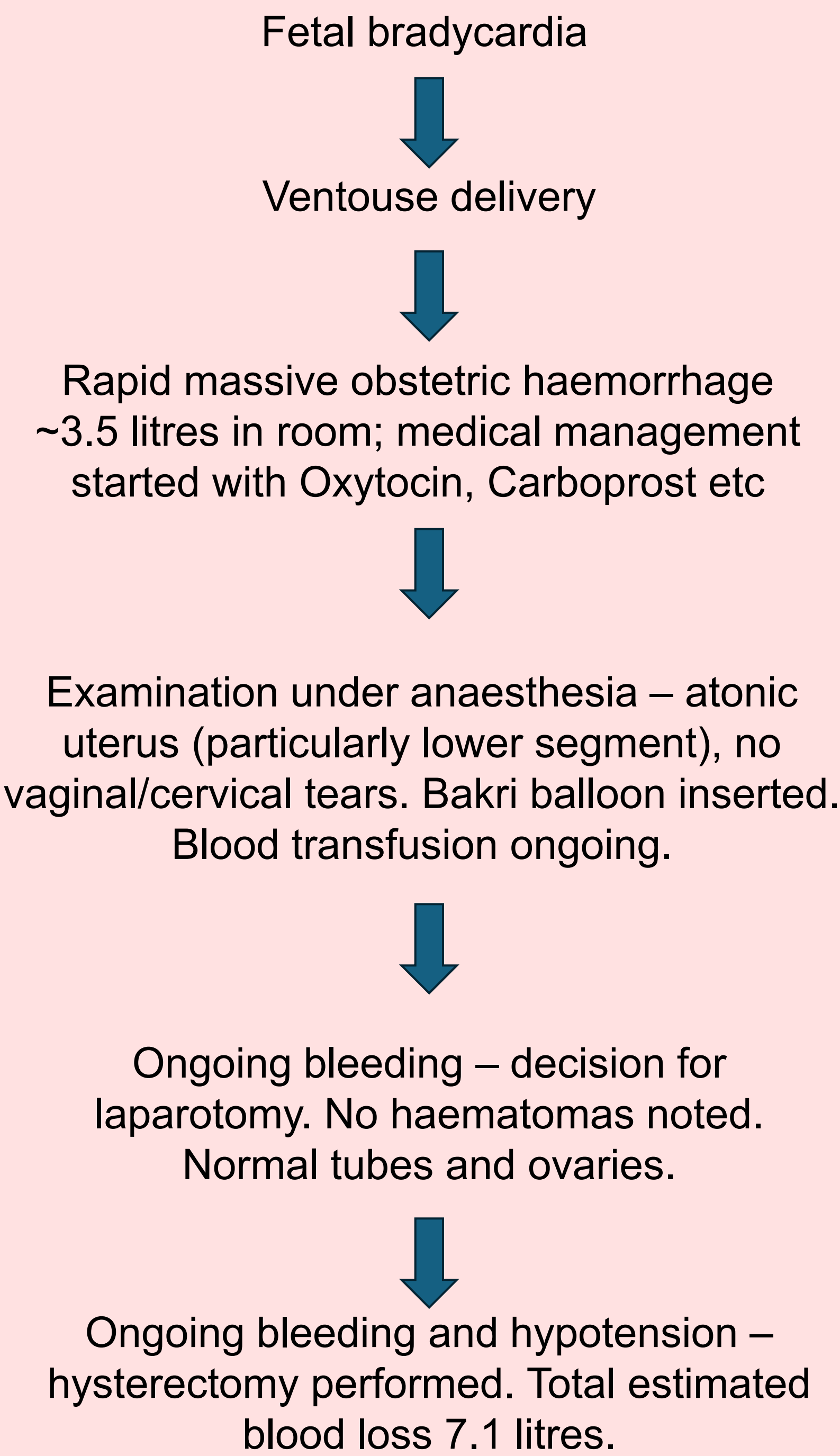


Peripartum hysterectomy following vaginal and caesarean delivery in a district general hospital in the UK

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Case 1

- Background:
- G3P2 (previous normal vaginal deliveries)
 - Gestational Diabetes Mellitus (GDM) , managed by diet
 - Estimated fetal weight on 97.5th centile
 - Booked for induction of labour at 38+4/40 weeks gestation



Introduction

- Peripartum hysterectomy is defined as removal of the uterus during or within 24 hours of delivery.
- It is performed as a life-saving procedure in cases of massive obstetric haemorrhage not responding to any other medical or surgical interventions.
- This report presents two cases of peripartum hysterectomy, focusing on the different circumstances surrounding the events, risk factors and interventions employed.

Discussion

- The leading causes for peripartum hysterectomy are uterine atony and abnormal placentation
- Several other factors have been associated with increased risk of requiring a peripartum hysterectomy, such as maternal age over 35, previous caesarean delivery and parity greater than 3.
- In their guidance for obtaining consent for caesarean section specifically from pregnant patients with placenta praevia, the RCOG note that the risk of emergency hysterectomy can be up to 11 in 100 and the risk of further laparotomy following caesarean is 75 in 1000. These therefore constitute common/very common risks that patients should be informed of in order to provide valid consent. In patients with placenta praevia and previous caesarean section (such as the patient in case 2), the risk of emergency hysterectomy increases to up to 27 in 100.
- The cases described highlight the risk of peripartum hysterectomy is present regardless of mode of delivery, and emphasise the need for early recognition of the postpartum haemorrhage, as well as prompt decision-making to save the patient's life.

References

- Knight M, Kurinczuk JJ, Spark P, Brocklehurst P; United Kingdom Obstetric Surveillance System Steering Committee. Cesarean delivery and peripartum hysterectomy. *Obstet Gynecol.* 2008 Jan;111(1):97-105. doi: 10.1097/01.AOG.0000296658.83240.6d. PMID: 18165397
- Royal College of Obstetricians and Gynaecologists. Prevention and Management of Postpartum Haemorrhage. *BJOG: An International Journal of Obstetrics & Gynaecology.* 2017;124(5):e106-e49
- Royal College of Obstetricians and Gynaecologists. Consent advice no 10. Caesarean section for placenta praevia. 2010.

Case 2

- Background:
- G2P1 (previous emergency caesarean for failed induction of labour)
 - Major placenta praevia
 - Estimated fetal weight on 50th centile
 - Booked for elective caesarean section at 37+3/40 weeks gestation

