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### **Spectrum of placenta praevia major: Rate and relationship with maternal and neonatal outcomes**

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**Introduction:** Placenta previa complicates around 0.3–0.5% of pregnancies. Surgical complications include hysterectomy, massive hemorrhage requiring blood transfusion, injury to bladder, ureters & other viscera, and renal failure.

**Objective:** To determine different variables of placenta previa major and morbidly adherent placenta (accreta) and their relationship to maternal and neonatal outcomes.

**Materials and Methods:** Observational descriptive study, conducted in Maternity hospital, Dr Sulaiman Al Habib Medical Group, Riyadh, KSA, over a period of 2 years (2017–2018). Inclusion: All booked patients, admitted to OB-GYN department, with abnormal placentation, during study duration. Data Collected Prevalence of placenta previa major and placenta accreta.

**Maternal Outcome:** Massive hemorrhage (>2 L) requiring transfusion, Bladder injuries, Cesarean hysterectomies, Maternal mortality, Association with previously scarred uterus, Outcome of Medical & Surgical management options.

**Neonatal outcomes:** Prematurity, IUGR, Fetal demise, perinatal mortality and NICU admissions.

**Results:** Prevalence of Abnormal Placentation: 0.12% (Patients per number of deliveries/year, 10/8200), Mean age of women: 31.9 + 3.12 years, Primi P- 1/10 (10%) Multi P- 9/10 (90%), Women with previous scar

(lscs)- 9/10 (90%),

**Maternal Outcome:** Placenta Accreta 1/10 (10%), (P value 0.011), Massive hemorrhage requiring transfusion 5/10 (50%) (P value 0.010), Bladder injury 2/10 (20%) (Both with previous scar) (P value 0.034), Cesarean Hysterectomy 1/10 (10%) (P value 0.002), Management options: Simple uterotonics (methergine, cytotec, pabal) 2/10 (20%), Uterine packing and blood transfusions 6/10 (60%), Internal iliac artery ligation 1/10 (10%), No maternal death, Out of 8 relationships measured, 6 were found to be statistically significant Relation of abnormal placentation with Hysterectomy (P value 0.002), Relation of abnormal placentation with Hemorrhage (P value 0.010), Relation of previous scar with Bladder injury (P value 0.034), Relation of previous scar to Hemorrhage (P value 0.044), Relation of previous scar to Hysterectomy (P value 0.011), Neonatal Outcome: IUFD at 33 weeks 1/10 (10%), Premature delivery 5/10.

**Conclusion:** Despite small number of patients we have noted significantly high prevalence of morbidly adherent placenta. Morbidly adherent placenta has significant association with Massive bleeding & Cesarean Hysterectomy Previous scars are significantly associated with CS Hysterectomy, Major blood loss and Bladder injuries. However, we recommend further studies with larger number of patients to further evaluate the associations.

### **Biography**

Irum Saadat has finished post graduate residency program from CPSP Pakistan in 2006 then worked as specialist in many hospitals in Riyadh, KSA. She finished MRCOG in March, 2013. Currently she is working as senior specialist in Dr. Sulaiman Al Habib medical group.

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