

Frequency of Placenta Previa with Previous Caesarean Section

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ABSTRACT

Aim: To find the frequency of placenta previa among women having up to three caesarean sections.

Study design: It was a cross sectional descriptive study.

Place and duration: The study was completed in six month from 19th February to 19th July, 2009 in obstetrics and gynaecology unit-II, Sir Ganga Ram Hospital, Lahore

Methods: 210 women with history of previous caesarean section up to 3 were included.

Conclusion: Women with previous caesarean sections are at higher risk for placenta previa, so the rising rate of caesarean section should be controlled.

Keywords: Placenta previa, caesarean section, frequency.

INTRODUCTION

Placenta is a organ that nourishes the developing embryo in the womb. Normally located placenta provided proper fetal growth and development. Placenta previa is a placenta that is located completely or partially in lower uterine segment¹.

The incidence of placenta it is quoted 15% after 1st caesarean section 3.5%, 29.9% after 2,3 previous caesarean section respectively. It is reported that frequency of placenta previa at term average 1/200 birth i.e., 0.5%. Moreover and increase in number of caesarean sections increases the incidence of placenta previa. Women with previous 1 caesarean sections had 2.2, time raised the risk of placenta previa respectively. Although the basic reason of implantation of placenta in lower uterine segment is unclear, there are a numbers of well recognized association including, prior caesarean section, pregnancy termination, intrauterine surgery, smoking, multiple pregnancy, advanced maternal age and previous history of placenta previa⁵. New placenta previa is associated with significant maternal and fetal morbidity.

Present study was conducted in tertiary care hospital with special intention 15 calculate the frequency of placenta previa with previous caesarean section and understand that rising rate of caesarean section should be controlled which associated with poor maternal and fetal outcome.

In a large meta analysis, incidence of placenta previa between 1975 and 1984 gave an overall incidence of 0.36%⁶. Studies around 1995 showed a bit increased incidence of 0.48%⁷. Later studies are now claiming incidence between 1-5%^{8,9}.

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MATERIAL AND METHODS

The study was conducted in the department of obstetrics and gynaecology, Sir Ganga Ram Hospital Lahore, from 19th February 2009, to 19th July 2009. Sir Ganga Ram Hospital is 604 bedded multidisciplinary teaching hospital affiliated with Fatima Jinnah Medical College. It was a cross sectional descriptive study in which was adapted as all booked or unbooked pregnancy women within the age range (25-35yrs), above 24 weeks of pregnancy by dating scan presented with previous history of caesarean sections (upto 3) were included in this study. Patient with history of myomectomy of myomas in lower uterine segment, with history of evacuation and curettage and of uterus and multiple pregnancy on ultrasonography were excluded from the study. The data was collected and analysed through statistical program. The demographics information like age and gestational age of patients was presented by calculated mean±standard deviation. The qualitative variables like parity, presence and absence of placenta previa was presented by calculating frequency and percentage. Data were stratified for numbers of caesarean sections to address effect modifiers.

RESULTS

Two hundred and ten patients were studied and found that 158 patients (75%) were included through emergency, while the remaining 52 patients (25%) were listed through OPD. Among the registered cases only 27 patients (13%) were the booked and 27 patients (87%) were unbooked. 105 patients (50%) were at 30-35 weeks of pregnancy, while 63 patients (30%) were at (24-30) weeks and 42 patients (20%) with > 35 weeks duration of pregnancy. 130 patients (61%) were 30-35 yrs old, followed by 80 patients (39%) were 25-30 yrs old. Majority of 133 patients (63%) gave the history of having undergone

one caesarean sections. 52 patients (25%) gave history of previous 2 caesarean sections and only 25 praevia is more in elderly women aged >30 years and In our study the risk of Placenta praevia is also increases at 30-35 years age¹. Brace et al (2007) assessed that Placenta praevia is more common among multigravidas (gravid >4) and in our study the risk of Placenta praevia is also more in women in their third and forth pregnancy¹¹.

The study of Usta et al (2005) showed that incidence of Placenta praevia with previous 1 Caesarean section is 15%, in our study the frequency of Placenta praevia is found to be 15%, 23% and 28% with previous history of 1,2 and 3 Caesarean sections respectively¹². Our results are also comparable with another study done by Ayesha et al (2007) and showed that frequency of placenta praevia with previous 1 Caesarean section is 13.5% and 22.2%, 28% with previous 2 and 3 caesarean sections respectively¹³.

In (2005) a study by Ikechebelu JI showed that frequency of Placenta praevia with previous 1,2 and 3 Caesarean sections is 11%, 27% and 61% respectively¹⁴.

Gilliam et al (2002) examined the relationship between Caesarean delivery and Placenta praevia. Their study showed that Placenta praevia found in 13% women with previous history of 1 Caesarean section. The results are comparable to our study¹⁵.

Table I: Distribution of cases by presence or absence of placenta previa and number of previa caesarean sections

Previous C-section	No.	%	Placenta previa Present	absent	%age
Previous 1	133	63	20	113	15
Previous 2	52	25	12	40	23
Previous 3	25	12	7	18	28

DISCUSSION

Haemorrhage is an important cause of maternal mortality and placenta previa is one of the leading causes of haemorrhage. With the passage of time the incidence of placenta previa increases due to rising rate of caesarean sections so its increasing rate should be controlled to reduced maternal and fetal mortality and morbidity.

CONCLUSION

The present study has shown sufficient association of Placenta praevia with age above 30 years, previous Caesarean sections, women having no or less antenatal visits. These results were consistent with other national and international studies.

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