

How safe is outpatient management of asymptomatic major placenta praevia near term?



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BACKGROUND

While complications of placenta praevia can result in serious maternal and neonatal morbidity, even mortality, whether or not asymptomatic women with major placenta praevia require elective admission prior to delivery is unclear.

The growing incidence of risk factors for placenta praevia means that safe yet cost-effective management is increasingly relevant.

The aim of the study was to inform current practice regarding the safety of outpatient praevia management of asymptomatic (no antenatal bleeding events) major placenta near term.

METHODS

We undertook a 5 year retrospective analysis of the 119 women at RWH with major placenta praevia who delivered after 34 weeks gestation.

We considered the occurrence of antenatal bleeding events and the location of care prior to delivery (inpatient vs. outpatient). Symptomatic patients were defined as those with antepartum bleeding events.

Outcomes of interest were:

- emergency vs. elective caesarean delivery (triggered by a bleeding event in the preceding 48 hours)
- volume of maternal blood loss
- need for maternal blood transfusion
- maternal high dependency unit (HDU) or Neonatal Intensive and Special Care nursery (NISC) admission

RESULTS

	Asymptomatic (n=70)	Symptomatic (n= 52)
Emergency delivery (p<0.02)	8 (15%)	15 (29%)
Inpatient (p<0.01)	20 (29%)	36 (69%)
Gestational age (weeks) at delivery (p<0.01)	37	36
Average (range) birthweight (p=0.04)	3028 (1390 – 4895)	2831 (1878 – 4180)
Five minute Apgar (p<0.01)	8.8	8.38
Admission to NISC• (p<0.01)	11 (16%)	34 (46%)

Of the 23 patients requiring emergency delivery 12 were inpatients and 11 were outpatients at the time of precipitating bleed.

Between the two groups there was no statistically significant difference in: Gestational age at delivery, volume of maternal blood loss, blood transfusion, HDU admission, neonatal birthweight, Apgar scores, NISC admission

Of the 70 asymptomatic women, 8 went on to have a bleeding event which triggered emergency delivery. Two of them were inpatients, the other 6 were outpatients.

Compared to the 52 symptomatic women, for asymptomatic women whose first bleed triggered delivery there was no statistically significant difference in: gestational age at delivery, volume of maternal blood loss, blood transfusion, HDU admission, neonatal birthweight, Apgar scores, NISC admission

Outcomes with no statistically significant difference between asymptomatic and symptomatic women:

Volume of maternal blood loss, blood transfusion, high dependency unit (HDU) admission.

CONCLUSION

Outpatient management of asymptomatic major placenta praevia is a safe option, particularly cases with domestic support and favourable proximity to hospital.