Obstetric Outcomes in Major Praevia Compared to Minor Praevia

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Introduction

The global incidence of Placenta Praevia (PP) is 5.2 per 1000 deliveries.¹ It is well established that PP is associated with considerable maternal and perinatal morbidity,².3,4 however the utility of distinguishing between major and minor grades of PP remains questionable.⁵ This study was designed to compare the outcomes of two grades of PP in a major tertiary unit.

Methodology

This retrospective cohort study analysed maternal and perinatal outcomes of women with PP at the Royal Brisbane & Women's Hospital, Australia, between 2009 and 2018. Placenta accrete spectrum disorders were excluded. R-test was used for statistical analysis.

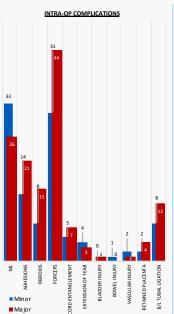
Results

A total of 378 women of 45,074 (8.4 per 1000) were recruited.



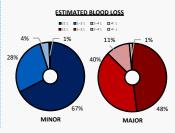
■Minor	■Major	
Antenatal Factors	Minor # (%)	Major # (%)
Interhospital Transfer No Yes	16 (9.8%) 147 (90.2%)	16 (7.4%) 199 (92.6%)
Smoking status No Yes Not stated	141 (86.5%) 19 (11.7%) 3 (1.8%)	176 (81.9%) 35 (16.3%) 4 (1.9%)
Antepartum Haemorrhage (APH) 0 1 2-5 6+	84 (51.5%) 41 (25.2%) 35 (21.5%) 3 (1.8%)	58 (27.0%) 63 (29.3%) 86 (40.0%) 8 (3.7%)
Previous Uterine Surgery Caesarean section Dilation + Curette Other uterine (myomect., resect'n) Intra-abdo (e.g. app'x, cholecyst.)	52 (31.9%) 18 (11.0%) 0 0	51 (23.7%) 37 (17.2%) 1 (0.5%) 32 (14.9%)
Delivery details	Minor # (%)	Major # (%)
Mode of delivery Vaginal Birth – unassisted Vaginal birth – instrumental Lower Segment CS Classical CS	7 (4.3%) 1 (0.6%) 147 (90.2%) 8 (4.9%)	0 0 196 (91.2%) 19 (8.8%)
General Anaesthetic No Yes	130 (79.8%) 33 (20.2%)	120 (55.8%) 95 (44.2%)

125 (76.7%) 37 (22.7%)



Uterotonics	Minor # (%)	Major # (%)	OR
Medication Used			
Syntocinon bolus	107 (65.6%)	168 (78.1%)	1.19
Syntocinon infusion	123 (75.5%)	178 (82.8%)	1.10
Ergometrine	25 (15.3%)	50 (23.3%)	1.52
Carbetocin	22 (13.5%)	10 (4.7%)	0.34 1.86
Misoprostol	22 (13.5%)	54 (25.1%)	
Carboprost	7 (4.3%)	14 (6.5%)	1.52
Uterotonic Combinations			
One	55 (33.7%)	47 (21.9%)	0.65
Two	72 (44.2%)	94 (43.7%)	0.03
Three	19 (11.7%)	39 (18.1%)	1.56
Four (or more)	13 (8.0%)	30 (14.0%)	1.75
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Additional Surgical Techniques	Minor # (%)	Major # (%)	OR
Figure of 8 sutures	67 (41.1%)	125 (58.1%)	1.41
Surgicell	11 (6.7%)	27 (12.6%)	1.41
Rakri Balloon	5 (3.1%)	12 (5.6%)	1.82
B-Lynch Sutures	5 (3.1%)	10 (4.7%)	1.52
Embolisation	1 (0.6%)	2 (0.9%)	1.52
Hysterectomy	1 (0.6%)	3 (1.4%)	2.27
Blakes Drain	2 (1.2%)	25 (11.6%)	9.48
	Minor	Major	
Transfusions	# (%)	# (%)	OR

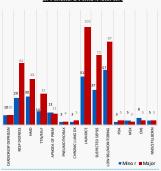
Transfusions	Minor # (%)	Major # (%)	OR
Cell Saver	17 (10.4%)	61 (28.3%)	2.72
Tranexamic Acid	0	4 (1.9%)	n/a
Albumin	12 (7.4%)	31 (14.4%)	1.96
Cryoprecipitate	1 (0.6%)	9 (4.2%)	6.82
Fresh Frozen Plasma	2 (1.2%)	5 (2.3%)	1.90
Platelets	0	1 (0.5%)	n/a
Packed RBCs (Units)			
Nil	142 (87.1%)	162 (75.3%)	0.86
1-2	13 (8.0%)	31 (14.4%)	1.81
3-4	6 (3.7%)	15 (7.0%)	1.90
5+	2 (1.2%)	7 (3.3)	2.65



Post-op Complications	Minor # (%)	Major # (%)	OR
No Complications Post-op ileus Urinary Tract Infection Deep Vein Thrombosis Wound Issue Fever/Sepsis Breast Complication Retained placenta Return to theatre Readmission within 30d	95 (58.3%) 0 3 (1.8%) 0 5 (3.1%) 3 (1.8%) 8 (4.9%) 2 (1.2%) 1 (0.6%) 7 (4.3%)	115 (53.5%) 6 (2.8%) 9 (4.2%) 1 (0.5%) 7 (3.3%) 15 (7.0%) 12 (5.6%) 2 (0.9%) 1 (0.5%) 10 (4.7%)	0.92 n/a 2.27 n/a 1.06 3.79 1.14 0.76 0.76 1.08
No ICU admissions/maternal deaths recorded			
Post Partum Stay (days)	Minor # (%)	Major # (%)	OR
≤5	147 (87.1%)	168 (78.1%)	0.90

Outcomes	Minor # (%)	Major # (%)	OR
Gender Male Female	78 (47.9%) 85 (52.1%)	110 (51.2%) 105 (48.8%)	1.07 0.94
Birth weight BW < 2500g	45 (27.6%)	92 (42.8%)	1.55
1-min APGAR score 0 1-2 3-6 27 5-min APGAR score 0 1-2 3-6 27	2 (1.2%) 9 (5.5%) 32 (19.6%) 120 (73.6%) 2 (1.2%) 3 (1.8%) 13 (8.0%) 145 (89.0%)	6 (2.8%) 20 (9.3%) 61 (28.4%) 128 (59.5%) 5 (2.3%) 4 (1.9%) 34 (15.8%) 172 (80.0%)	2.27 1.68 1.45 0.81 1.90 1.01 1.98 0.90
Nursery Admission Special Care Intensive Care	73 (44.8%) 47 (28.8%)	141 (65.6%) 93 (43.3%)	1.46 1.50





Conclusion

Despite the robust prevention and management of haemorrhage, major PP compared to minor PP demonstrated higher frequency of APH, intraoperative use of uterotonics, additional surgical measures and transfusions; yet, resulted in greater blood loss and more post-partum complications. A similar trend was noted in neonatal outcomes with lower birth weights, APGAR scores, and a higher nursery admission rate. This study highlights the importance of differentiation between major and minor PP, and necessity of a multidisciplinary approach within well-resourced hospital units.

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Office Hours

Gestational Age

153 (71.2%) 59 (27.4%)