PLACENTA PREVIA: CLINICAL ANALYSIS OF 71 CASES

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OBJECTIVES
To evaluate risk factors, complications and obstetric outcomes in pregnant women with the diagnosis of placenta previa (PP).

MATERIALS
71 clinical cases of pregnancies complicated with PP where all the deliveries were performed in CHEDV.

METHODS
A retrospective study was conducted by reviewing the case records of all patients with the diagnosis of PP between 1st of January 2000 and 31st of December 2011. The variables evaluated were maternal age, parity, gestational age at diagnosis, types of previous deliveries, types of PP, complications during pregnancy, gestational age at delivery, birth weight of the newborn (NB), route of delivery and its complications. Statistical analysis was carried out using Statistical Package of Social Science (SPSS) version 16.0.

RESULTS
Neonates from pregnancies complicated with PP were presented with a mean weight of 2684g. Furthermore, it was observed that cesarean section was performed in 93% (n=66) of the total cases of which 53.5% had complications at birth. Of the cases classified as complete PP (n=22), there was a history of cesarean section in 3 cases (p=0.094) and 12 were multiparous (p=0.388). Of the 22 cases with complete PP, cesarean section was performed in all (p=0.12). Among the women who had vaginal bleeding during pregnancy (n=61), 38 had shown complications at birth (p<0.05) and the mean gestational age at delivery was 34.71 weeks. However, patients without complications at birth presented a mean gestational age at delivery of 37 weeks (p<0.05). In patients with and without vaginal bleeding during pregnancy, the mean gestational age at delivery were 35.5 weeks and 37.9 weeks, respectively (p<0.05). Of the women who had bleeding episode during pregnancy, the mean weight of the newborns was lower (2640g) as compared to those who had no bleeding 2958g, but no statistical difference between the 2 groups was observed (p>0.05).

CONCLUSIONS
There is an increase of bleeding episodes and birth complications in cases of PP. Patients with bleeding during pregnancy, had more complications at birth, gestational age at delivery was on average two weeks earlier and infants has lower weight. There was no statistically significant relationship between history of cesarian section and multiparity with complete PP.

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