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Original Article

Out Come of Threatened Abortion in a Series of 100 Cases in RMCH

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Abstract

Threatened abortion is a clinical entity where the process of abortion has started but has not progressed to a state from which recovery is impossible[1]. The prognosis of threatened abortion is very unpredictable whatever method of treatment is employed either in hospital or at home. 100 cases of threatened abortion were studied in RMCH. Over one year of study it was found that abortion cases constituted about 34% of all gyneacological admission. Among them 12% of all abortion related admitted cases had threatened abortion. From the results it was evident that most of the cases were between 20-30 yrs. Age group (58%), 71% were multigravida, 80% were illiterate & low socio economic condition uneventfully & discharged by giving conservative management. In the rest abortion pregnancy was terminated either by inevitable abortion or missed abortion. Follow up data showed that among 46 cases of threatened abortion who readmitted in hospital, 26 cases had normal pregnancy out come, 2 cases developed IUD, 4 cases developed preterm labour, 12 cases had placenta praevia, 2 cases had IUGR & 2 cases had aboruptio placenta. So the conclusion of the study was first trimester vaginal bleeding is an independent risk factor for adverse obstetric out come that is directly proportional to the amount of bleeding.

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Introduction

Threatened abortion is a condition occuring before 20 wks of pregnancy where there is bleeding into choriodecidual space, but this is not sufficient to kill the embryo[2]. Approximately 20% of pregnant women experience some vaginal bleeding with or without abdominal cramp during the first trimester. In majority of the cases of bleeding is of unknown origin & usually slight. Most of these pregnancies go on to term with or without treatment. Spontaneous abortion occurs in less than 30% of the women who experience vaginal bleeding during pregnancy[3].

The WHO estimated that 15% of all clinically recognizable pregnancies end in spontaneous abortion, 50-60% are due to chromosomal abnormalities. Apart from the fetal factors, several maternal & probably paternal factors contribute to the causes of spontaneous abortion. The maternal factors that may be responsible for abortion include both local & systemic conditions like infections, maternal disease states, genital tract abnormalities, endocrine factors & other miscellaneous causes (eg, antiphospholipid antibodies, feto-maternal histocompatibility, excessive smoking & other environmental toxicants etc.)[4,5]

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Threatened abortion is associated with unexpected & usually painless bleeding. On examination, cervix remains closed & uterus is appropriately sized for gestation. If the bright red blood loss continue & increase in amount, the prognosis is bad. A single bright red loss followed by escape of old brown altered blood usually means that the initial loss has ceased. Such dark loss may continue for several days & gradually diminishing in amount[2]. On the other hand the onset of painful uterine contraction & an increase blood loss may progress into inevitable abortion and finally incomplete or complete abortion.

Aims of the study

This study has been done to find out the predisposing factors & also to determine the obstetrics outcome of threatened abortion.

Materials and Methods

This prospective case study was done in the Dept. of Obs & Gynae, Rajshahi Medical College Hospital from 1st January 2004 to 31st December 2004. Patients admitted with the H/O pregnancy with P/V bleeding before 20 weeks without having any cervical effacement or dilatation were included in this study group. Diagnosis of threatened abortion was confirmed from history, clinical examination & ultrasonic finding of alive fetus. In one year period 100 cases were selected as study group. The characteristics of all the patients related to their age, gravidity, period of gestation, socioeconomic status, results of routine urine examination, ultrasonic results, duration of hospital stay, treatment modalities & out come were determined & data were collected through self administered structured questionnaire. Socioeconomic status of the patients were reflected by their places of habituations, educational back ground, occupations & level of income. Medical treatment given to the patients include bed rest, folic acid, uterine sedative like Phenobarbitone, hormonal treatment (eg Inj Prolet-N-Depot, Tab Dydrogesterone) & antibiotics when associated with UTI or RTI.

Results

Out of total gynaecological patients, there were about 34% abortion cases among them 12% were threatened abortion. The percentage of threatened abortion among all gynaecological admission was 4%.

Table I: Age distribution of the patients (n=100)

Age (in years)	No. of patients	Percentage of patients
<20	12	12%
21-30	58	58%
31-40	24	24%
>40	06	06%

Table I shows that women between 21-30 yars age group constituted the largest (58%) number of cases.

Table II: Socioeconomic status of the patients (n=100)

Family income per year	No. of patients	Percent age of patients
Very low income (<10000 Tk.)	14	14%
Low income (10000-20000 Tk.)	63	63%
Middle income (20000-50000 Tk.)	22	22%
High income (>50000 Tk.)	01	01%

77% patients had only less than 20000 Tk. income per year in table II.

Table III: Distribution of patients by gravida.

Dravidity	No. of patients	Percentage
Primi	29	29%
2-3	15	15%
4-5	44	44%
6 and above	12	12%

Table III shows that most of the patient (71%) were multigravida and 29% patients were primi.

Table IV: Period of gestation at the time of admission.

Period of gestation	No. of patients	Percentage of patients
<12	48	48%
13-16	39	39%
17-20	13	13%

Table IV shows that maximum (48%) patients of threatened abortion had been presented at less than 12 weeks of pregnancy.

Table V: Results of routine urine examination.

Urinary tract infection	No. of patients	Percentage (%)
Present	7	7
Absent	93	93

Table V shows that 7% patients had urinary tract infection. This result may have some relationship with threatened abortion.

Table VI: Ultrasonographic findings of the patients (n=100)

Sonographic study	**No. of the patients**	**Percentage**
Early pregnancy (<20 weeks) with fetal cardiac activities	57	57%
Early pregnancy (<20 weeks) having low lying placenta	06	06%
Incomplete abortion	26	26%
Missed abortion	11	11%

26% patients had incomplete abortion and 11% patients had missed abortion on ultrasonogram. 60% cases had low lying placenta which may be suggestive causes of threatened abortion.

Table VII: Fetal outcome in follow up cases (n=48)

Fetal outcome	**No. of the patients**	**Percentage**
Continuation on pregnancy up to term	26	54.17%
Placenta praevia	12	25%
IUD (intra uterine death)	02	4.17%
Preterm delivery	04	8.33%
Abruptio Placenta	02	4.17%
IUGR (intra uterine growth retardation)	02	4.17%

Follow up data shows that the group of patients who were discharged with intact pregnancy, 48 were re-admitted. 54.47% patients came with pregnancy at term, 25% had placenta praevia and 4.17% developed IUD.

Discussion

Pregnancy is one of the life's major events. The purpose of pregnancy is to get a healthy baby from a healthy mother. Threatened abortion is such an event during pregnancy, which needs meticulous attention to fulfil the purpose.

Over one year period of this study, it was found that abortion cases constituted 34% of all gynaecological admission in RMCH. This agrees with earlier reports of abortion related cases which constitute a large share in the total gynaecological admission in the teaching hospitals in Bangladesh. It appears that the share of abortion related admissions among all gynaecological admissions has remained more or less similar over the years. Many studies have been completed in the last 10 years trying to determine the etiology of bleeding during pregnancy & to establish ways to prevent this daunting occurrence. Overtime they concluded that sometimes trauma such as injuries from an auto accident or high blood pressure can cause bleeding in early pregnancy. In great Britain a cohort study was completed in 1997 to estimate the miscarriage rate of pregnant women & final outcome of pregnancy. out of 550 women, 117 women experienced bleeding before 20th week (21%). Out of these 117 cases, 67 ended in miscarriage. In their study the majority of cases of vaginal bleeding were of unknown origin & were usually slight. In our study in 6% cases- low lying placenta was seen as a cause of bleeding. Patients with vaginal bleeding, light or heavy are more likely to develop IUD, preterm delivery, IUGR & placental abruption[6]. So conclusion of the study is that bleeding in early pregnancy is associated with an increase perinatal mortality & morbidity.

There is no specific treatment for thereatened abortion. But traditionally- confinement to bed,

uterine sedatives, hormonal treatment etc. may be given. Empirically there is no role of hormone therapy but undiagnosed deficiency can be corrected by 17 hydroxy progesterone caproate or Dydrogesterone. Aspirin may be given up to 37-38 weeks of gestation to improve placental circulation.

Folic Acid may be used to prevent neural tube defect & abruptio placenta[7]. It is observed that early & comprehensive prenatal care can decrease risk of threatened abortion to some extent. It is preferable to detect and to treat known maternal disorders before conception occurs. Pre pregnancy Folic acid supplement, avoiding environmental hazards such as x-rays & infectious diseases can also decrease the risk of miscarriage in early pregnancy[8].

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