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A Study on Peripartum Hysterectomy in Tertiary Care Centre

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A B S T R A C T

Peripartum hysterectomy is the rescue resort performed in modern obstetrics to arrest or prevent haemorrhage from intractable uterine atony or abnormal placentation. The aims and objectives of this study were to determine incidence, risk factors, indications and maternal outcome. An observational study conducted in KING GEORGE HOSPITAL, Visakhapatnam for a period of one year from September 2022 to August 2023.Total cases n=14 with 2.3 per 1000 deliveries. Risk factors observed were age group of 26-30 years, multiparous, vaginal mode of delivery in the current pregnancy and referred cases. Postpartum haemorrhage (PPH) was the most common indication. Out of 14 cases there were 4(28%) maternal deaths and Near miss were 9(72%). Good antenatal and intrapartum care and early referral would bring down cases of PPH as most of these cases are referred from peripheries and decreasing c section rates would help us to decrease incidence of peripartum hysterectomy.

Keywords: Peripartum hysterectomy, Postpartum haemorrhage.

INTRODUCTION

Peripartum hysterectomy is a last resort performed in modern obstetrics to arrest or prevent haemorrhage from intractable uterine atony or abnormal placentation. It is performed either in an emergency or elective methods. The reported incidence in literature varies from 0.2 to 5.4% its incidence is increasing in developing countries. It leads to compromised obstetric carrier of a mother. Many a times it's a tough decision to carry out and needs expertise and best clinical assessment. Indications of peripartum hysterectomy are postpartum haemorrhage, abnormal placentation, uterine rupture, cancer cervix, uterine fibroids, uterine sepsis. Severe postpartum haemorrhage was reported to occur in 6.7 per 1000 deliveries world wide and it is leading cause of death of the mother. Peripartum hysterectomy helps in decreasing mortatilty in those cases but causes severe morbidity. Placenta accreta spectrum is another condition in which peripartum hysterectomy is carried out as there is nil scope for conservative management in this situation. Its incidence is on rise due to increased c-section rates. Uterine rupture incidence is decreased but still it remains a significant cause in multipara and grand multipara in remote areas of the country.

Materials and Methods

It was an observational study conducted in the KING GEORGE HOSPITAL, Visakhapatnam for a period of one year from September 2022 to august 2023. Total number of deliveries during this period were 6000. Inclusion criteria - All the cases who underwent peripartum hysterectomy either immediately or with in 42 days of delivery were considered. All the women who underwent peripartum hysterectomy within gestational age of 28 weeks or above were considered. Exclusion criteria- all the women who underwent hysterectomy in less than 28 weeks of gestation were not considered. Details regarding age, parity, booking status, referral status, obstetric history, mode of current and previous delivery, indications, maternal outcome in terms of mortality and nearmiss were taken.

RESULTS

Total no of peripartum hysterectomies in our study were 14 with incidence of 2.3 per 1000 deliveries. Risk factor studied were age, parity, booking status referral status previous mode of delivery and current mode of delivery.

Age Distribution Table

Age	Number	Percent
21-25	3	21.5
26-30	6	42.8
31-35	4	28.5
>35	1	7.2

Table Showing Booking Staus Distribution

Status	Number	Percent
booked	4	28.5
Booked elsewhwere	7	50
Unbooked	3	21.5

Table - Previous Mode of Termination

Mode	Number	Percent
vaginal	5	45.5
C-section	5	45.5
abortion	1	9

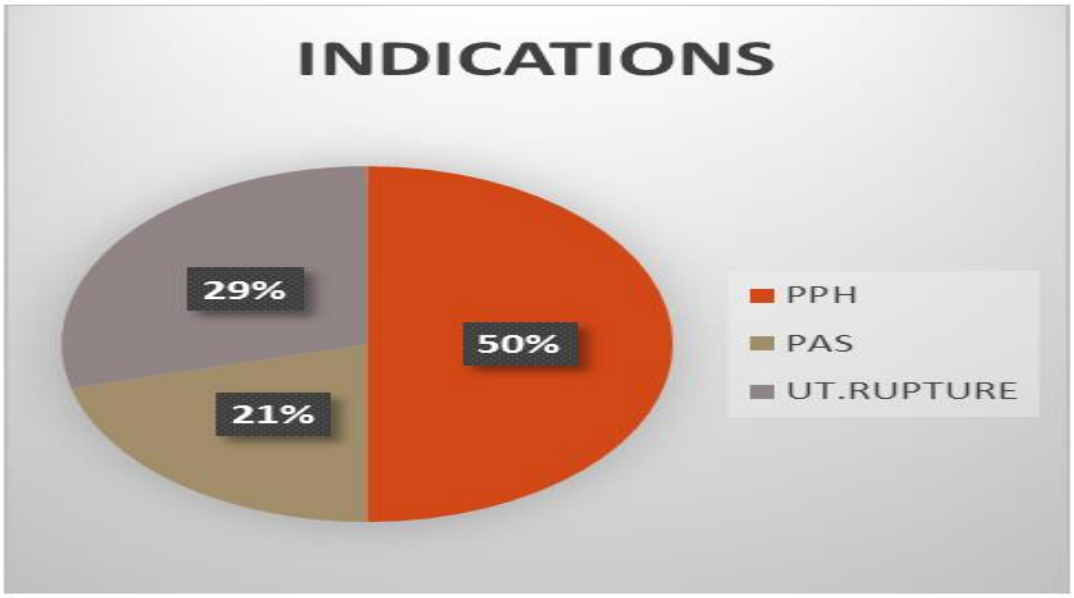
Table- Current Mode of Termination

Mode	Number	Percent
VAGINAL	6	42.8
LAPROTOMY	3	21.5
C-SECTION	5	35.7

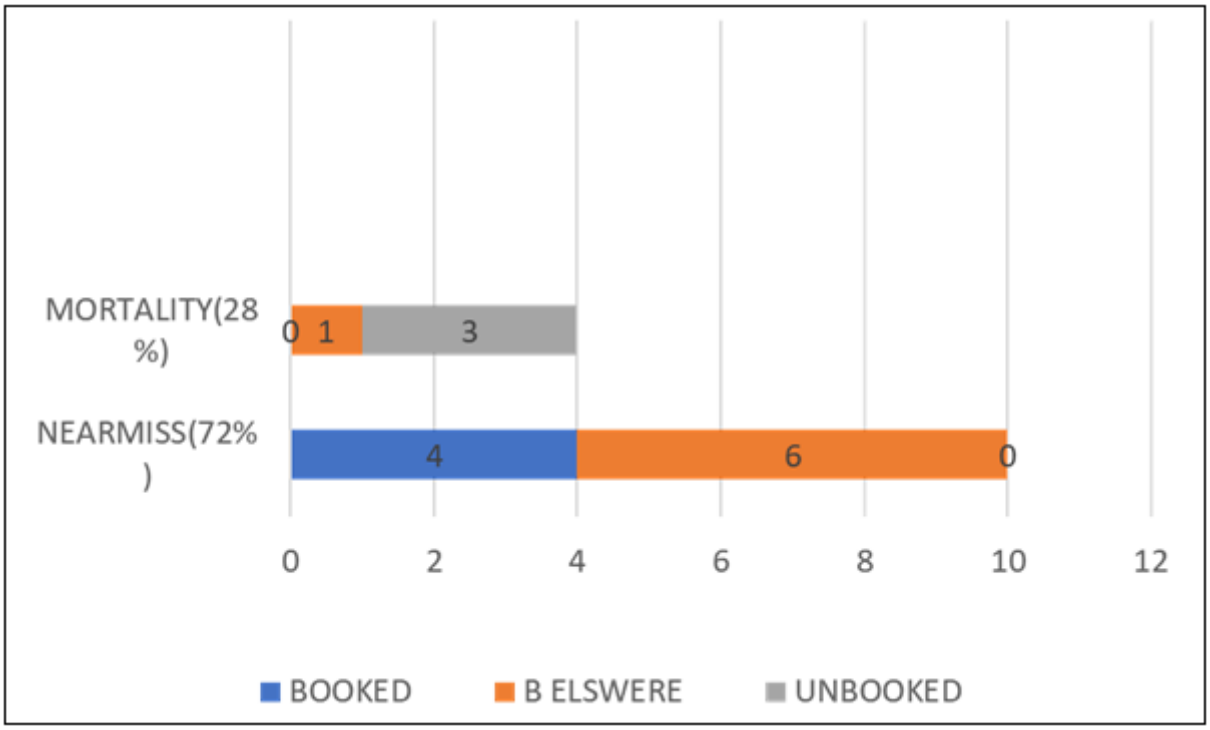
Parity Distribution Table Distribution Table

Age	Number	Percent
Primi	3	21.5
Multi	9	64.2
Grandmulti	2	14.3

Maternal Indicatiions for Peripartum Hysterectomy



Maternal Outcome



DISCUSSION

In our study most common age group involved in our study is 26-30 yrs where Jaya *et al*., had majority mothers in 20-30yrs and incidence in primipara is 21.5%, multipara is 64.2%,grand multipara is 14.3% with similar observation seen in Swathi *et al*., with primipara, multipara, grand multipara of 17.2%,72.4%,10.4% respectively.

Incidence is 2.3 per 1000 deliveries which lies in between reported incidence of 0.2 to 5.4 in 1000 deliveries in literature.

The most common indication was postpartum haemorrhage accounting 50 percent similar to Chaitra *et al*., where as in Sharma *et al*., and Swathi *et al*., it is placenta accreta spectrum accounted for 60%, 38.8% respectively.

The study maternal deaths were 28% which was on higher side because patients were referred from remote areas who are in states of shock, sepsis, DIC at the time of admission.

CONCLUSION

Good antenatal care, early referral, increased expertise in rural and tribal areas helps in early assessment and treatment in time helps in decreasing postpartum haemorrhage, lowering caesarean section rates, adequate family planning services help in decreasing placenta accreta spectrum and uterine rupture there by decreasing incidence of peripartum hysterectomy.

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