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Research Article

**PLACENTAL ABRUPTION: RISKS AND RELATIONS WITH  
PARITY AND AGE**<sup>1</sup> Humna Khalid, <sup>2</sup> Ayesha Zahid, <sup>3</sup> Muhammad Waseem Zahid  
Bahawal Victoria hospital, Bahawalpur Pakistan**Abstract:**

*Objective of study is to determine the frequency of placental abruption and its relation with parity. The study was conducted at department of Gynecology Bahawal Victoria hospital, Bahawalpur from July 2016-Feb 2017. Patients were divided into two group multipara and Grand multipara.*

*Methodology:* preformed Performa's were used specially designed for the study to record the data and to compare them. Informed consent was taken from the patients before enrollment.

*study design:* it is descriptive case study.

*Results:* 380 patients were enrolled into the study who fulfilled the inclusion criteria. 14 patients had placental abruption among them 9 were Grand multipara.  $P=0.02$

*Conclusion:* It was concluded that if proper antenatal care, education on family planning and improved health care is given, the frequency of (P.A) may be decreased.

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**INTRODUCTION:**

The number of alive born and still births aging more than 20 weeks of gestation is called parity. And multipara is defined as a woman who has delivered 2-4 babies while grand multipara is as the woman who has delivered 5-9 babies. Grand multipara is a serious concern of the developing countries due to poor family planning. The incidence of Grand multiparity is 11-32% in developing countries as compared to 2-5% in developed countries.

Grand multiparity causes serious hazards to fetus, maternal health and may lead to mortality of mother and/or child. Abruption is defined as bleeding from vagina after premature separation of placenta from the uterine wall. Diagnosis would be made by clinical correlation of vaginal bleeding, uterine contraction abdominal pain and tenderness or by using ultrasonography. The mortality rate is 12.5% in abrupted pregnancies as compared to 0.65% in non-abrupted patient. The death of the child occurs in utero in around 80% of cases and in postpartum Periods occurs due to premature deliveries.

**METHODOLOGY AND STUDY TYPE:**

Setting: Department of Gynecology Bahawal Victoria hospital, Bahawalpur. Study done from July16-

Age	No. of pts	Percentage
18-32	250/380	65.79%
32-44	130/380	34.21%

Parity is presented in the table 2,

Multipara	238/380	62.63%
Grand multipara	142/380	37.36%

The incidence of placental abruption was 3.6% and out of 14 patients 9 patients were Grand multipara and 5 were multipara.

**Complications:**

Placental abruption	No. of pts	Percentage
Multipara	5	1.3%
Grand Multipara	9	2.36%

**Pie Chart:** 14/380 patients.

**DISCUSSION:**

In countries like ours, Grand multiparity is a serious concern that may result into Anemia, malpresentation, placental abruption and increased

Feb17. Type of study; Descriptive case study. All the patients having 2 alive or still births were included while those having Antepartum hemorrhage due to placenta Previa, fibroid or any other cause were excluded from the study 380 patients were enrolled for the study.

**DATE COLLECTION:**

After enrollment of the patients (after taking informed consent) Data was collected, age, parity, Gestational age, No. of still births, and alive babies were taken.

Detailed history was taken; general physical, abdominal and Gynecological examination was done. The diagnosis of placental abruption is made by vaginal bleeding (Antepartum hemorrhage) Tense and tender abdomen, maternal vitals and fetal heart abnormalities.

**RESULTS:**

The study was conducted in Gyne department Bahawal Victoria hospital, Bahawalpur. 380 patients were enrolled, 250 out of 380 patients 65.7% were in age group (18-32) and 130/380 were in age 32-44 34.21% mean age was calculated as 29.1±4.33

maternal and fetal morbidity and mortality. The complications related to Grand Multiparity can be minimized by proper Education of the patient on Family planning and proper health care during

Antepartum period. In our study 14/380 patients suffered from placental abruption and the frequency is higher in Grand multiparas as compared to multipara mothers i.e 9/14 versus 5/14.

This study is in line with other studies done at various institutes. It shows that the incidence of placental abruption is higher in patients with high parity and older age. The frequency in other studies may vary depending on sampling procedure i.e Age, parity inclusion & exclusion criteria. But the result of our studies is comparable to the other studies that in grand multipara there is significant risk of placental abruption as compared to mothers with low parity. Unawareness or lack of contraceptive methods, poverty inadequate diet and health care facilities and closely spaced pregnancies, all predispose the patient to complications like premature delivery, placental abruption and increased mortality. Proper guidance, effective family planning and provision of health care facility may play a vital role in decreasing the frequency of complications like placental abruption.

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