

A Study on Pregnancy Outcome in Patients with Subchorionic Hemorrhage with First Trimester Bleeding

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Abstract

Background: To assess the pregnancy outcome in patients with subchorionic hemorrhage associated with first trimester bleeding.

Methods : This is a prospective study carried out in patients admitted in Sri Ramachandra medical college and research institution in 2017

Results: Out of 230 cases, 11 patients who had subchorionic hemorrhage presented with first trimester bleeding. Out of 11 patients who presented with first trimester bleeding with scan showing subchorionic hemorrhage, 5 patients (45%) had early pregnancy loss and 6 patients (55%) continued their pregnancy.

Conclusion: Women between 8 to 10 weeks of gestational age associated with sub chorionic hemorrhage had increased risk of miscarriage. In the presence of sub-chorionic hematoma the prognosis of pregnancy is significantly affected as a risk of preterm FGR and especially miscarriages increases.

Keywords : First trimester, Subchorionic hemorrhage, preterm labor, vaginal bleeding, miscarriage.

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I. Introduction

First trimester bleeding is one of the most common obstetric problems. It is also one of the commonest causes for the majority of the emergency admissions and also common reason for ultrasound examination in the first trimester. The occurrence of vaginal bleeding in the first trimester often causes anxiety about outcome of pregnancy. Vaginal bleeding is common in the first trimester, occurring in 20 to 40 percent of pregnant women. It may be any combination of light or heavy, intermittent or constant, painless or painful. The four major sources of non traumatic bleeding in early pregnancy are:

- Ectopic pregnancy
- Miscarriage (threatened, inevitable, incomplete and complete)
- Implantation of the pregnancy
- Cervical, vaginal, or uterine pathology (eg, polyps, inflammation/infection, trophoblastic disease)

Bleeding related to miscarriage is the most common non traumatic cause of first trimester bleeding.

A subchorionic hematoma is a collection of blood between the chorion and the endometrium. This may occur spontaneously and is usually associated with vaginal bleeding. In the presence of vaginal bleeding, an important finding on ultrasound examination is a subchorionic hematoma. Although a small hematoma does not increase the risk of miscarriage, larger hematomas have been implicated in an increase risk of miscarriage and other poor pregnancy outcomes such as placental abruption, preterm prelabor rupture of membranes, preterm labor and stillbirth.

A subchorionic hemorrhage or hematoma is a risk factor for spontaneous abortion [1], particularly when it amounts to 25 percent or more of the volume of the gestational sac. The increased risks of preterm labor appeared to be dependent upon the presence of vaginal bleeding. Pregnancy outcome associated with subchorionic hematoma also relates to location, with worse outcomes observed for retroplacental hematomas, compared to marginal hematomas. The location, rather than the size, of a subchorionic hematoma may be the most important predictor of pregnancy outcome. Evidence relating to the size of the hematoma and the risk of adverse outcomes is inconclusive [2].

The only management option for subchorionic hematoma is expectant. There is insufficient evidence regarding whether bed rest decreases the risk of pregnancy loss when a subchorionic hematoma is present. Some clinicians repeat an ultrasound in one to two weeks to confirm fetal viability and assess any change in size of the hematoma, primarily to provide reassurance to the patient.

Aim Of The Study : To assess the pregnancy outcome in patients with subchorionic hemorrhage with first trimester bleeding.

Study Design: Prospective observational study

Source Of Data: This study was carried out in antenatal women who are admitted in hospital with bleeding and with or without abdominal pain who had a history of amenorrhea and urine pregnancy test positive, at the Department of Obstetrics and Gynaecology, Sri Ramachandra medical college and research institution, chennai. 230 cases were enrolled during the study period.

Inclusion Criteria :

- Gestational age less than 12 weeks of gesataion
- Urine pregnancy test positive
- singleton pregnancy

Exclusion Criteria:

The exclusion criteria were

- multiple pregnancy
- women with coagulation disorders.

II. Observation And Results

Total number of patients presented with first trimester bleeding at admission during the study period : 230

Table 1 : Maternal Age Distribution

Maternal Age	Patients Who Presented With First Trimester Bleeding (N=230)	Percentage
18 -20 Years	5	2 %
21-25 Years	78	34%
26-30 Years	86	38%
31-35 Years	51	22%
> 35 Years	10	4%

In current study, majority of the patients with first trimester bleeding are in the age group of 26 to 30 years.

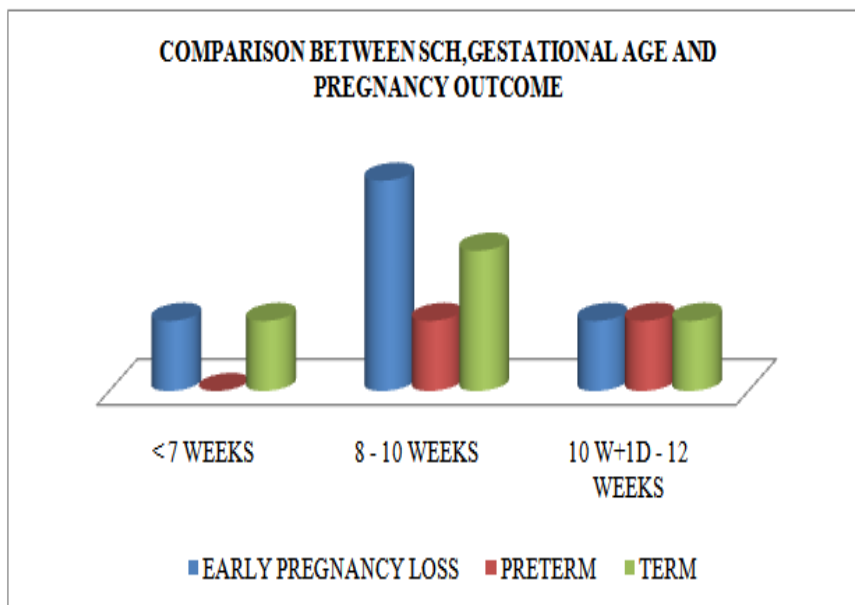
Table 2: Distribution Of Gravidity

Gravidity	Patients Who Presented With First Trimester Bleeding (N=230)	Percentage
Primigravida	112	49%
Multigravida	118	51%

In current study, there was no difference between the number of primigravida and multigravida who presented with first trimester bleeding.

Table 3 : Comparison Between Subchorionic Hemorrhage, Gestational Age And Pregnancy Outcome

Gestational Age With Sch (N=11)	Early Pregnancy Loss (N=5)	Preterm (N=2)	Term (N=4)
<7 Weeks (N=2)	1(9.1%)	-	1(9.1%)
8- 10weeks (N=6)	3(27.3%)	1(9.1%)	2(18.2%)
10weeks+1 Day-12weeks (N=3)	1(9.1%)	1(9.1%)	1(9%)



Out of 230 patients who presented with first trimester bleeding, ultrasound findings of 11 patients showed subchorionic hemorrhage. 2 out of 11 patients were diagnosed with subchorionic hemorrhage before 7 weeks of gestational age, of which 1 patient had early pregnancy loss and 1 patient continued pregnancy to term.

Table 4: first trimester bleeding associated with subchorionic hemorrhage and its pregnancy outcome.

Pregnancy Outcome	Total
Early Pregnancy Loss	5
Term	4
Preterm	2

Table 5 : neonatal outcome:

Neonatal Outcome	Total
Helathy Sliuf	4
Pprom	1
Lbw	1

III. Discussion

In this prospective observational study, 230 antenatal patients who presented with first trimester bleeding have been examined and followed up prospectively until the end of pregnancy. The cases were selected from the inpatient department. Participants with significant vaginal bleeding in the first trimester were recruited. After informed consent, women were recruited into the study. All women in the study group were followed prospectively from their first appointment until delivery. The Characteristics of all the patients related to their age, gravidity, period of Gestation, Ultrasonic results, duration of Bleeding, duration of hospital stay, treatment modalities and outcome were determined and data were collected through self administered structured questionnaire. A subchorionic hemorrhage or hematoma is a risk factor for spontaneous abortion [1], particularly when it amounts to 25 percent or more of the volume of the gestational sac. The increased risks of preterm labor appeared to be dependent upon the presence of vaginal bleeding. Pregnancy outcome associated with subchorionic hematoma also relates to location, with worse outcomes.

In current study, Out of 230 patients who presented with first trimester bleeding, ultrasound findings of 11 patients showed subchorionic hemorrhage. Out of 11 patients who presented with first trimester bleeding with scan showing subchorionic hemorrhage, 5 patients (45%) had early pregnancy loss and 6 patients (55%) continued their pregnancy. Takeda S. Baba K. Kojima T. Kinoshita K. Satoh K (1990) after ultrasound monitoring of the placenta in patients with bleeding during first trimester concluded that subchorionic hematoma and marginal separation of placenta may be important causes of bleeding during pregnancy, monitoring of the placenta and fetus by ultrasound was used to obtain precise information in order to manage patients with bleeding. It might be speculated that extrachorial placenta results from subchorionic hematoma or its absorption. In manonmani study (2016), showed 48.2% patients had early pregnancy loss, where as 51.8% patients continued their pregnancy. In Nayan G.Patel (2014), showed 16.6% had early pregnancy loss, where as 66.6% patients continued their pregnancy.

Subchorionic Hemorrhage	Early Pregnancy Loss	Continuation Of Pregnancy
Manonmani Et Al (3)	48.2%	51.8%
Maso Et Al (4)	14.3%	61 %
Nayan G.Patel (5)	16.6%	66.6%
Present Study	45%	55%

IV. Conclusion

Women between 8 to 10 weeks of gestational age associated with sub chorionic hemorrhage had increased risk of miscarriage. In the presence of sub-chorionic hematoma the prognosis of pregnancy is significantly affected as a risk of preterm FGR and especially miscarriages increases

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