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Maternal and Perinatal Outcome in Patients with Bad Obstetric History

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Abstract: *Introduction: Human Reproduction Is A Biologically Inefficient Process As 50% Of Pregnancies Are Lost Before The First Missed Menses And Another 10-20% End In Detectable Spontaneous Abortions. In Approximately 3-5% Of Women This Event Occurs Repeatedly. The Term Bad Obstetric History Is Applied To A Pregnant Lady Whose Present Obstetric Outcome Is Likely To Be Affected By The Nature Of Previous Obstetric Disasters.Previously, Any Couple Who Had Three Or More Fetal Losses Was Under The Purview Of Bad Obstetric History, But This Definition Is Now Controversial.Today, Couples With Even A Single Fetal Loss Should Be Counseled Regarding Further Pregnancy. Objectives:1.To Identify The Various Etiological Factors Functional In Patients With Bad Obstetric History.2.To Study The Treatment Received By These Patients During Present Pregnancy.3.To Study The Mode Of Delivery In Patients Who Have Bad Obstetric History.4.To Study The Perinatal Outcome In These Patients.Material And Method: The Present Study Was Conducted In The Department Of Obstetrics And Gynecology, Choithram Hospital And Research Center, Indore During A Period Of One Year . For Descriptive Statistics Bar Diagram, Pie Chart And Frequency Table Were Used.Conclusion And Result: Out Of 70 Cases, 42 (60%) Were Booked Cases, Whereas 28 (40%) Were Admitted On Emergency Basis. In Majority Of Our Patients 20(28.6%) No Cause Could Be Detected, This Was Because Many Of These Cases Were Idiopathic ,And Also Because In Many Cases The Patients Could Not Afford The Investigations. 24(34.3%) Of Patients Had A Underlying Endocrine Factor Responsible For Their Bad Obstetric History ,Whereas In 9(12.9%) It Was An Anatomical Factor, Antiphospholipid Antibody Syndrome Was Found In 5(7.4%), Infection Was The Main Culprit In 1(1.4%) Cases Whereas In 2(2.86 %) Cases Other Causes Like Bronchial Asthma And Chronic Hypertension Were Responsible. Women With Unexplained Recurrent Miscarriage Have An Excellent Prognosis For Future Pregnancy Outcome Without Pharmacological Intervention If Offered Supportive Care Alone In The Setting Of A Dedicated Early Pregnancy Assessment Unit.These Women Can Be Reassured That The Prognosis For A Successful Future Pregnancy With Supportive Care Alone Is In The Region Of 75%.*

Keywords: *Boh, Apla,Torch,Iugr,Pe,Lscs*

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I. INTRODUCTION.

Homo-Sapiens Are Characterized By Pregnancy Losses, Both Clinical And Non-Clinical. It May Be A Method Of Natural Selection, Enabling Survival Of The Fittest And Deletion Of The Defective Embryos. Nevertheless, A Pregnancy Loss Causes Much Agony To The Patient And Her Family. The Problem Gets From Bad To Worse If Such Episodes Are Repeated. Many Pregnancies Are Lost Prior To Clinical Detection But The Incidence Of These Very Early Losses Is Not Clear. A Number Of Studies Have Checked For Pregnancy Each Month With A Highly Sensitive Immunoassay From Samples Of Blood Or Urine Of Sexually Active Women Not Using Contraception. Some Studies Report A Total Pregnancy Loss Rate (Nonclinical Plus Clinical) Of More Than 50%. The Chance Of Having A Second Spontaneous Abortion With A History Of Only One Isolated Spontaneous Abortion Is Generally Considered To Remain At 15-20% For Clinically Recognized Pregnancies. If There Have Been 2 Spontaneous Abortions In A Row, Then The Most Reliable Information Suggests That There Is About A 35% Chance (1 In 3) That The Next Pregnancy Will Be Lost. Therefore, The Loss Rate Is Approximately Doubled .If There Have Been 3 Spontaneous Abortions In A Row, Then It Appears That The Couple Has A Roughly 45-50% Chance Of A Loss With The Next Pregnancy. Patients With Bad Obstetric History Often Visit Hospital And Are Anxious About Their Present Pregnancy. These Patients Come From All Walks Of Life, Some Thoroughly Investigated And Receiving Multiple Treatments, And Some Carrying Pregnancy To Term Without Any Investigations And Treatment. I Have Undertaken This Study To Find Out Possible Etiology Of Bad Obstetric History In These Cases And The Effectiveness Of The Treatment They Received.

II. AIMS AND OBJECTIVES.

1. To Identify The Various Etiological Factors Functional In Patients With Bad Obstetric History.
2. To Study The Treatment Received By These Patients During Present Pregnancy.
3. To Study The Mode Of Delivery In Patients Who Have Bad Obstetric History
4. To Study The Perinatal Outcome In These Patients.

III. MATERIAL AND METHODS

The Present Study Was Conducted In The Department Of Obstetrics And Gynecology, Choithram Hospital And Research Center, Indore For A Period Of One Year.

Inclusion Criteria: All Patients With Boh Admitted In Choithram Hospital And Research Center, Indore Including All Age Groups, Parity, Socioeconomic And Educational Status.

Exclusion Criteria: Patients With Boh Due To Non Recurrent Causes.

These Patients Were Categorized As Booked And Emergency Patients And Detailed History And Examination Was Done.

Investigations:

- In Addition To All Routine Investigations Like Hemoblobin, Total &Differential Leucocyte Count, Platelets, Abo Rh, Urine Routine, Vdrl, Blood Urea, Fasting And Postprandial Blood Sugar, Tsh, Specific Investigations Like Gtt If Required Were Carried Out.
- All Patients Were Subjected To Transvaginal Sonography In Early Pregnancy To Confirm Pregnancy, Later For Diagnosis For Cervical Incompetence, And Then For Follow-Up Of The Fetus.
- Sophisticated Investigations Like T3, T4, Tpo Antibodies, Torch, Serum Progesterone, Karyotyping, Antiphospholipid Antibody, Hsg, Hysteroscopy Were Carried Out Only If They Were Absolutely Necessary And Affordable By Patients.

Follow Up:

Maternal Outcome:

Perinatal Outcome:

Statistical Analysis:

For Descriptive Statistics Bar Diagram, Pie Chart And Frequency Table Were Used.

Financial Inputs And Funding:

There Was No Additional Financial Burden Either On The Patient Or On The Institution.

Ethical Considerations:

The Thesis Was Approved By The Research Review Committee Of Choithram Hospital And Research Centre, Indore.

IV. OBSERVATIONS

Table No. 1 Table Showing Further Division Of Etiological Factors

Etiological Causes	Number	Percentage%
Anatomical Causes		
▪ Bicornuate Uterus	3	4.5%
▪ Septate Uterus	1	1.4%
▪ Rudimentery Horn	1	1.4%
▪ Incompetent Os	4	5.6%
Endocrine Factors		
▪ Diabetes Mellitus	7	10%
▪ Hypothyroidism	14	20%
▪ Pcos	3	4.5%
Infectious Causes		
▪ Torch		
▪ Vdrl		
▪ Bacterial Vaginosis	1	1.4%
▪ Rubella		
Antiphospholipid Antibody Syndrome	5	7.1%
Other Causes		
▪ Heart Disease		
▪ Chronic Hypertention	1	1.4%
▪ Sickle Cell Anemia		
▪ Bronchial Asthma	1	1.4%
▪ Pih In Previous Pregnancy	9	12.8%
No Cause Detected	20	28.5%

Table No. 2Table Showing Complications In Present Pregnancy

Complications	No Of Cases	Percentage %
Missed Abortion	8	11.4%
Premature Pains	3	4.5%
Prom	6	8.6%
Toxemia Of Pregnancy	16	22.9%
Aph	3	4.5%
Oligohydramnios	14	20%
Polyhydramnios	2	2.9%
Malpresemtation	2	2.9%
Iugr	14	20%
Others	3	4.5%

Table No. 3 Outcome Of Pregnancy In Relation To Etiological Factor

Etiological Cause	Total (N=70)		Abortion		Stillbirth		Livebirths	
	No.	%	No.	%	No.	%	No.	%
Anatomical	9	12.9%	2	22.2%			7	77.8%
Endocrine	24	34.3%	3	12.5%	1	4.1%	20	83.3%
Infectious	1	1.4%					1	100%
Antiphopholipid Antibodysyndrome	5	7.1%			1	20%	4	80%
Other Causes	2	2.9%					2	100%
No Cause Detected	29	41.4%	2	6.9%	6	20.7%	21	72.4%

Table.4 Outcome Of Pregnancy In Relation To Treatment Received

Treatment Received	Total		Abortion		Stillbirth		Livebirth	
	No.	%	No.	%	No.	%	No.	%
Cerclage	4	5.7%					4	100%
Progesterone Support	16	22.9%	1	6.3%	1	6.3%	14	87.5%
Treatment Of Associated Disorders	17	24.3%					17	100%
Empirical Antibiotic Treatment	1	1.4%					1	100%
Low Dose Aspirin	7	10%	2	28.6%			5	71.4%
Heparin	5	7.1%	1	20%			4	80%
No Specific Treatment Other Than Rest And Assurance	20	28.6%	3	15%	7	35%	10	50%

Table No. 5 Mode Of Delivery In Boh Patients

Mode Of Delivery	No Of Cases	Percentage%
Normal Labour	17	24.3%
Suction & Evacuation	7	10%
Ventouse	7	10%
Lscs	39	55.7%

V. DISCUSSION

Time To Time Innumerable Obstetricians Have Studied The Factors Responsible For Bad Obstetric History. Also They Have Evaluated The Different Modalities Of Treatment And Their Success Rate. The Aim Of This Work Is To Evaluate The Underlying Cause Of Conceptional Wastage With A View To Ascertain The Extent To Which Preconceptional And Antenatal Care Can Provide Protection Against Recurrence Of This Sort Of Obstetric Hazard.The Present Study Was Conducted On 70 Patients. This Study Included Antenatal Patients With Bad Obstetric History, Admitted In Chrc Hospital Both As Booked And Emergency Cases.Out Of 70 Cases, 42 (60%) Were Booked Cases, Whereas 28 (40%) Were Admitted On Emergency Basis. 32(45.7%) Cases Were Between The Age Group 21-29yrs, 29(41.4%) Patients Were Between 30 To 35yrs, And 1(1.4%) Patient Was Less Than 21yrs Of Age. 8(11.5%) Patients Were Of More Than 35yrs. In Our Study

64(91.4%) Patients Were Hindus And 6 (8.6%) Patients Were Muslims. This Reflects The General Demographic Profile Of The Region. 11(15.7%) Of Patients Were Educated Up To Primary School And 8(11.4%) Were Illiterate. 12(17.2%) Patients Were Educated Up To High School And 39(57.7%) Patients Were Graduate.In Our Study 33(47.1%) Women Had 2 Pregnancy Loss, Whereas 4(5.7%) Women Had Only One Pregnancy Loss. 17(24.3%) Women Had 3 Pregnancy Losses And 11(15.7%) Women Had 4 Losses. 2(2.9%) Women Had 5 Pregnancy Losses And 3(4.3%) Women Had 6 Pregnancy Losses Also. Thus Majority Of Women Had Previous 2 Pregnancy Losses. In Majority Of Our Patients 20(28.6%) No Cause Could Be Detected, This Was Because Many Of These Cases Were Idiopathic ,And Also Because In Many Cases The Patients Could Not Afford The Investigations. 24(34.3%) Of Patients Had A Underlying Endocrine Factor Responsible For Their Bad Obstetric History ,Whereas In 9(12.9%) It Was An Anatomical Factor, Antiphospholipid Antibody Syndrome Was Found In 5(7.4%), Infection Was The Main Culprit In 1(1.4%) Cases Whereas In 2(2.86 %) Cases Other Causes Like Bronchial Asthma And Chronic Hypertension Were

Responsible. In Our Study 9(12.9%) Patients Had Anatomical Defect Responsible For Recurrent Miscarriage. 3(4.5%) Patients Had Bicornuate Uterus (2 Diagnosed By Ultrasonography, And 1 Intraoperatively), 1(1.4%) Had Septate Uterus (Again Discovered Intraoperatively) And 1(1.4%) Had A Non Communicating Rudimentary Horn Diagnosed Intraoperatively. 4(5.7%) Patients Had Incompetent Os Diagnosed By History, Clinical Examination And Ultrasonography . In Our Study, Endocrine Factors Were Responsible In 24(34.3%) Patients. Of These 7(10%) Patients Suffered From Diabetes Mellitus, 14(20%) From Hypothyroidism And 3(4.5%) Patients Had Pcos.In Our Study 1.4% I.E. Only One Patient Had Bacterial Vaginosis Found As A Cause Of Recurrent Pregnancy Loss In Our Study We Found 5(7.14%) Patients With Antiphospholipid Antibody Syndrome. Among The Miscellaneous Causes In Our Study We Had 9(12.8%) Patients With History Of Preeclampsia In Previous Pregnancy Responsible For Adverse Pregnancy Outcome, 1(1.4%) Patient Suffering From Bronchial Asthma And 1(1.4%) Patient Was Referred From Medicine With Chronic Hypertention With Recurrent Miscarriages. Of 70 Patients, 19 Patients Had No Complication During The Antenatal Period. In The Remaining Women, 11.4% Had Missed Abortion, 4.5% Had Premature Pains, 8.6% Had Premature Rupture Of Membranes. 22.9% Women Suffered From Toxemia Of Pregnancy, Whereas 4.5% Had Antepartum Haemorrhage. 20%Women Had Oligohydramnios And Intrauterine Growth Restriction, 2.9% Women Had Polyhydramnios. In Our Study Majority Of Patients (78.6%) Had A Livebirth Of Which 50% Were Preterm And 28.6% Were Term Births. 10% Of Patients Had Abortion, Whereas 11.4% Had Stillbirth

VI. CONCLUSION.

Traditionally Recurrent Pregnancy Loss Has Been A Term Used For Any Couple Who Had Three Or More Fetal Losses. Today, Couples With Even A Single Fetal Loss Should Be Counseled Regarding Further Pregnancy. Those With Two Fetal Losses And Those In The Fourth Decade Should Be Thoroughly Evaluated. Any Woman With Three Fetal Losses Needs Strict Evaluation, Standard Tests And Should Be Offered Available Options Of Treatment. Women With Unexplained Recurrent Miscarriage Have An Excellent Prognosis For Future Pregnancy Outcome Without Pharmacological Intervention If Offered Supportive Care Alone In The Setting Of A Dedicated Early Pregnancy Assessment Unit.These Women Can Be Reassured That The Prognosis For A Successful Future Pregnancy With Supportive Care Alone Is In The Region Of 75%.Thus The Outlook Of Women With A Bad Obstetric History Towards Her Present Pregnancy Should Always Be Of Optimistic And Hope.

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