Clinical Relevance of Bleeding Per Vaginam in Early Pregnancy (Before 26 Weeks Gestation) in Patients Recruited from 28weeks to Delivery

***Chukwunyere A, *Enaruna N**

**Department of Obstetrics and Gynaecology, University of Benin Teaching Hospital, Benin City, Nigeria.*

Correspondence
Dr. N, Enaruna
Department of Obstetrics and Gynaecology, University of Benin Teaching Hospital
Benin City, Edo State
Nigeria.
E-mail: osaseruns@yahoo.com

Citation: Chukwunyere A, Enaruna N (2020). Clinical relevance of bleeding per vaginam in early pregnancy (before 26 weeks gestation) in patients recruited from 28weeks to delivery. Nig J Med Dent Educ; 2(2):c28-c31.

INTRODUCTION

Bleeding per vaginum in pregnancy is a common presentation in obstetrics. Incidence in literature ranges from 12% to as high as 40% (Olugbenga, 2019). It can occur in all stages of pregnancy but commoner in early pregnancy and has been reported to affect 20% to 30% of pregnancies (Kalyani 2015). The aetiology and source is most times always maternal, rather than fetal. Bleeding can result from disruption of blood vessels in the decidua or from discrete cervical or vaginal lesions (Gupta, 2016; Tiparse, 2017). Common aetiology includes threatened miscarriage, miscarriage, ectopic gestation and molar gestation. It can equally be as a warning sign to the likelihood of a low lying placenta (Tiparse 2017). Early pregnancy bleeding per vaginam has been associated with adverse pregnancy outcomes. Half (50%) of women with early pregnancy bleeding per vaginam in the first trimester have miscarriage (Nayan, 2014; Aronu, 2018,). Other adverse outcomes associated with early pregnancy bleeding include preterm delivery, low birth weight, intrauterine growth restriction, preterm premature rupture of membranes, perinatal morbidity and mortality (Agrawal, 2014; Sarawat, 2016; Nwafor, 2019). The clinician typically makes a provisional clinical diagnosis based upon the patient's gestational age and symptomatology (light or heavy, associated with pain or painless, intermittent or constant). Laboratory tests and imaging studies are then used for confirmation (Oguntoyinbo, 2011).

The objective of this study was to demonstrate clinical relevance of bleeding per vaginam in early pregnancy (before 26 weeks gestation).

MATERIALS AND METHODS

Women with bleeding per vaginum in early pregnancy were approached and those who agreed to participate and gave informed consent were recruited. Information regarding the experience of bleeding in early pregnancy documented and relevant data on sociodemographic characteristics, clinical diagnosis and delivery outcome extracted.

RESULTS

Out of the 65 participants, all were married with mean age distribution of 31.1years. thirteen (20.0%) were nulliparous and 11(16.9%) were grand multiparous (Table 1). Fourteen (21.5%) participants had antepartum haemorrhage. Twelve (18.46%), had bleeding per vaginam due to placenta praevia confirmed via an ultrasound scan and 2(3.07%) had abruptio placentae. Ten (83.33%) had bleeding per vaginam beyond 26 weeks gestation, 4(33.33%) had blood transfusion on one or more occasion. Spontaneous vaginal delivery was achieved in 2(16.67%) and the rest had caesarean section (Table 1).

Table 1: Sociodemographic characteristic of study group

Variable	Frequency	Percentage
Age		
<20	1	1.5
21-25	7	10.8
26-30	22	33.8
31-35	27	41.5
36-40	5	7.7
>40	3	4.6
Mean Age 31.1		
Parity		
0	13	20.0
1-4	41	63.1
>4	11	16.9
Marital Status		
Single	0	0.0
Married	65	100
Level of Education		
No Formal Education	0	0.0
Primary	11	16.9
Secondary	21	32.3
Tertiary	33	50.8
Residence		
Rural	3	4.6
Urban	62	95.4
Gestational Age at Recruitment		
24-27+6	22	33.9
28-32+6	28	43.1
33-37+6	11	16.9
38-41+6	4	6.1

Table 2: Bleeding pattern/transfusion for women with APH and mode od delivery

Variable	Frequency	Percent
Bleeding Per Vagina		
Single Episode	2	16.7
Multiple Episodes	10	83.3
Blood Transfusion		
Received Transfusion	4	33.3
No Transfusion	8	66.7
Mode of Delivery		
SVD	2	16.7
C/S	10	83.3

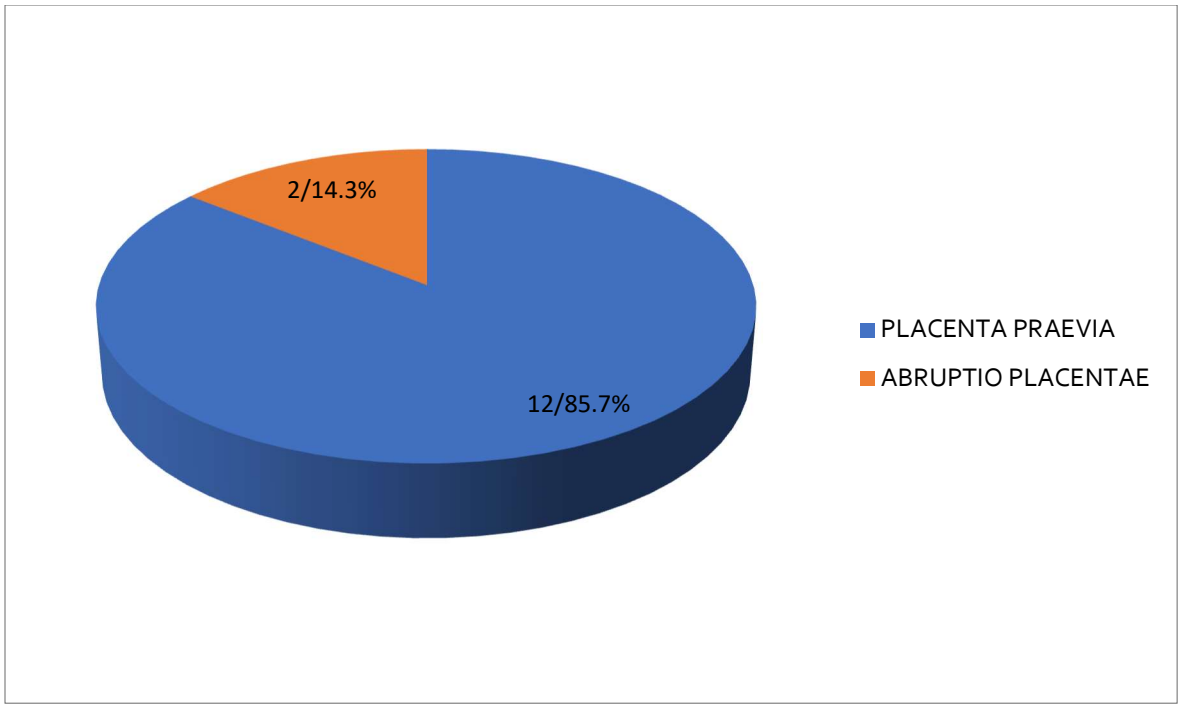

Figure 1: Causes of antepartum haemorrhage

DISCUSSION

Early pregnancy bleeding per vaginum has been reported to be associated with adverse pregnancy outcomes. In this study, 14(21.5%) had antepartum haemorrhage out of which 12(85.7%) and 2(14.3%) were due to placenta praevia and placental abruption respectively. Sarawat et al. in his study revealed that bleeding per vaginum in early pregnancy is associated with adverse pregnancy outcomes including placenta praevia and placental abruption (Sarawat, 2010). Nwafor et al. also noted similar relationship in a study in Abakaliki, Southeastern Nigeria (Nwafor, 2019). However, Olugbenga et al in a similar study, revealed no association of early pregnancy bleeding per vaginum with placenta praevia (Olugbenga, 2019)

Diagnosis of placenta praevia in this study was made with the aid of an ultrasound scan. Ten (83.3%) of women with early pregnancy bleeding per vaginum and placenta praevia had recurrent bleeding per vaginum beyond 26 weeks gestation with 4(33.3%) requiring transfusion of one or more unit of blood while on admission. Thus, bleeding in early pregnancy results in decrease in haematocrit level necessitating blood transfusion especially when recurrent. Spontaneous vaginal delivery was achieved in 2(16.7%) women who had placenta praevia (type 1) while the 10(83.3%) had delivery via caesarean section.

CONCLUSION

Bleeding per vaginam in early pregnancy is associated with placenta praevia in pregnancy. Thus, this knowledge is relevant to both the woman and the obstetrician for proper management and timely intervention to forestall adverse perinatal and neonatal outcomes.

Financial support and sponsorship

This work received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Conflict of interest

The authors declare that they have no conflicts of interest.

REFERENCES

Agrawal S,Khoiwal S, Jayant K, Agarwal R. (2014) Predicting adverse maternal and perinatal outcome after threatened miscarriage. Open J Obstet Gynaecol; 4:1-7.

Aronu ME et al. (2018) Review of the correlation between clinical diagnosis and ultrasound diagnosis of first trimester vaginal bleeding. Ann Med Health Sci Res; 8:120-124.

Gupta N, Samariya M, Choudhary D, Yadav K, Kannoujiya P (2016). Ultrasonographic

evaluation of first trimester bleeding per vaginum. Int J Reprod Contracept Obstet Gynecol; 5(9):3085-3087.

Kalyani Singh. (2015) Assessment of first trimester vaginal bleeding using ultrasound sonography. Asian J Biomed Pharmaceutical Sci; 6(57):54-56

Nayan GP, Megha SP, Sushma RS, Shasnat KJ, Jayesh AP, Jalpa US (2014). Study of outcome of pregnancy in patients with first trimester bleeding per vaginum. Int J Advan Med; 1(3):230-233.

Nwafor JI, Onuchukwu UV, Obi VO, Ugoji DC, Onwe BI, Ibo CC, Obi CN. (2019). A comparative study of pregnancy outcomes among women with and without threatened miscarriage in the first trimester in Abakaliki Southeast Nigeria. IJRCOG; 8(9):3639-3643.

Oguntoyinbo AE, Ayodeji AP. (2011) Clinical pattern of gynaecological/early pregnancy complaints and outcome of pelvic sonography in a private diagnostic center in Illorin. Niger J Clin Pract; 14:223-227.

Olugbenga AO (2019). Pregnancy outcome in women with early pregnancy bleeding in a tertiary health care facility in Southwestern Nigeria. J Mahatma Gandhi Inst Med Sci; 24:87-90.

Sarawat L, Bhattacharya S, Maheshwari A, Bhattacharya S (2010). Maternal and perinatal outcome in women with threatened miscarriage in the first trimester: A systematic review. BJOG; 17:245-257.

Tiparse A et al (2017). ultrasonographic evaluation of first trimester bleeding. Int J Reprod Contracept Obstet Gynecol; 6(8):3614-3617