

Primary Postpartum Hemorrhage and Maternal Outcome

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Background: Primary postpartum hemorrhage (PPH) is a significant cause of maternal morbidity and mortality. The value of reviewing the care of women with severe PPH is to improve the obstetric practice.

Objective: To evaluate maternal outcome after postpartum hemorrhage.

Design: A Retrospective Data Analysis.

Setting: Bahrain Defence Force Hospital, Bahrain.

Method: Data analysis of PPH from 1 January 2015 to 31 December 2016 was performed. Data were obtained from all patients who delivered during this period including born before arrival (BBA), home deliveries and stillborns. All relevant maternal complications, including postpartum events, morbidities correlation of maternal outcomes with Hb drop, blood transfusion, length of hospital stay, ICU admission, coagulopathy, organ failure, hysterectomy and management were recorded. The data were analyzed using StatDirect. A P-value of less than 0.05 was considered statistically significant.

Result: During the study period, 8,449 women had given birth. Seventy-two (0.85%) cases of PPH were identified. A significant correlation between estimated blood loss (EBL) and the need for blood transfusion and length of hospital stay was discovered, P-value<0.0001 and P-value<0.0001, respectively. However, no correlation was discovered between EBL and hemoglobin drop, P-value= 0.12. Receiver Operating Characteristic (ROC) curve analysis of morbidities associated with PPH pointed to the bleeding cutoff point of 2L for morbidity to occur.

Conclusion: PPH is significantly related to maternal need for transfusion and hospital stay. Morbidity occurs once EBL reach 2000 ml.