Original Research Article

Study of postpartum complications in DMCH

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Abstract

Background: Puerperium is the period that begins with expulsion of placenta and lasts for six weeks, when changes in the genital organ that occur during pregnancy revert back to almost pre pregnant level, except the breast changes. A**ims and Objectives:** Study Of Postpartum Complications In DMCH. **Material and Methods:** The study will be conducted in department of obstetrics and gynaecology DMCH. Women attending obstetrical and gynaecological emergency with postpartum complications after delivery elsewhere and admitted in the department of obstertrics and gynaecology DMCH Darbhanga. **Results:** The most common complication found was PPH (33.15%). Others are infective complication(23.26%) postpartum eclampsia (10.46%), perineal injury(6.40%), and retained placenta(9.89%). **Conclusion:** The family member of the patient who has been delivered at home may not realise the gravity of symptom and problem of postpartum complication. Patient should be encouraged to attend antenatal clinic and delivery at different health care institution to avoid minor and major complication. Blood transfusion facilities should also be available IN distant rural area.

Key Words: PPH, Infection, Eclampsia, Pregnancy.

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INTRODUCTION

Puerperium is the period that begins with expulsion of placenta and lasts for six weeks, when changes in the genital organ that occur during pregnancy revert back to almost pre pregnant level, except the breast changes. During the puerperium changes occur in the uterus and other pelvic organs which are known as involution. Soon after delivery uterus weighs about 1000 grams. Two days after delivery begins to shrink and within 2 weeks it has distended into true pelvic cavity. It regains the previous non pregnant size about 4 week after delivery when it weighs about 100 gram. The entire endometrium is restored during the third week. Study of women hospitalised for various postpartum complication are puerparial sepsis, primary and secondary PPH, postpartum eclampsia, inversion of uterus utrine rupture an pulmonary embolism.

MATERIAL AND METHODS

The study will be conducted in department of obstetrics and gynaecology DMCH. Women attending obstetrical and gynaecological emergency with postpartum complications after delivery elsewhere and admitted in the department of obstertrics and gynaecology DMCH Darbhanga. Patients who delivered in DMCH and developed postpartum complications. Patient admitted with postpartum complication and who developed complication during their hospital stay that have fulfilled the following criteria will be included in the study.

RESULT AND OBSERVATION

Table 1: Distribution of patients according to type of complication

Type of complication	No of patients	Percentage
Haemorrhage	57	33.15
Infective	40	23.26
Postpartum eclampsia	18	10.46
Perineal injury	11	6.40
Vulval haematoma	7	4.06
Retained placenta	17	9.89
Postpartum psychotic illness	5	2.90
Inversion of uterus	4	2.32
DIC	3	1.75
Intestinal injury	1	0.58
Breast complication	3	1.75

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Urinary retention	4	2.32
Urinary bladder injury	1	0.58
Rectus sheath haematoma	1	0.58

Table 2: Distribution of patient according to occurrence of complication after abdominal and vaginal delivery (n=172)

Type of complication	Abdominal delivery	Vaginal delivery
Haemorrhage	7	50
Infection	9	31
Postpartum eclampsia	5	13
Perineal injury	0	11
Vulval haematoma	0	7
Retained placenta	0	17
Others	9	13
Total	**30**	**142**

Table 3: Distribution of patients according to types of complication arising from normal vaginal delivery and operative vaginal delivery (n=142)

Types of complication	Normal vaginal delivery	Operative vaginal delivery
Haemorrhage	37	13
Infective	23	8
Postpartum eclampsia	10	7
Perineal injury	6	7
Vulval Haematoma	8	3
Retained placenta	5	2
Others	11	2
Total	**100**	**42**

RESULT

The most common complication found was PPH (33.15%). Others are infective complication (23.26%) postpartum eclampsia (10.46%), perineal injury (6.40%), and retained placenta (9.89%). Most common complication associated with caesarean section was infection and with vaginal delivery was PPH. Out of 142 complicated vaginal delivery 100 developed complication after normal delivery and 42 after operative vaginal delivery. Other are infective complication (23.26%) postpartum eclampsia (10.46%), perinealinjury (6.40%), and retained placenta (9.89%). Forceps delivery was associated with 3 complete perineal tear and 1 vulval haematoma.

DISCUSSION

In the study 172 cases were selected, 76 patients from DMCH who developed different major and minor complication after delivery and 96 patients from referred cases with different postpartum complication. In the study most common complication found was PPH. (33.15)**.** Other are infective complication (23.26%) postpartum eclampsia (10.46%), perineal injury (6.40%), and retained placenta(9.89%),postpartum psychotic illness, urinary retention, inversion of uterus breast complication, DIC, intestinal injury urinary bladder injury and rectus sheath haematoma. Out of 142 complicated vaginal delivery 100 developed complications after normal delivery and 42 after operative vaginal delivery. In both these groups PPH was the most common complication. It is obvious that instrumental delivery is more notorious for perineal injury and anal sphincter damage and it is corroborative with finding of Beucher G. Among 172 patients 102 required transfusion while 64.59 % of referred patient required transfusion. Three maternal deaths occurred among 172 study population, one from PPH, one from postpartum eclampsia and one from postpartum sepsis. This study makes us aware of lacunas in health care at all level. At home due to lack of care and facilities in small setups due to inadequate facilities and services, even the basic ones and in the busy hospital due to problems missed by inexperienced resident doctor.

CONCLUSION

The family member of the patient who has been delivered at home may not realise the gravity of symptom and problem of postpartum complication. The problem t different health facilities also need to be looked at carefully and critically. Proper implementation of major strategies under the second phase of RCH programme like essential and emergency obstetric care and different new initiative like Janani Suraksha Yojana, vandemataram scheme should be seriously looked for. Improvement of transport facilities like easy availability of ambulance may improve the patient care status. Trained personnel to deal with obstetric emergency should be available at remote health care institution. Patient should be encouraged to attend antenatal clinic and delivery at different health care institution to avoid minor and major complication. Blood transfusion facilities should also be available IN distant rural area.

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