

## Report on 130 Consecutive Cases of Placenta Praevia without Maternal Death

BY

JOYCE MORGAN, B.Sc., M.D., M.R.C.O.G.

*Obstetrician, Hillingdon County Hospital, Middlesex.*

PLACENTA praevia occurs as a complication in about 1 to 2 per cent of all deliveries. That it is a serious complication is shown by the mortality rate, which varies from 2 to 8 per cent.

Recently the mortality rate has dropped for two reasons, *viz.*, (1) the increased use of blood transfusion, and (2) increased use of Caesarean section.

At the Baltimore Hospital in New York the death-rate from placenta praevia was, in 1922, 32 (11.5 per cent), in 1932 it was 38 (2 per cent). This drop was credited to the increase in the number of blood transfusions.

Arnell and Guerriero<sup>1</sup> reported a maternal death-rate 5 times greater after delivery by the vaginal route than after the abdominal route.

Siegel,<sup>2</sup> in 332 consecutive cases, reports a maternal mortality of 6.6 per cent in vaginal and 1.9 per cent in abdominal deliveries. The foetal mortality was 48.8 per cent in vaginal and 27.8 per cent in Caesarean deliveries.

Mahfouz and Magdi<sup>3</sup> report 314 cases in 18,467 deliveries, or 1.7 per cent. These comprised 19.7 per cent central, 58.7 per cent marginal, and 21.6 per cent lateral. The maternal death-rate was 6.1 per cent, and the foetal 49 per cent.

Marr<sup>4</sup> reported 146 cases. Forty of these were treated by Caesarean section, with a mortality of 2.5 per cent, and 106 by vaginal delivery, with a mortality of 5.6 per cent.

Binder<sup>5</sup> reported 84 cases in 9,000 deliveries, with a maternal mortality of 2.4 per cent and a foetal mortality of 6.0 per cent.

Greenhill<sup>6</sup> reported 118 cases, 42 of which were treated by Caesarean section without a death, and 76 by the vaginal route, with a 4 per cent mortality.

Wilson<sup>7</sup> reported 102 cases; 32 had Caesarean section, without a death, and 70 had vaginal deliveries, with a mortality of 4.3 per cent.

Berkeley<sup>8</sup> collected a series of 4,580 cases, of which 1,911 were treated by methods now in use, with the following results:

502 Caesarean sections, 21 deaths. Foetal 15 per cent.

571 bi-polar version, 30 deaths. Foetal 85 per cent.

391 scalp traction, 4 deaths.

391 rupture of membranes, 5 deaths.

Munro-Kerr<sup>9</sup> published the results from 5 of the large maternity hospitals in the British Isles. In a total of 1,083 cases the death-rate was 8.4 per cent. Divided into booked and emergency groups, the death-rates respectively were 3.1 per cent and 10.1 per cent. He compares these results with those of the Rotunda Hospital from 1927 to 1931, where, out of a total of 102 cases, there were 2 deaths, or 1.9 per cent. The difference between these two sets of figures he attributes to the system of staffing at the Rotunda Hospital.

The only published series of cases which corresponds with this report, is that of Daily,<sup>10</sup> from the Chicago Lying-in Hospital. He reports 139 cases without maternal mortality, and with 22 per cent foetal deaths. He stresses the use of blood transfusions, and of examination under anaesthetic in all suspected cases. The treatment in this series was as follows:

Caesarean section	...	...	58	cases
Rupture of membranes	...	...	25	..
Version	...	...	18	..
Bags	...	...	12	..
Porro operation	...	...	6	..

My series now reported occurred between 1937 and 1944 in a total of 8,000 deliveries.

The 130 cases of placenta praevia were in the following proportion:

Central	...	...	32
Marginal	...	...	46
Lateral	...	...	52

There was no maternal mortality.

Of the 133 infants born (3 sets of twins) 114, or 86 per cent, were born alive, 19, or 14 per cent, were stillborn, and 28, or 22 per cent, died. Thirty of the cases occurred in primiparae and 100 in multiparae. Eighty-three of the cases were emergencies, the remaining 47 occurring among clinic cases. Methods of treatment depended on the type of placenta praevia, and on the condition of the mother on admission. All patients were delivered as soon as possible after diagnosis had been made, with the exception of a few cases in which the baby was barely viable, and in which the mother agreed to stay in hospital under observation the whole time.

Treatment for the different types was as follows:

*Central placenta praevia.* (32 cases.)

Caesarean section	...	...	30
Application of Willett's forceps	...	...	1
Manual removal of placenta before delivery of the infant in a case when the patient was admitted fully dilated	...	...	1

*Marginal placenta praevia.* (46 cases.)

Caesarean section	...	...	15
Application of Willett's forceps	...	...	19
Plugging with the half-breech	...	...	3
Artificial rupture of membranes	...	...	4
Manual delivery	...	...	1
Normal delivery	...	...	4

*Lateral placenta praevia.* (52 cases.)

Caesarean section	...	...	2
Application of Willett's forceps	...	...	16
Artificial rupture of membranes	...	...	16
Normal delivery	...	...	18

Blood transfusions were required in 16 cases.

Puerperal pyrexia occurred in 7 cases—all following Caesarean sections—but all were mild and lasted only for about 3 days. Two of these cases were due to acute tonsillitis and 1 to pneumonia occurring before delivery. There was 1 case of paralytic ileus.

Of the 19 stillbirths, all were due to extensive separation of the placenta excepting 1, when the mother was seriously ill with pneumonia—the baby died before the onset of labour. Postmortem examinations were performed on 18 of the 28 cases of neonatal death, the causes of which were:

Prematurity	...	...	20
Congenital atelectasis	...	...	4
Cerebral haemorrhage	...	...	1
Congenital defects	...	...	3

### SUMMARY.

A series of 130 consecutive cases of placenta praevia is reported, without maternal death, and with a stillbirth rate of only 14 per cent.

New methods of treatment have not been used, and the results are probably due to increased use of Caesarean section and blood transfusion, to early diagnosis, and to the fact that all patients are seen immediately on admission by a senior obstetrician.

My thanks are due to my colleague, Dr. Noel Gosse, who assisted in the treatment of this series from 1940 to 1943.

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