

Preventive measures to reduce incidence of massive postpartum haemorrhage in Keningau Hospital

Adelynne KS, Sharifah Aminah SA, Siti Aishah T

Department of Obstetrics and Gynaecology, Keningau Cluster Hospital, Keningau, Sabah, Malaysia

ABSTRACT

Introduction: Postpartum haemorrhage remains one of the leading causes of maternal mortality and morbidity in Malaysia and both developed as well as developing countries. Massive Postpartum Haemorrhage (PPH) is defined as haemorrhage >1.5 litres and in the year 2020, Obstetrics and Gynaecology Department in Hospital Keningau experienced a spike in cases of massive PPH. Since then, we have adopted several methods to curb this to achieve an incidence of massive PPH to be <0.5%. We aim to review the effectiveness of preventive measures adopted by the Obstetrics and Gynaecology Department, Hospital Keningau in reducing the incidence of massive Postpartum Haemorrhage in cases delivered in Hospital Keningau. **Methods:** Data of the incidence of massive postpartum haemorrhage in total deliveries in Hospital Keningau from patient clinical records were analysed from the years 2015-2021. **Results:** Incidence of massive PPH in the year 2021 was 0.47 compared to 2020 which was 0.86 reflecting significant reduction in cases. Efforts included identifying women at significant risk of haemorrhage, adopting quantitative methods in estimating blood loss, utilization of red alert drill, early involvement of obstetrician, increased number of medical officers on call per day, prophylactic use of uterotonic drugs and early use of anti-fibrinolytic agent. **Conclusion:** Implementation of preventive measures proved successful in reducing the incidence of massive PPH for obstetric patients in Keningau Hospital.

A rare case of morbidly adherent placenta in an unscarred uterus: A case report

M Azizan MR¹, Syarifah N², Nadia Ramli¹, Farah I¹, Siti Aishah T¹

¹Department of Obstetrics and Gynaecology Keningau Cluster Hospital, Keningau, Sabah, Malaysia, ²Department of Pathology, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

ABSTRACT

Introduction: Morbidly adherent placenta (MAP) refers to any placental implantation with abnormally firm adherence to myometrium. The American College of Obstetricians and Gynecologists cites the incidence be as high as 1 in 533 deliveries. There are three degrees of morbidly adherent placenta: placenta accreta, increta and percreta. The rate of morbidly adherent placenta with previous caesarean section scar and unscarred uterus also increased significantly. Previous caesarean section and co-existing placenta previa remained the major risk factors. We report a case of an adherent placenta in the absent of prior risk factors and discuss modalities of management options available. **Case Description:** A 46-years-old female patient without history of scarred uterus, gravida 8, para 7, pregnant at 39 weeks admitted for Covid-19 positive in active phase of labour with foetal distress, hence the indication for an emergency caesarean section. The diagnosis of adherent placenta is made during the caesarean. She was successfully managed surgically with subtotal hysterectomy in view of age and parity of the patient. **Discussion:** Morbidly adherent placenta often associated with severe maternal morbidity and mortality. Hence, early detection, high index of clinical suspicion and timely decision may reduce patient morbidity as the surgeon strategizes on the best management of the case, mainly in anticipating the difficulty that may be encountered during surgery.