Peripartum hysterectomy audit at Port Shepstone Hospital: a five year review

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Background

Over the years the peripartum hysterectomy has become a life-saving procedure.

Aim

To determine the incidence of peripartum hysterectomy.

To audit maternal and neonatal outcomes in patients who were done peripartum hysterectomy.
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Materials and methods

I developed a structured audit form. Permission to do the research from BREC(BE 387/13), Port Shepstone hospital, and KZN DOH was obtained.

The medical records of 126 patients who had PPH and 83 patients which were done peripartum hysterectomy were reviewed over a five year period.

Maternal characteristics and details of the current pregnancy, hysterectomy indications, complications, and maternal and neonatal outcomes were evaluated.

A statistical package (SPSS version 24.0) was used to analyze the data.
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Total number of deliveries during study period (n=17,657)

- CS deliveries (n=8,462; 47.9%)
- NVD deliveries (n=9,195; 52.1%)

Peripartum hysterectomy incidence during study period (n=83; 4.7 per 1000 deliveries)

- Peripartum hysterectomy incidence post CS (n=61; 7.2/1000 CS). C/s was associated with PH: p=0.0001.
- Peripartum hysterectomy incidence post NVD (n=17; 1.85/1000 NVDs)
There were 31 (37.3%) perinatal deaths.

Two (2.4%) women died.

Indications for PH: PPH n=67(81%), Puerperal sepsis n=11(13.3%), post abortal sepsis n=5(6%).

ICU admission: 51 (61.4%) of women.

Sixty four (77.1%) patients required blood transfusion.
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- Peripartum hysterectomy incidence at PSH was 4.7/1000 associated with high perinatal death rate of 37.3%. Uterine atony, ruptured uterus and sepsis were the common indications for PH.

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- Recommendations:
  Further studies on psychological and social impact of PH. PH audit in private sector. Medical officer training to perform at least subtotal hysterectomy. Decrease unnecessary C/S.