Pregnancies following the use of balloon tamponade technology in the previous pregnancy

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Abstract
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CASE 2: Index pregnancy

A 28yr old nulliparous woman with pregnancy induced hypertension requiring pharmacological treatment (labetalol 100mg, twice daily) was admitted in early labour at 39 weeks gestation. Following the birth of her baby, a retained placenta was manually removed by attempted manual dissection. A PPH followed secondary to an atomic uterus ensued. Despite the use of all intrauterine balloons, Bakri balloon, infused to 400mls was required in order to achieve a visible tamponade on the placental site. The balloon disintegration (400mls oxytocin) was continued until the Bakri balloon was removed, within 24hrs of delivery. The increased blood loss of 400mls was seen on an outpatient setting at 6 weeks, whilst still breast-feeding. An USS at this stage revealed a uterus which was “unremarkable in appearance”. The histopathology of the placenta was reported as normal without evidence of retained placenta accreta. Regular normal menses commenced when breast-feeding ceased at 10 weeks.

Subsequent pregnancy

Twenty-three months later this woman presented in her second pregnancy at 14 weeks pregnant with a booking BP of 130/66. She was not on any anti-hypertensive medications. A 19-week anomaly scan indicated the presence of an anterior placenta with a posterior succenturiate lobe. This was not low lying. Active management of the third stage together with a prophylactic 40iu oxytocin infusion was recommended. The remainder of the pregnancy was uncomplicated. Spontaneous labour ensued at 38 weeks gestation. This was followed by a vaginal delivery 2hrs following the spontaneous rupture of membranes, without any further complications. The patient was discharged on day 4 and was seen at 6 weeks with an ultrasound scan (USG) that was reported as “normal”. In addition, normal menses returned following cessation of breast feeding.

Subsequent pregnancy

Eighteen months later this woman presented at 6 weeks gestation. At 39 weeks gestation, she had a social induction of labour using ARME, due to living at a distant location with respect to the main hospital. Four hours later, she birthed her baby with a first degree perineal tear that eventually was sutured. Active management of the third stage together with a 40iu syntocinon infusion was commenced as previously planned through her care. Despite this, a subsequent trickle of blood ensued that was managed with PR misoprostol (800mcg) and IM (250mcg) ergometrine. A total estimated blood loss of 1000mls was recorded. The patient was discharged on the second day following delivery, after breast-feeding was established.

References

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