

The participants of age group 22–29 possessed high level of awareness about gynecological care and sexual health. Among them 84 % (42) has proper awareness about cleanliness of external genitalia, 76 % (38) aware about normal process of menstruation and ovulation, 90 % (45) have knowledge about contraceptives and everyone knows about at least one sexually transmitting diseases. Adults (age 30–36) have comparatively good knowledge about gynecological care and sexual health. Among them 58 % (7) has proper awareness about cleanliness of external genitalia, 83 % (10) aware about normal process of menstruation and ovulation, 83 % (10) have knowledge about contraceptives and all participants have knowledge about at least one sexually transmitting diseases. Late adolescents (age 18–21) have minimum knowledge about the gynecological care. Among them 30 % (3) has proper awareness about cleanliness of external genitalia, 60 % (6) aware about normal process of menstruation and ovulation, 60 % (6) have knowledge about contraceptives and 70 % (7) knows about at least one sexually transmitting diseases.

Participants got aware about gynecological and sexual health from parents, partners and friends (32 %), from school or university (16 %), from internet and mass media (53 %).

### **Conclusion**

Level of knowledge and awareness about gynecologic care and sexual health of late adolescents and young adults are optimal in age group 22–29. The knowledge has to be improved in age group 18–21 compared to other age groups. Overall knowledge of gynecological care and sexual health is satisfied. Mostly the internet and mass media has played a major role in it. Necessity of developing level of knowledge and awareness about gynecologic care and sexual health of late adolescents and young adults in Sri Lanka is important.

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## **PLACENTA PREVIA RELATED HAEMORRHAGE MANAGEMENT IN DEVELOPING COUNTRIES**

### **Introduction**

Placenta previa is the implantation of placenta partially or completely over the lower uterine segment, particularly over and adjacent to the internal os [1]. Placenta is the feto-maternal organ that develops during pregnancy, which facilitates oxygen and nutrition supply to the fetus via the maternal circulation, till the delivery is done. Placenta itself develops in the upper uterine segment usually. But still if the placenta covers the lower uterine segment in the early

gestational period, but in 90 % of cases it moves upwards along with the expansion of uterus. But if this not occurs and obstructs the cervix, it can cause antepartum hemorrhage while obstructing the delivery pathway of the baby. Placenta previa may be classified as marginal placenta previa, partial placenta previa and complete placenta previa depending on how much of the lower uterine segment is covered by the placenta. Placenta previa can cause several feto-maternal complications, thus indicates the necessity of exploration of methods of management of it.

### ***Goal***

To descriptively study and obtain a profound understanding of management methods of placenta previa related antepartum hemorrhage, assessing which interventions and measures have proven more efficacy towards reducing complications in developing countries.

### ***Material and methodology of the research***

The global level statistics were gathered from the World health organization website. (WHO). Since the article emphasizes on developing countries statistics of Sri Lanka was given priority. SLOGC.lk which refers to the Sri Lanka College of obstetricians and gynecologists was the main source of statistical data. De Zoysa women's hospital, Colombo and Base hospital Colombo were used for further statistics. Data such as gestational age, maternal age, conceptive methods, mode of delivery, regularity of antenatal checkups, previous history of placenta previa were gathered in order to gain a profound understanding of risk factors. The definitions and other related data were also collected by recognized search engines such as PubMed and Medscape, while the Dutta's textbook on Obstetrics which has a vast amount of knowledge is worth mentioning.

### ***The results of the research and their discussion***

Placenta previa is an inheritance obstetrical hazard that occurs in about 1 in 200 pregnancies when global data are taken in to consideration. As this causes several complications in both mom and fetus, it is worth discussing the management methods of it. When it comes to a pregnant mother with placenta previa, antepartum hemorrhage with different degrees of shock is an unavoidable complication. If the antepartum, postpartum or intrapartum hemorrhage is massive, it even can cause death. Statistics prove that placenta previa has become a major secondary cause for the increasing rate of caesarean section surgeries in developing countries.

Data was collected regarding a patient sample recorded during 2021–2022 at the De Soysa Hospital for women, Colombo, Sri Lanka who were diagnosed with placenta previa and given necessary treatment. Mean age of the women who participated in this survey was 34,1 years. Mean gestational age of diagnosis was 25,4 weeks. Mean pre operational stay of 9,5 days and mean post operative stay 8,8 days along with a total hospital stay of 6–48 days could be evaluated. Majority of the patients were in their second pregnancy currently. 45,4 % of incidents were reported with fetal distress, 27,2 % had lack of progression, 9 % with reduced movements of fetus and 9 % with antepartum hemorrhage [3].

Intrapartum hemorrhage in placenta previa occurs due to further separation of the placenta along with the dilation of the cervix. Postpartum hemorrhage in placenta previa occurs due to imperfect retraction of the lower uterine segment upon which the placenta is implanted [2]. Management of placenta previa includes many strategies. Immediate action should be taken to a hospitalized patient due to placement previa. Assessing the blood loss, taking of blood sample for grouping and cross matching, normal saline infusion, gentle abdominal palpation should be the immediate steps.

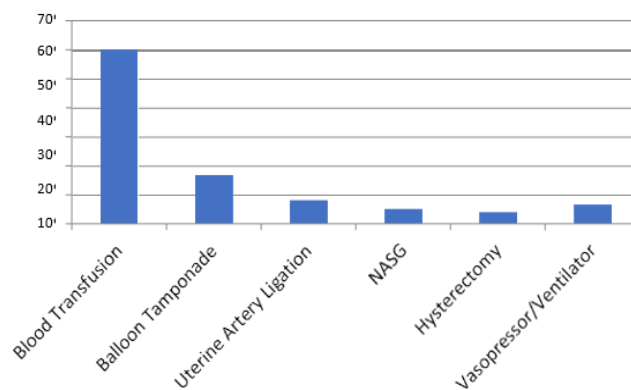
The statistics that were collected from the base hospital proved that prevalence of placenta previa and hysterectomy rate was more among younger women who were living in rural areas and low socioeconomic status due to lack of antenatal checkups regularly. [2] When it comes to management strategies of placenta previa related post-partum hemorrhage, nearly 60 % of the cases required blood transfusions. 16,5 % of patients were managed by the balloon tamponade and also a considerable percentage of 8 % underwent a uterine artery ligation to stop hemor-

rhage. Other procedures such as B lynch sutures and internal iliac artery ligation were also used as accessory methods, but comparatively in fewer cases. As blood loss could further lead to hypovolemic shock, non-pneumatic anti shock garment (NASG) was also used as a method of prophylaxis of shock, in about 5 % of total placenta previa patients.

Postpartum hysterectomy was reported as performed in 4 % of patients, while 6,5 % of placenta previa patient profiles had stated that they were managed via vasopressor medication and ventilator treatment as well, in order to manage placenta previa related massive hemorrhage [3]. Statistics further prove that placenta previa leads to septicemia and thrombophlebitis in a significant number of pregnant patients, while indicating the necessity of administering to the intensive care unit. Several cases of maternal death were also reported [1].

A higher number of blood transfusions were reported in patients with previous placenta previa issues, compared to patients who never had placenta previa earlier. The percentage was as high as 6,2 % in caesarean sections and 2,1 % in vaginal deliveries [2].

Placenta previa patients had a mild increment in the risk of intra uterine growth retardation of the fetus too [3].



**Figure 1 – Percentage of usage of different management methods of placenta previa in developing countries**

### **Conclusions**

Assessing the risk factors for placenta previa such as low socio-economic status, previous C sections, previous incidents of placenta previa, multiparity and advanced maternal age is the most important step in reducing the number of incidents that occur. Regular antenatal checkups should be emphasized. Uterine procedures that pose a risk towards placenta previa should be avoided. Early diagnosis based on transvaginal ultrasonography and timely referral to a tertiary care center with adequate skilled obstetricians, anesthetists, blood bank facilities and neonatologists is a major requirement in successful management of placenta previa. Several methods as blood transfusion, balloon tamponade, uterine artery ligation and B lynch sutures should be performed as per indications.

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