A STUDY ON PERINATAL MORTALITY

by

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Introduction

Most of doctors working in Manipur State feel that perinatal mortality in the state must be very high. As Regional Medical College, Hospital, Imphal is the biggest hospital of this state situating almost at the heart of the capital town Imphal, a perinatal mortality study has been done among the perinatal death patients in the hospital since August, 1978 to February, 1980.

Material and Observations

There were 2,662 deliveries since August, 1978 upto February, 1980 (about one and half year) and there were 179 perinatal deaths. All these perinatal death patients are carefully studied since August, 1978 and following observations are made.

Age

Perinatal mortality increases with the advancing age (Table I).

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TABLE I

Distribution of Prenatal Deaths in Different Age Group

Age	Total No. of cases	Perinatal death	Percentage
19 years & less	604	14	2.4%
20 to 24 years	628	33	5.3%
25 to 29 years	418	37	8.8%
30 to 34 years	492	47	9.5%
35 to 39 years	416	48	11.5%
40 years & above	104	17	16.3%

Duration of Labour

We feel that the anaesthetist and blood bank Officer should be available in the hospital all the time. Because perinatal mortality is much higher in these patients who are admitted after prolonged labour than these patients who are admitted early. When the patient is admitted after prolonged first stage of labour, membranes are already ruptured and history of handling by dhais is obtained in many cases. The difference of perinatal mortality depending upon the time of admission is much more marked in the cases of abnormal presentations (Table IV).

TABLE II

Perinatal Deaths in Relation to the Time of Admission and Presentation

Presentation	Admitted in 1st stage of labour or early 2nd stage of labour			Admitted after prolonged labour 1st and 2nd stage)		
	Total birth	Perinatal death	%	Total birth	Perinatal death	%
Vertex	1996	44	2.2%	522	85	16.2%
Breech	48	15	31.2%	23	17	73.9%
Face	6	0	0%	4	1	25%
Brow	1	0	0%	2	0	0%
Shoulder/ Transverse	37	3	8.1%	23	14	60.8%

TABLE III

Perinatal Deaths in Relation to the Mode of Delivery and Associated Medical and Obstetrical Problems

Mode of delivery	Pregnancy with Medical and Obstetrical Problem			Pregnancy without Medical and Obstetrical Problem		
	Total birth	Perinatal death	%	Total birth	Perinatal death	%
Vertex	83	29	36.8%	2100	62	2.9%
Ventouse/ Forcep	21	6	28.5%	113	6	5.3%
C.S.	49	19	39.1%	235	23	9.7%
Face	2	1	50%	8	1	12.5%
Breech	13	8	61.5%	58	24	43.1%

TABLE IV

Perinatal Mortality Distribution According to the Duration of Gestation

Duration of Gestation	With Medical and Obstetrical Problem			Without Medical and Obstetrical Problem		
	Total birth	Perinatal deaths	%	Total birth	Perinatal deaths	%
Full term	94	22	23.4%	2345	66	2.71%
Premature	72	56	77.7%	139	35	25.1%
Postmature (more than 42 week)	2	0	0%	10	0	0%

Perinatal mortality survey in India (1977-79) by FOGSI also shows that perinatal mortality is very high in the hospital where emergency admissions are very frequent.

Association with Medical and Obstetrical Problems

Antenatal visit is very much neglected in this part of country. Whenever any

medical or obstetrical problem is associated with the pregnancy, perinatal mortality is very high (Tables III and IV). To popularise the importance of antenatal examination, employment of more health visitors and social workers is felt extremely necessary.

Baby Weight

Perinatal mortality is very high when the baby is less than 2 kg. weight (Table V). This shows the importance of Intensive Baby Care Unit and proper antenatal care.

Cause of Perinatal death

In the clinical analysis of the causes of perinatal death in the hospital, Foetal hypoxia is found the most important cause. The other causes and their contributing factors are shown in Table VI.

Discussion

The perinatal mortality survery in India done by F.O.G.S.I. (1977 to '79) shows the mean perinatal mortality in teaching hospitals is 79.32. Our College survey shows perinatal mortality rate as 67.9 from our study. Although this is the only medical college in the state which receives referred cases from different district hospitals, still then we feel that many cases from remote areas might have not been referred in this hospital. Employment of health visitors and social workers, periodic refreshers courses given to the health centre doctors, establishment of

TABLE VI
The Cause of Perinatal Death

	No. of Perinatal death	Cause	Contributing factors
A	68	Foetal hpoxia	1. Obstructed labour-24 2. Accidental haemorrhage-21 3. Severe P.E.T.-12 4. Cord prolapsi-9 5. Eclampsia-2
B	54	Premature	1. Idiopathic-12 2. P.E.T.-10 3. Hydromnios-9 4. Severe anaemia-6 5. Twin pregnancy-5 6. Placenta praevia-12
C	38	Undetermined (Still birth)	
D	11	Congenital abnormality	
E	4	Infection	
F	4	Birth trauma	

TABLE V
Relationship Between Perinatal Death and Baby Weight

Weight	Total No. of babies	Perinatal death	%
750 to 1500 gms.	95	69	72.6%
1501 to 2000 gms.	103	40	38.8%
2001 to 2500 gms.	523	39	7.6%
2501 to 3000 gms.	743	23	3.09%
3001 to 3500 gms.	1029	7	0.68%
3501 to 4000 gms.	147	1	0.69%
4001 to 4500 gms.	20	0	0%
4501 to 5000 gms.	1	0	0%
5001 to 5500 gms.	1	0	0%

mobile medical unit, liberal distribution of haematinics, employment of more anaethetists, Premature Baby Care unit and blood bank service will help a lot in the reduction of prenatal mortality in this part of country.

Acknowledgement

We are thankful to Principal, Regional Medical College, Imphal and Medical Superintendent, R.M.C. Hospital, Imphal for allowing us to use and publish hospital records.