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Editorial

Maternal Mortality

Maternal Mortality is a very sensitive index to know the type of Obstetric care that the woman receives during pregnancy, labour and puerperium. It indirectly reflects on the socioeconomic status of the patient, as well as her State and Country.

In the developed nations the maternal mortality has been reduced even below 1 per 10,000 live births. In the developing and under-developed nations the figures range from about 10 to 100 maternal deaths per 10,000 livebirths.

The practice of obstetrics has been revolutionised to a great extent all these years. The utopian objective of obstetrics is that every pregnancy should culminate in a healthy mother in possession of a healthy baby. The obstetrician these days is not only concerned with the well being of the mother but of the foetus too. The reduction of maternal mortality was possible because of the increased and efficient antenatal care, increased practice of institutional deliveries, blood bank facilities, advent of newer diagnostic and therapeutic procedures and of higher antibiotics and chemotherapeutic drugs. There is also availability of maternity services in the district as well as peripheral hospitals and if needed referal services to the nearest teaching hospital.

Amongst the obstetric deaths, there is a sizable reduction in the direct obstetric deaths. This was possible due to ideal antenatal and intranatal care, safety of chemotherapeutic drugs and antibiotics, X-ray pelvimetry, biochemical investigations, antenatal and intranatal foetal monitoring, ultrasonography etc., and effective management of labour. There is timely diagnosis of cephalopelvic disproportion, as well as abnormal presentations and positions and thus timely obstetric interference by vacuum, forceps or caesarean section, which reduces the risk of obstructed labour and ruptured uterus. Difficult obstetric manoeuvres like internal podalic version, manual rotation of the head, and destructive operations are a thing of the past. Active management of third stage and prophylactic use of oxytocics has decreased the need for manual removal of the placenta and decreased the incidence of post partum haemorrhage and hysterectomies performed for post partum haemorrhage.

Liberal use of caesarean section in

cases of placenta praevia is also effective. Prevention of early detection of toxaemia of pregnancy prevents many deaths too from eclampsia or accidental haemorrhage. Similarly, early detection of predisposing conditions for D.I.C. and Hypofibrinogenemia and instituting energetic treatment can prevent many maternal deaths. In the era of antibiotics one should not shelve the sound and fundamental principles of antiseptic and aseptic precautions. Only this will reduce the chance of sepsis. The deaths due to spontaneous abortions have gone down due to prompt treatment and adequate blood transfusion. Abortions carried out by quacks still pose a great problem giving rise to maternal mortality due to sepsis. This can still effectively be reduced by making the population aware of medical termination of pregnancy in first and second trimesters of pregnancy as per the law and its easy availability in recognised institutions, where it can be done with utmost care and safety by properly recognised and qualified medical personnel. The second trimester termination still poses a great problem in that occasional cases succumb from termination especially after use of hypertonic saline solution. One has to be extremely vigilant in case of second trimester termination of pregnancy.

As far as the indirect obstetric deaths are concerned, there is a substantial reduction in maternal mortality rate due to these causes. The early detection of anaemia, cardiovascular disease and pulmonary tuberculosis etc., and prompt treatment in such cases has been very effective. Close liasion between the physician and surgeon and obstetrician and gynaecologist in medical and surgical disorders is invaluable.

In the developing and underdeveloped countries there is still the problem of severe malnutrition due to bad socioeconomic circumstances. There is superadded illiteracy and ignorance. There is maldistribution of medical personnel in rural and urban areas, as they are more concentrated in the urban areas. This leads to improper and ineffective or no medical care in some rural areas. Though efficient and adequate medical facilities are available in the vicinity, both in urban as well as in rural areas, in many cases ignorance, lack of interest not only by the patients but their relatives too result in neglect, contributing to obstetric and medical complications and higher risks for the patients. It is not only important to raise the literacy status of the nation as a whole. but especially to raise the female literacy rate. Health education and the concept of family welfare should be imparted right from the secondary school level. Stress should be laid not only on curative aspects of disease but on the preventive aspects too.

It is the sole duty of the rulers of the nation to take care of the public, and they should earmark adequate finances for not only the curative aspect of medicine but also for the preventive aspect too. This entails streamlining the maternal and childhealth care centres throughout the length and breadth of the country, and manning them, with well trained medical, nursing and paramedical personnel. The medical student of today has to be taught and oriented to the concept of social obstetrics, taking care adequately of not only the patients but their families too. Primary health centres using ideal antenatal care should screen in time high-risk group of cases and subject them for further investigations and treatment at district or teaching hospitals and wherever feasible mobile antenatal clinics should be

instituted. To combat any emergency in rural or urban slum areas where adequate facilities are lacking, flying squads with all the equipment to give blood transfusion and facilities for performing obstetric manoeuvres on the spot, will go a long way to reduce the maternal mortality.

There is dire need of Maternal Mortality Committees to be instituted in every hospital in the town, city, district, State and the Country. There should be a close liasion amongst them. Periodic reviews of maternal mortality on a National and International level by holding seminars or conferences are very essential to take stock of the present and to find out ways and means of reducing the maternal mortality still further in future.

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