

MATERNAL MORTALITY—REVIEW OF 6 YEARS

By

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SUMMARY

Maternal mortality in developing countries is ten times higher than in developed countries. The present study was carried out in Sassoon General Hospital, Pune from 1980-85. There were total 113 maternal deaths. Thus MMR in present study was 3.15/1000 live birth. About 50.37% of the deaths were due to direct obstetrical causes and 49.63% were due to indirect causes. Sepsis was the commonest cause (23 cases). Haemorrhage was responsible for 17 maternal deaths. In 33 cases infective Hapatitis was the cause of deaths. Toxaemia and eclampsia was seen in 1 and 18 cases respectively.

About 75% of the deaths were preventable provided they were given adequate antenatal care and referred in time.

Introduction

A happy child is a nation's pride, but no child will be happy without his/her mother. Death of a mother is not a personal but a family tragedy and when the death is premature and preventable it is more painful and unbearable.

Maternal mortality in developing countries is ten times higher than in developed countries.

The present study was carried out in Sassoon General Hospital, Pune over a six years period from 1980 to 1985. During this period there were total 35342 live births and total 113 maternal deaths. Thus the maternal mortality rate was 3.15/1000 live births.

Table I shows our observations. Most of the patients were unregistered.

Majority were young (between 21-25 years). To our surprise about 45.13% patients were primis and grand multies accounted for only 10.61%.

TABLE I
Maternal Deaths Due to Different Causes

Cause	No. of patients
Haemorrhage	17
PPH	7 (41.17%)
APH	2 (11.76%)
Rupture Ut.	3 (17.64%)
Vesicular Mole	2 (11.76%)
Ectopic pregnancy	2 (11.76%)
Dic	1 (5.88%)
Sepsis	23
Puerperal	9 (38.2%)
Post abortal	12 (52.1%)
Caesarean Section	1 (4.3%)
Toxaemia	1
Eclampsia	18
Inf. Hepatitis	33 (29.40%)
Anaesthetic complications	4 (6.32%)
Total	113

From: Sassoon General Hospitals, Pune.
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About 50.37% of the patients died due to direct Obstetrical cause and in 49.63% of the cases indirect cause was responsible.

Though it is said that haemorrhage is the commonest killer in our country but in our study it amounted to only 14.11% while sepsis tolled to about 19.45% of the deaths.

Eclampsia was the second common cause of MMR in our series giving an incidence of 16.81%. It is quite painful to note that infective hepatitis was responsible for 29.40% of the maternal deaths. The incidence of cardiovascular and anaesthetic complications and anaemia ranged from 4-6%.

Sepsis was major cause (19.45%) of death due to direct Obstetrical causes. Of the 23 cases of sepsis most of the cases (12), 52.1% had postabortal sepsis. 85% of them were induced abortion done by quacks. 9 patients died due to puerperal sepsis and only a single case of caesarean section had post-operative sepsis. This case had premature rupture of membranes and was referred very late.

Amongst the haemorrhage group (17 cases) PPH was the commonest (41.17%) APH accounted to about 11.76%. Rupture uterus was seen in 3 cases (17.64%). There were two cases each of vesicular mole and ectopic pregnancy. There was not a single case of inversion of the uterus.

Table II shows the MMR due to dif-

ferent causes by different workers. Our rates coincides with Bhaskarrao *et al* and Lopez J. A. (1986) *et al* as far as sepsis is concerned. However the incidence of sepsis was quite low in Jyoti Sinha's (1986) series (6.5%). The reason for higher incidence of sepsis in our series is probably ours is a biggest and only referral centre where patients are referred usually late.

In present study haemorrhage was responsible for 14.11% of maternal deaths. While Bhaskar Rao and Jyoti Sinha had reported the rates as 22.20% and 40.00% respectively.

Our incidence of toxemia (16.81%) was quite comparable to Jyoti Sinha's 15.50% while Bhaskar Rao had 9.89% cases of toxemia.

Infective hepatitis was the major indirect cause (29.40%) for maternal mortality in our series which coincides with Bhaskar Rao (32.10%). Of course this disease cannot be compared to others as it has got epidemiological variation.

Even though good and modern anaesthetic services were available still we had 4 (6.32%) maternal deaths due to anaesthetic complications.

Comment

From this study it is quite evident that the maternal mortality in our in-

TABLE II
Causes of MMR by Different Workers

Name of the worker	Sepsis %	Haemorrhage %	Toxaemia %	Infective Hepatitis %
1. Bhaskar Rao	28.69	21.53	9.59	32.10
2. Jyoti Sinha	6.5	40.00	15.5	14.00
3. Lopez, J. A. <i>et al</i>	26.16	—	—	—
4. Present study	19.45	14.11	16.8	29.40

