

MATERNAL MORTALITY RESULTING FROM ANTEPARTUM HAEMORRHAGE—REVIEW OF 20 YEARS

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SUMMARY

Maternal mortality is the greatest tragedy that can occur in a family. Its social implications are far worse than those of a perinatal death. In our study at Nowrosjee Wadia Maternity Hospital Bombay, which extended over 20 years from 1963-1985, there were 1,885 cases of ante-partum haemorrhage. There were 36 maternal deaths due to APH giving a maternal mortality of 1.9%. Deaths due to APH contributed to 9.4% of the total maternal deaths in that period. The maternal mortality rate between 1963-1985 (records of 1970, 1977, 1980 were not available for the study) was 157/100,000 live births. 14% of the patients who died were primi parae. Seventyfive per cent of the deaths were seen in unbooked cases. Fifty per cent of the deaths followed vaginal deliveries while 39% followed caesarean section. Thirtynine per cent of cases had placenta previa, 56% died of accidental haemorrhage. The maternal mortality due to APH was seen to have declined from 2.05% during 1963-67 to 0.78% during 1980-85 reflecting improvement in the management of cases of antepartum haemorrhage.

Introduction

Maternal mortality is the most sensitive index of the obstetrical care a woman received during pregnancy, labour and puerperium. However much one may try to improve obstetric care, one has not been able to delete the term maternal mortality from the labour room register in any part of the world. Maternal mortality in India is 5-10 times higher than in the developed countries. However, it has reduced from

2000/100,000 live births in 1946 to 300/100,000 (LB WHO, 1984). India has set a goal of attaining a MMR of < 2/1000 live births (Health statistics 1984).

Material and Methods

A retrospective study of maternal mortality due to APH over a period of 20 years from 1963-85 was carried out at Nowrosjee Wadia Maternity Hospital, Bombay. The records of the years 1970, 1977 and 1980 were not available for the study. In this period there were 2,41,948 deliveries and 382 maternal deaths. There were 1,885

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cases of APH, out of which 36 cases died. There were 810 cases of placenta praevia whilst 1075 had accidental haemorrhage.

Results and Analysis

The maternal mortality rate over 5 yearly period was as seen in Table I.

TABLE I
Maternal Mortality Rates Over 5 Years Intervals

5-Yearly intervals	M. M. Rate
1963-1967	279/100,000 LB
1968-1973	163/100,000 LB
1974-1979	135/100,000 LB
1980-1985	54/100,000 LB

The MMR between 1963-67 was 279/100,000 LB which has fallen to 54/100,000 LB between 1980-85. Analysis of data from 22 centres showed an average MMR of 703/100,000 LB (ranging from 284/100,000 LB to 3591/100,000 LB).

The MMR due to APH was 1.9%. In cases of placenta praevia it was 1.72%, in accidental haemorrhage it was 1.86%.

Mortality was highest in the age group of 25-29 years. 69.4% of our patients who died were under the age of 30 years.

The maternal mortality in primiparae was 14% in para 2-4 it was about 42.0% and in grand multiparae it was about 44%.

75% of the deaths occurred in unbooked cases. From 1963-74 80% of the deaths were seen in unbooked cases as against 71% in the year 1974-85. Being a teaching hospital and a recognised referral centre, we do not get many unbooked cases

for management. Out of the 36 maternal deaths due to APH 18 (50%) followed vaginal delivery, out of which 5 patients also had PPH 14 patients died after caesarean section. On detailed analysis it was found that they had arrived at the hospital at a very late stage and caesarean section was done in desperate situations. Three patients died before delivery as they were in a state of irreversible shock at the time of admission.

Table II shows that 44.4% of patients had associated medical complications. 25% of the patients had anaemia. 16.66% of patients had hypertension in pregnancy.

TABLE II
Associated Medical Complications

Medical complications	%
Anaemia	25
Jaundice	2.8
Hypertension	16.66

As seen in Table III, 14 patients (39%) died of placenta praevia. Twenty (56%) of accidental haemorrhage, whilst in 2 patients no cause could be detected. 86% of patients with placenta praevia died of obstetric shock, 14% of DIC. On the other hand 60% of patients of accidental haemorrhage died of shock, 25% of DIC and 15% of renal failure.

Table IV shows maternal mortality in APH over 5 yearly intervals. A remarkable decrease of maternal mortality in APH from 2.05% during 1963-67 to 0.78% during 1980-85 was noted. This reduction in

TABLE III
Cause of Death

Type of APH	Total cases	Shock	Renal failure	DIC
Placenta praevia	14 (39%)	12 (85.7%)	—	2 (14.3%)
Accidental haem.	20 (56%)	12 (60%)	3 (15%)	5 (25%)
Unclassified	2 (5%)	2	—	—

TABLE IV
Maternal Mortality in APH Over 5 Yearly
Intervals

5 Yearly intervals	M.M. in APH
1963-1967	2.05%
1968-1973	2.98%
1974-1979	2.08%
1980-1985	0.78%

the mortality was due to prompt resuscitation, improvement in specific management and better blood transfusion facilities. However, maternal mortality still contributes to 9% of the total maternal deaths, which still is very high as compared to 3.5% of mater-

nal deaths as mentioned in the report on confidential enquiries into maternal deaths in England and Wales, 1982.

Looking back one feels that the maternal mortality due to APH can be reduced further by having more of booked cases, better blood transfusion facilities, early patient referrals from peripheral centres, early arrival of patients after a bout of bleeding resuscitation and early operative interference.

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