A FIVE YEARS STUDY OF MATERNAL MORTALITY IN JAUNDICE

SUNANDA KULKARNI

SUMMARY

A five years retrospective study (1991-95) of maternal deaths due to jaundice in Districtct Hospital, Bellary, is presented. Totally 82 cases of jaundice were admitted and 23 patients died due to jaundice and its complications. The death rate was 28.04%. An indirect obstetric cause of maternal deaths, jaundice was responsible 30%. Most of the deaths occured in last trimester of pregnancy (66%) and in puerperium. Hepatic coma was the cause of death in 68.8% of cases.

INTRODUCTION

Jaundice in pregnancy is often encountered in our country. Most of the cases are referred in the moribund stage to the institution.

Certain factors probably play an important role in the development of Jaundice during pregnancy. They are depression of immune mechanism, associated anaemia and hypoprotenemia and lastly changes in the liver produced by placental harmones.

Dept. of Obs. & Gyn. Districtct Hospital, Bellary
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Jaundice in pregnancy can be classified as

A. Jaundice peculiar to pregnancy - - Endotoxic shock, DIC, Toxaemia of pregnancy, Hyperemesis gravidaram, Cholestatic pregnancy, Acute fatty liver.

B. Jaundice incidental to pregnancy - - Viral hepatitis, Extra-hepatic cholestasis, Biliary cirrhosis, Hemolytic Jaundice.

Hepatitis may be caused by specific Hepatitis viruses from A to E Epstin barr virus, Echo virus, yellow fever, Bacterial

- leptospira ictero haemorrhagica - Protozoa amoebiasis. Idiosyncracy to certain drug also causes jaundice.

MATERIALS AND METHODS

A 5 year retrospective analysis of maternal mortality due to jaundice has been carried out in District Hospital, Bellary, from January 1991 to December 1995.

The study showed that there were 223 deaths and jaundice was responsible in 23 patients (10.4%). Among 82 patients admitted as jaundice the mortality was 28.04%.

Table I

1.	Total number of deliveries	12,723
2.	Number of maternal deaths	223
3.	Maternal mortality rate	17.52/1000
4.	No. of jaundice patients admitted	82
5.	No. of deaths due to jaundice	23
6.	% deaths due to jaundice	28.04%
7.	% deaths due to jaundice in relation to total maternal deaths	10.4%
8.	No. of deaths due to indirect cause	77
9.	% of deaths in relation to indirect obstetric - deaths	30%

Table II
AGE DISTRIBUTION

Age	No. of cases	%
16 - 20	7	30.43
21 - 29	12	52.12
30 & >	4	17.39
Total	23	99.99

Table No. II depicts 82.6% of our patients were less than 30 years old. 30.43% were below the age of 20 years.

Table III
PERIOD OF GESTATION

Period of gestation	No. of cases	%
< 20 wks	1	04.34
21 - 28 wks	7	30.43
29 - 30	8	34.78
38	1	04.34
Puerperium	6	28.08

Table III shows that out of 23 deaths 15 patients (66%) died after 28 weeks of pregnancy i.e. in last trimester and in puerperium.

Table IV

Condition at the admission	Cases	%
A) with Jaundice	15	66.02%
B) without Jaundice	8	26.08%

Table IV shows the 66.2% of patients were admitted to the hospital with Jaundice, and remaining patients entered without Jaundice at the time of admission.

Table 'V

Outcome of pregnancy	No. of cases	%
Delivered	14	60.86
Abortions	02	08.69
Undelivered	07	30.43
Total	23	99.98

Table V shows that the patients died after delivery of 14 cases 50% were still born. Totally 7 patients had premature labour and 7 delivered near term.

Table VI

Adm. death interval	No. of cases	%
< 24 hours	8	34.78
1 - 3 days	11	47.82
3 - 7 days	2	08.69
> 7 days	2	08.69
Total	23	99.98

Table VI shows that out of 23, 8 patients died within a day after the admission and 11 patients died within 3 days. Totally 82.60% of cases died within 3 days after admission.

Table VII

Cause of death	No. of cases	%
Hepatic coma	14	60.86
PPH	03	13.04
Hepatorenal failure	03	13.04
Sepsis	02	08.69
Embolism	01	04.34
Total	23	99.97

Table VII shows the cause of deaths - 60.86% of patients died due to hepatic coma, and 3 patients (13.04%) had post partum haemorrhage, 2 patients died due to sepsis and only one patient died due to embolism.

There were 77 deaths due to indirect cause and Jaundice took major share 30% and in 10.4% cases, Jaundice was responsible as an indirect cause of total maternal mortality as shown in Table I.

Bilirubin level, blood group, liver function tests and test for Hbs Ag was done whenever possible. The highest level of Bilirubin

was 32 mg%. Hbs Ag was done totally in 34 cases and it was negative in 28 cases 82.35%.

DISCUSSION

Jaundice in pregnancy has a very grave prognosis. The exact etiology of Jaundice could not be known in many cases due to late admission and paucity of investigations. Perspective diagnosis was made on clinical course of the disease.

Majority of our patients were less than 30 years of age. 30.43% were lesser than 20 years and 52.17% were between 20 to 30 years. Out of 23, 15 patients died in the last trimester and after delivery and puerperiam.

Out of 23, nineteen patients died within 1-3 days. Those who survived later had mainly sepsis, hepatorenal failure. The main cause of death was hepatic coma (60.86%). Our study corelates with the study of V Kamala Jaysam (1988) & S.K. Paul & Roy (1986).

3 of our patients died due to uncontrollable post partum haemorrahage and 2 patients had sepsis. One patient who had sepsis and jaundice died within 45 minutes after the admission and the other patient died 3rd day after the admission due to severe puerperal sepsis. Only one patient died due to embolism who complained of chest pain after delivery.

15 patients died in the third trimester and after delivery (67.20%). The death rate is higher in last trimester of pregnancy which has been in other series also (Khurro 1981).

CONCLUSIONS

The mortality rate due to jaundice was higher in patient in third trimester of pregnancy, who had come in pre coma and coma. Jaundice, though a rare cause of death, has been prevelent in our country. Early admission, prevention by protective water supply and supportive therapy play a key role in reducing maternal mortality.

REFERENCES

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