

Babylon University – College Of Medicine
Department of Community Medicine

*Lectures in Community Medicine
For 4th Stage Students
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Lecture 15

Maternal Mortality

Maternal Mortality Rate (MMR) :

Is defined as the death of women while pregnant within 42 days of termination of pregnancy Irrespective of the duration or site of pregnancy from any cause related to or aggravated by the pregnancy or its management but not from accidental causes.

Causes of MMR:

Direct causes:

Hemorrhage = 29%

Sepsis = 16%

Abortion = 9%

Hypertensive disorders =8%

Obstructed labour =10%

Others = 8%

Indirect non-obstetric causes: (20%)

Anemia is the leading indirect cause which constitutes 19%.

Associated cardiac, renal, hepatic, metabolic or infectious diseases such as malaria and malignancy.

Direct causes obstetric causes can be classified as:

Antenatal such as; toxemia, ante natal hemorrhage, Placenta previa etc.

Intra-natal: such as rupture uterus, prolonged labour, obstructed labour, amniotic fluid embolism and complications of anesthesia

Post partum: sepsis, hemorrhage and thrombophlebitis

Social causes (predisposing factors)

Age at child birth

Parity

Family size and too close pregnancies
Poverty
Illiteracy
Shortage of health manpower
House delivery by untrained dias
Poor communications and transport facilities
Social customs

Prevention of maternal mortality

The important steps of prevention are highlighted:

1. Early registration of pregnancy.
2. Antenatal visits: minimum of 3 antenatal checkups, the first visit during 20 weeks, 2nd visit during 32 weeks, and the 3rd visit during 36 weeks.
3. Dietary supplementation: extra calories need to be supplemented during pregnancy.
4. Anemia correction: iron and folic acid to be supplemented to pregnant women for prophylaxis, correction of anemia, depends on the level of Hb.
5. Prevent infection and hemorrhage during puerperium.
6. Prevention of complications: high risk approach to be adopted. Early detection of high risk cases, timely referral and intervention.
7. Treat underlying medical conditions such as hypertension, DM, TB, etc.
8. Prevention of tetanus: injection of tetanus toxoid 2 doses to non-immunized mothers and one dose to previously immunized mothers.
9. Clean delivery practice.
10. Training local dias and female health workers for early detection of complications and identification of high risk approach and proper referring to the hospitals.
11. Institutional (hospital deliveries) at least for high risk cases.
12. Promotion of family planning.
13. Report, register each maternal death and carrying out proper investigations for maternal death.
14. Researches