CASE RECORDS AND COMMENTARIES

IN

OBSTETRICS AND GYNAECOLOGY

SUBMITTED BY

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ABSTRACT

Background: Near-Miss morbidities are non-fatal outcomes of life threatening conditions. Near-miss maternal morbidity and its relation to maternal mortality have been proposed as a more sensitive measure of pregnancy outcome than mortality alone. Data collected on near-miss has been shown to be a mechanism for identifying health system failures or priorities in maternal health care more rapidly than maternal deaths.

Objective: To determine the prevalence and characteristics of Near-Miss maternal morbidity at PGH, Nyeri.

Design: This was a retrospective cross-sectional study.

Setting: The study was carried out at the maternity unit, PGH Nyeri.

Materials and Methods: A structured data collection tool was used to collect information by abstraction from patient's medical records. The subjects were patients who had been treated for near-miss morbidities between 28 weeks gestation and 42 days postpartum. A total of 98 patients treated between October 2006 and March 2007 had their notes reviewed; nine did not meet the inclusion criteria and were excluded, while the remaining 89 were all included in the study. Data entry was done using EPI-INFO software and analysis conducted using STATA 9.

Results: The prevalence of near-miss maternal morbidity was 3.7% of all deliveries that took place during the duration of the study. The mean age of patients was 28.3 years (range 16-42 years). Adolescent patients were 12%. Primigravidas were 28%. Ninety three percent of all the patients attended ANC. Common causes of near-miss events were hypertensive diseases (37%), haemorrhage (27%), obstructed labour (16%) and sepsis (7%). Sixty three percent of patients were delivered by caesarean section. Live births were 72%, FSB 20% and MSB 8%. Patients who were referred for dialysis were 7%. Maternal deaths during the duration of study were 7% of all near-miss morbidities, giving a mortality index of 1:15. Causes of maternal deaths were HIV/AIDS complications (50%), hypertensive diseases (33%) and Haemorrhage (17%). Patients delivered by caesarean section had a better fetal outcome than those who delivered vaginally (p-value 0.005), and delivery by caesarean section had a better maternal outcome than vaginal delivery (p-value 0.011).

Conclusion: Common causes of near-miss maternal morbidities were hypertensive diseases and haemorrhage. There were 15 times more near-misses compared to maternal deaths. Therefore, near-miss morbidities provide a larger sample to assess the threat to maternal life than maternal mortalities in this centre.

Recommendation: Attempts to reduce near-miss morbidities in this hospital can be achieved by good management of hypertensive diseases of pregnancy and haemorrhage. Protocols on management of these conditions should be put in place and regularly updated.