

Special Communication

NATIONAL MORTALITY IN MAJOR CITY HOSPITALS OF PAKISTAN

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Maternal mortality is a tragic loss to the nation. A young woman at the prime of her life dies, leaving behind multiple problems for the whole family. More than 90 percent of deaths are among multigravida or grand multigravida. Primigravida inspite of out side mismanagement by Dais manages to survive.

Data from 8 major city hospital of the country was collected for 1975, with a view to analyse the causes of maternal deaths in Pakistan. Three hospitals from Karachi, two from Lahore, two from Islamabad/Rawalpindi and one from Peshawar were kind enough to send the required information.

Table I: Shaukat Haroon Hospital, Karachi.

Causes of Death	1975
Eclampsia	1
Septicemia	1
Amniotic Fluid Embolism	1
Cardiac Arrest Caesarian Section	1
Total Deaths	4
Total Deliveries	2026
Incidence 1.9/1000 Deliveries	

This table shows maternal mortality for 1975. Total deliveries were 2026 and out of these 4 women died; an incidence of maternal mortality 1.9/1000 births.

Case No. I: Primigravida 19 years of age, booked patient admitted with history of labour pains for 72 hours. She was delivered by forceps, and died due to sepsis.

Case No. II: 3rd Gravida, non-booked, 20 years of age. Admitted after 24 hours of labour at home. Patient had several vaginal examinations at home by Dai and examination at admission.

She had anaemia B.P. was 84/70, Temp. 101°F foetal heart sounds were absent. Vulva was oedematous, and cervix was fully dilated. Patient delivered by outlet forceps. Blood transfusion was given. She died on the 9th postpartum day.

Case No. III Booked patient, 24 years of age and multi gravida. Cause of death was Eclampsia.

Note:—This paper was presented in the Second Scientific meeting of North Pakistan Society of Obstetricians and Gynaecologists held at Peshawar, Nov. 1977.

Central Government Polyclinic, Islamabad.

Case No. IV. Grandmultigravida 30 years of age non-booked. Admitted with a history of antepartum haemorrhage. Four pints of blood were transfused. Lower Segment Caesarian Section (L. S. C. S.) was done. Patient had cardiac arrest during caesarian section. Resuscitated but died 11 hours later.

As mentioned before very young women at the prime of their lives are lost. In the above mentioned cases, the ages of the women varied from 19 to 30 years.

Table II: Civil Hospital, Karachi.

Cause of Death	1975
Eclampsia	5
Postpartum Haemorrhage	7
Antepartum Haemorrhage	6
Puerperal Sepsis	4
Peritonitis after Caesarian Section	3
Peritonitis after Spontaneous delivery	1
Retained Placenta	2
Congestive Cardiac Failure	1
L.S.C.S. Anuria	1
L.S.C.S. Severe Pre eclampsia	1
Total Deaths	31
Total Deliveries	1,223
Incidence 25.4/1000 Births	

This table shows maternal mortality in Unit II, Civil Hospital Karachi. Out of 1223 deliveries, 31 women died, incidence of maternal mortality 25.4/1000 births. Out of these 1223 deliveries, only 224 were booked cases. In the antenatal clinic 1296 women were booked for confinement but only 17.4 percent came for hospital delivery. This itself explains the high incidence of maternal mortality. All the deaths were among non-booked patients. Majority of the deaths were among age group 20 to 30 years.

Table III: Jinnah Post Graduate Medical Centre, Karachi.

Causes of Death	1975
Eclampsia	4
Rupture Uterus	4
Hepatic Coma	4
Cardiac Arrest	3
Pulmonary Embolism	5
Severe Anaemia	3
Accidental Haemorrhage	2
Myocardial Infarction	1
Paralytic Ileus	2
Cerebral Haemorrhage	2
Retained Placenta	2
Total Deaths	32
Total Deliveries	4017
Incidence 7.9/1000 Births	

The above table shows maternal mortality in Jinnah Postgraduate Medical Centre, Karachi during 1975. Out of 4017 deliveries, 32 women died, an incidence of 7.9/1000 births. 29 deaths were among non-booked patients and 3 among booked patients. Majority of the deaths were

among non booked patients. Among the age group 29-30 years. The 3 booked patients the causes of death were:-

- (1) Age 30 years para 5+0. Paralytic ileus following L.S.C.S.
- (2) Age 23 years. Primigravida. Post operative shock. L.S.C.S. (booked in another hospital).
- (3) Age 18 years para 0+2. L.S.C.S. pulmonary embolism.

Table IV: United Christian Hospital, Lahore.

Cause of Death	1975
Post-partum Eclampsia	1
Septicemia (Intestinal Obstruction)	1
Total Deaths	2
Total Deliveries	1,270
Incidence 1.6/1000 Births	

This table shows maternal mortality in United Christian Hospital Lahore in 1975. 1270 patients were delivered and there were two maternal deaths. The incidence of maternal mortality was 1.6/1000 birth. Out of 1270 deliveries, 1160 (91.4 percent) were among booked patients, and only 110 patients were non-booked. In the antenatal clinic, 1,344 patients were booked for confinement, out of these 1,160 patients were delivered at U.C.H. i.e. 86.0 percent.

Table V: Lady Willingdon Hospital, Lahore.

Cause of Death	1975
Eclampsia	4
Haemorrhage i	5
Ruptured Uterus	4
Septic Abortion	5
Pul. Embolism	1
Hepatic Failure	4
Rheumatic Heart Disease	1
Cardiac Failure with Severe Anaemia	3
Septic Shock in Obst. Labour Cases	1
P. Sepsis	1
Obstetric Shock	1
Ruptured Ectopic	1
Total Deaths	31
Total Deliveries	3467
Incidence 9/1000 Deaths	

This table shows maternal mortality of Lady Willingdon Hospital Lahore. Out of 3,467 deliveries, there were 31 deaths, an incidence of maternal mortality 9 deaths/1000 births. In these figures deaths due to abortions are also included.

In 1975, the table VI shows that there were 864 deliveries. Out of which only 175 (20.3%) were booked patients and 699 were non-booked patients. Out of 864 total deliveries, 476 i.e. 18.5 deaths per 1000 births. Incidence of complicated deliveries is quite high in this series.

Table VI: Lady Reading Hospital, Peshawar.

Cause of Death	1975
Postpartum Haemorrhage	2
Rupture Uterus	4
Eclampsia	2
Cerebro Vascular Accidents	1
Obstetric Shock (Septicemia)	2
Cardiac Arrest (Anaesth)	3
Paralytic Ileus	1
Antepartum Haemorrhage	1
Total Deaths	16
Total Deliveries	864
Incidence 18.5/1000 Births	

Table VII: Holy Family Hospital, Rawalpindi.

Cause of Death	1975
Hepatic Coma	2
Rupture uterus septicemia	1
Obstructed Labour I.S.C.S. Septicemia	1
Total Deaths	4
Total Deliveries	1318
Incidence—3.8/1000 Births	

The above table shows maternal mortality at Holy Family Hospital, Rawalpindi. Total deliveries in 1975 were 1318, out of which 1,049 (79.5%) were normal deliveries. There were 4 maternal deaths i.e. maternal mortality of 3.0/1000 births.

Table VIII: Central Government Poly Clinic, Islamabad.

Total Admission	1040
Total Deliveries	965
Delivered in Hospital	963
Out side Deliveries	2
Normal Vaginal Deliveries	817
Booked	645 (79%)
Non-Booked	172 (21%)
Complicated Deliveries	148
Booked	104
Non-Booked	44
Still-Births	22.8/1000 Total Births
First Week Death	14.9/1000 Live Births
Maternal death	1 Unavoidable, 1.1/1000 Births

The above table shows maternal mortality at Central Government Poly Clinic, Islamabad. There were 965 deliveries, out of which 963 were delivered in the hospital. Spontaneous vaginal deliveries were 817 i.e. 84.6 percent, and complicated deliveries were 148 i.e. 15.4 percent. 79 percent of the S.V.D. were among booked patients and 21 percent of S.V.D. were among non-booked patients. There was one death, an outside delivery, 35 years of age, grandmultigravida admitted with no pulse or B.P. and died within 45 minutes of admission. Cause of death—Eclampsia.

Table IX: Maternal Mortality 1975.

Name of Hospital	Deliveries	Deaths	Death per 1000 deliveries
Shaukat Haroon Hospital, Karachi	2026	4	25.4
Civil Hospital (Unit II) Karachi	1223	31	31
Jinnah Postgraduate Medical Centre, Karachi	4017	32	7.9
Lady Reading Hosp. Peshawar	864	16	18.5
Lady Willingdon Hospital, Lahore	3467	31	9
United Christian Hospital, Lahore	1270	2	1.6
Holy Family Hospital, Rawalpindi	1318	4	3.8
Central Govt. Poly Clinic, Islamabad	965	1	1.1
Total Deliveries	15,150		
Total Deaths			121

Overall incidence of maternal mortality was 7.9/1000 births. In these eight hospitals, there were a total of 15,150 deliveries, 121 women died, overall maternal mortality 7.9/1000 births. In Lady Reading Hospital Peshawar, Civil Hospital Karachi, the mortality figures are very high as majority of the deliveries were among non-booked patients.

Shaukat Haroon Hospital, Karachi, United Christian Hospital, Lahore, Holy Family Hospital, Rawalpindi and Poly Clinic Islamabad have quite low mortality rate as 80-90 percent of the deliveries are among booked patients.

Shaukat Haroon Hospital, Karachi, United Christian Hospital, Lahore and Holy Family Hospital Rawalpindi are non-government hospitals, where free medical treatment to general public is not given. These three hospitals, cater for a high socio-economic group of people.

Causes of death from 6 hospitals were analysed. It was observed that haemorrhage, septicemia and eclampsia were the commonest causes of deaths in these cases. Rupture uterus, hepatic coma and cardiac arrest were the next common factors. Quite a few patients were lost after caesarian section, the cause of death was cardiac arrest, pulmonary embolism or operative shock, or paralytic ileus or septicemia after caesarian section. Majority of the patients were admitted in such a condition that immediate surgery was the only answer. At the same time patient's condition was too poor to stand any operation. Majority of these women are under care of untrained Dais and when repeated attempts fail to deliver these patients, then in a moribund condition they are taken to the hospitals. This is a grave situation and its answer is not easy as still a majority of our women go for delivery to these Dais.

In Pakistan accurate and upto date statistics on maternal mortality are not available.

The best data on maternal mortality in Pakistan comes from a population growth survey done by Statistical Division of the Ministry of

Finance in 1968. This data gives a rate of approximately 900 maternal deaths per 100,000 live births. In an estimated population of 72 million with crude birth rate of 45 per 1000, approximately 3.2 million births had occurred in 1975, resulting in 23,000 maternal deaths during that year.

This is a tragic loss. 23,000 of Pakistan finest young women at the prime of their life die, majority of these deaths are avoidable. As said before, a large number of deaths take place in multi or grand multigravida. Many of these victims are of unwanted pregnancies. No statistics are available in Pakistan on incidence of abortion or deaths related to it. Those related to unwanted pregnancy need not have occurred, if the mother had known and practiced a method of family planning. The tragedy is that these mothers do not know or practice family planning and thus unnecessarily risk death.

What is the answer to this very depressing situation. Solution to the problem is not all that difficult. Firstly we all in medical profession have to be conscious of the fact that so many women die every year in Pakistan. Statistical figures have proved two things:—

- (1) Good ante-natal care can almost eliminate maternal death. It is the function of ante-natal care to reduce the need for desperate measures at the time of delivery. Good ante-natal care can only produce good results if backed by enough ante-natal beds. Thus there have to be a net-work of MCH Centres in the country with close collaboration of Dai, LHV and General Practitioner with the department of Obstetrics, refresher courses for all the personnel dealing in Obstetrics.
- (2) Family spacing and limitation plays a significant role in reducing maternal mortality. Hazards of grand multi-parity are well known, thus every person working in the field of medicine is duty bound to advise about family spacing and family limitation.

Reference

Andrew, P., Hagnal, M.D. (1978) Death Risk pregnancy and family planning practice. Personal Communication.