Evaluation of Associated Risk Factors and Determinants of near Miss Obstetric Cases at B.P. Koirala Institute of Health Sciences, Dharan

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Abstract: Background and objective: In 2011, around 273,465 women died worldwide during pregnancy, childbirth or within 42 days after childbirth. Near-miss is recognized as the predictor of the level of care and maternal death. The objective of the study was to evaluate the associated risk factors of near-miss obstetric cases and maternal death. Material and Methods A Prospective Observational Study was done from August 1, 2014, to June 30, 2015, in Department of Obstetrics and Gynecology at BPKIHS hospital, tertiary care hospital in Eastern Nepal, Dharan. Case eligible by the 5-factor scoring system and WHO near miss criteria were evaluated. Risk factors included severe hemorrhage, hypertensive disorders, and a complication of abortion, ruptured uterus, medical/surgical condition and sepsis. Results: A total of 9,727 delivery were attended during the study period from August 2014 to June 2014. There were 6307 (71.5%) vaginal delivery and 2777(28.5%) caesarean section and 181 perinatal death with a total of 9,546 live birth. A total of 162 near miss was identified, and 16 maternal death occurred during the study. Maternal near miss rate of 16.6 per 1000 live birth, Women with life-threatening conditions (WLTC) of 172, Severe maternal outcome ratio of 18.64 per 1000 live birth, Maternal near-miss mortality ratio (MNM: 1 MD) 10.1:1, Mortality index (MI) of 8.98%. Risk factors were obstetric hemorrhage 27.8%, abortion/ectopic 27.2%, eclampsia 16%, medical/surgical condition 14.8%, sepsis 13.6%, severe preeclamsia 11.1%, ruptured uterus 3.1%, and molar pregnancy 1.9%. 19.75% were prim gravidae, with mean age 25.66 yrs, and cardiovascular and coagulation dysfunction as a major life threatening condition and sepsis (25%) was the major cause of mortality. Conclusion: Hemorrhage and hypertensive disorders are the leading causes of near miss event and sepsis as a leading cause of mortality. As near miss analysis indicates the quality of health care, it is worth presenting in national indices.

Keywords: abortion, eclampsia, hemorrhage, maternal mortility, near miss

Conference Title: ICOG 2017: International Conference on Obstetrics and Gynaecology

Conference Location : Bangkok, Thailand **Conference Dates :** December 18-19, 2017