# Analysis of Maternal Deaths Occurred

# in Kutch District Gujarat

## MATERNAL DEATH
## 2018-2019
## DISTRICT -KUTCH


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# RESEARCH QUESTION

What are the factors affecting the Maternal Mortality using 3- delays Model along with other factors as a framework?

# OBJECTIVES

- To describe the type of delay commonly contributing to the burden of maternal deaths in Kutch District.
- To study the causes of deaths and recommend some other possible interventions to reduce & prevent maternal deaths.

# METHODOLOGY

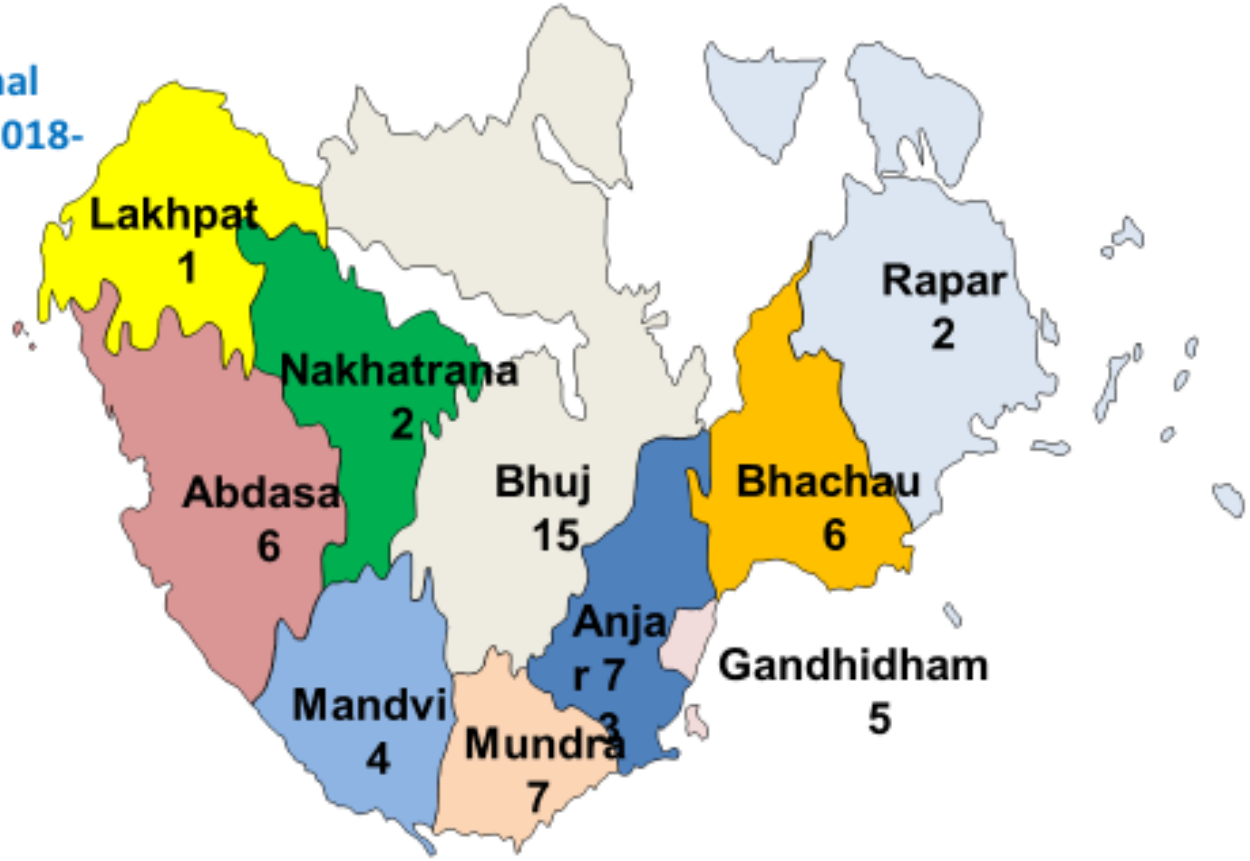
- **Design and Location of Study: -**
- A community based (Review of verbal autopsy/Maternal Death Forms) cross-sectional study was adopted. It was conducted in Kutch district under the Department of Maternal Health, NRHM Gujarat from 4st Feb-09th May 2019
- **Sample Size: -**
- The population was no. of maternal death in last one year which was 53 (maternal deaths which was occurred during the period of 1st April 2018 to 31st March 2019)
- It was decided to follow all cases, however in three cases Family members or relatives of the deceased mother were not present at the time of interview because they had migrated from Kutch district, thus they were not included in the study. Thus the sample became 50 maternal deaths

## Tools and Techniques: -

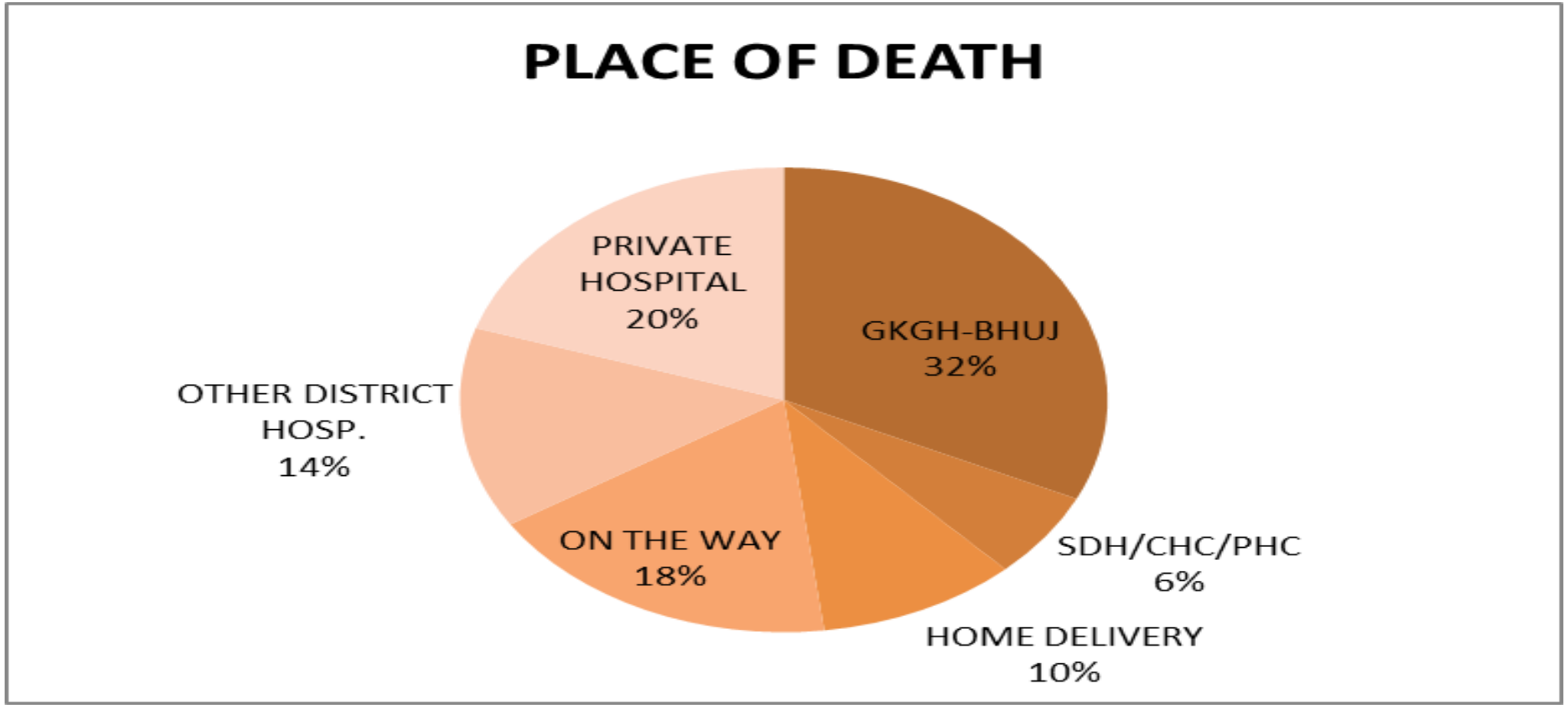
- Data from the households where maternal death occurred from 1st April 2018 to 31st March 2019 in Kutch district were collected, compiled and analysed through Microsoft Excel.
- Secondary data were also obtained by Gujarat health department through Verbal Autopsy Form – "Review of Maternal Death". The Review included details of mothers' socio demographic (name, age, religion, caste, duration of married life, place of residence, economic status etc.) and complete medical, obstetric and family history. Information about the time and date of admission, time and date of delivery, time and date of death, cause of death, diagnosis at the time of admission, investigations during ANC period, duration of stay after delivery in health facility, reasons for not going health facilities etc. were also recorded.
- Information included the time taken to get from home to the institution after the onset of labour, distance of health facility from the home, whether the mother was referred from lower-level health facility or not.
- **RATIONALE OF STUDY**
- Approximately 529,000 women die from pregnancy-related causes annually and almost all (99%) of these maternal deaths occur in developing nations. One of the United Nations' Millennium Development Goals was to reduce the maternal mortality rate by 75% by 2015. Causes of maternal mortality include postpartum haemorrhage, eclampsia, obstructed labour, and sepsis etc. Many developing nations lack adequate health care and family planning, and pregnant women have minimal access to skilled labour and emergency care.
- Basic emergency obstetric interventions, such as antibiotics, oxytocin's anticonvulsants, manual removal of placenta, and instrumented vaginal delivery, are vital to improve the chance of survival.

# FINDINGS
# Distribution of Maternal Deaths in KUTCH (Gujarat) 2018-19

Taluka wise
No. of maternal
Deaths = 53(2018-2019)

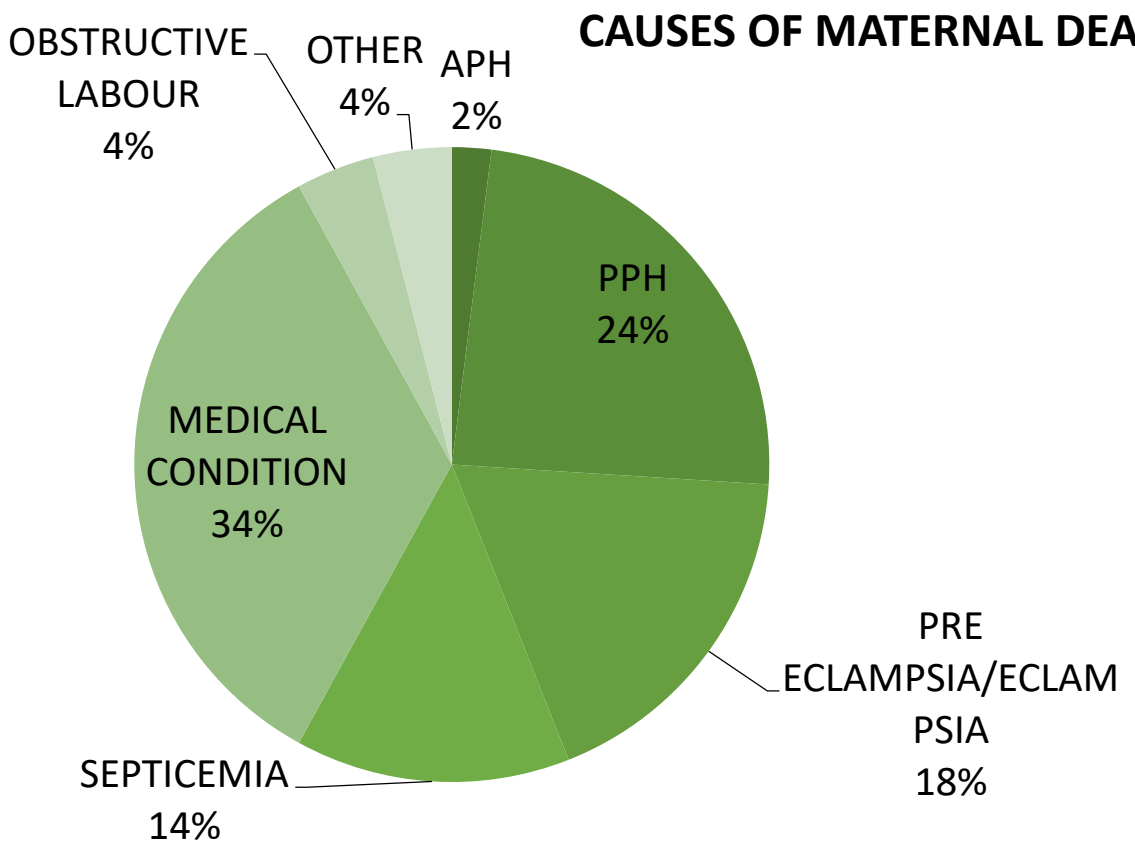


# PLACE OF MATERNAL DEATH

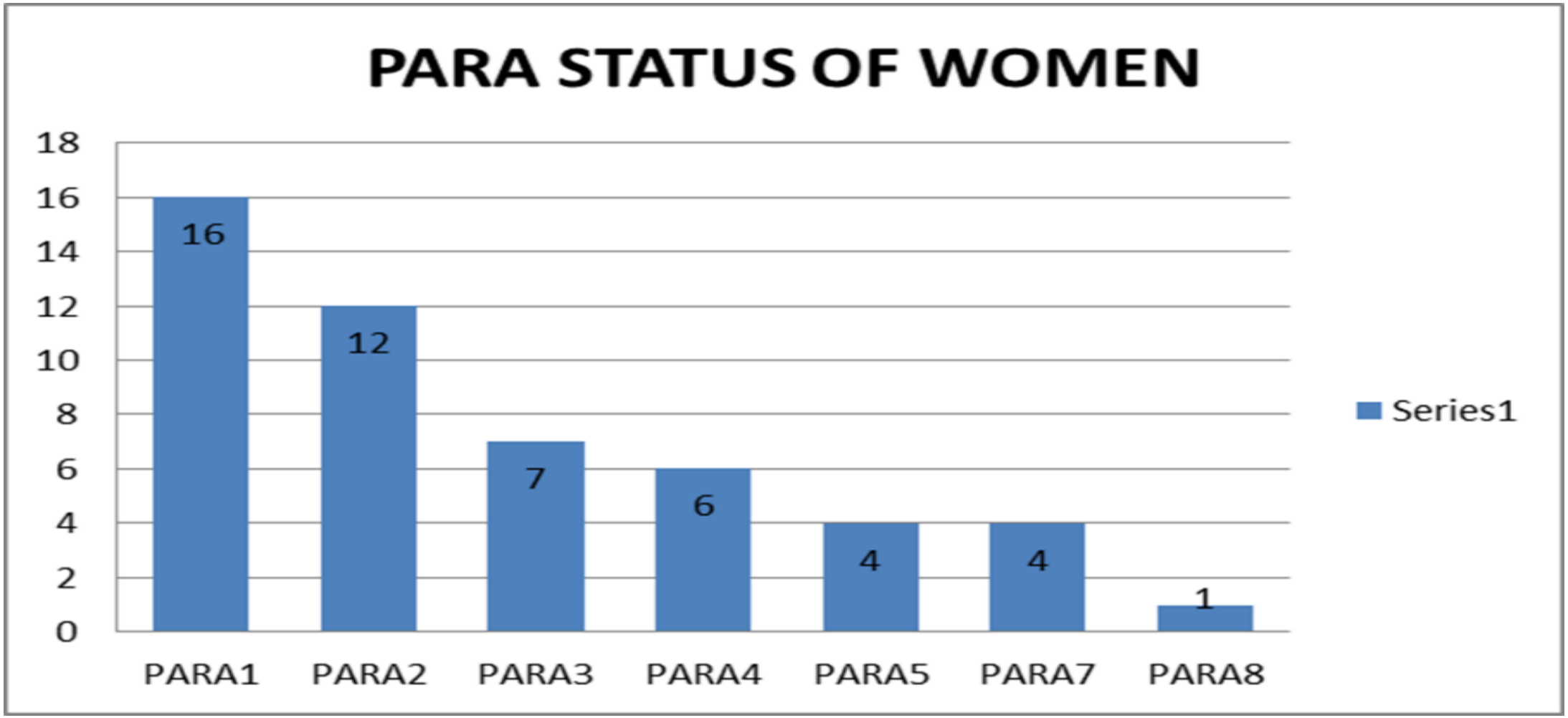



Analysis is carried out to know about the place of maternal death at Kutch district, Gujarat. It is observed that more than sixteen (32 percent) maternal deaths are occurred at district hospital whereas more than three (6 percent) mothers are died at private facility. 10 case (twenty percent) were died while they were5 case (ten percent) on the way to next health facility, where nine (eighteen percent) death on the way to home and seven (fourteen percent) death at others district hospital.

# Cause of Death of subjects



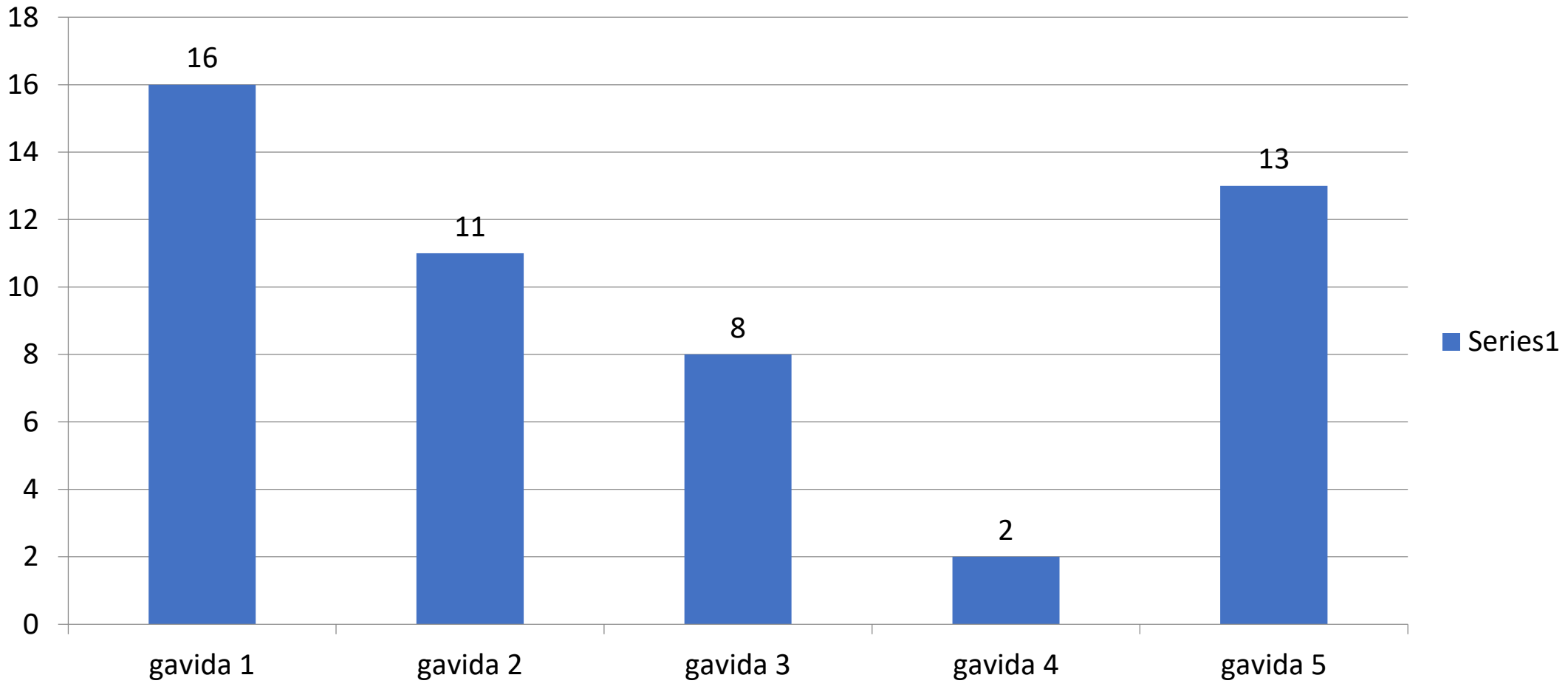

Shows that the leading causes of maternal death in the study area medical condition
Contributes the thirty four percent which are the highest among all the causes, maternal death due to medical condition whereas death due to PPH are twenty-four, eighteen percent death due to Pre-eclampsia.




**Maximum maternal death reported in para 1 and para 2 which was fifty six percent, and less Death were in para eight, two percent.**

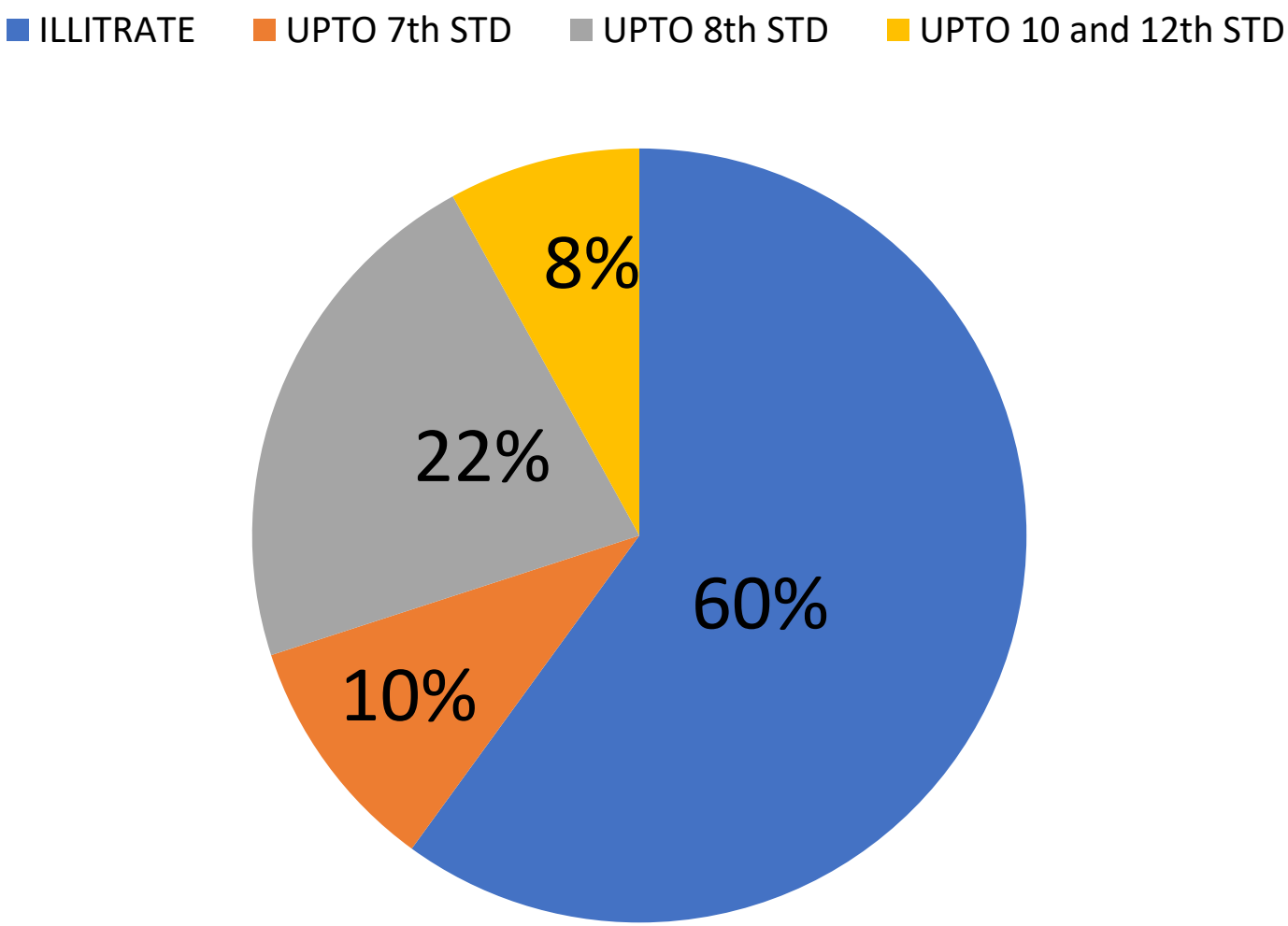
# Number of Gravida

| | |
|---|---|
| **GRAVIDA 1** | **16(32%)** |
| **GRAVIDA 2** | 11(22%) |
| **GRAVIDA 3** | 8(16%) |
| **GRAVIDA 4** | 2(4%) |
| **GRAVIDA 5** | 13(26%) |

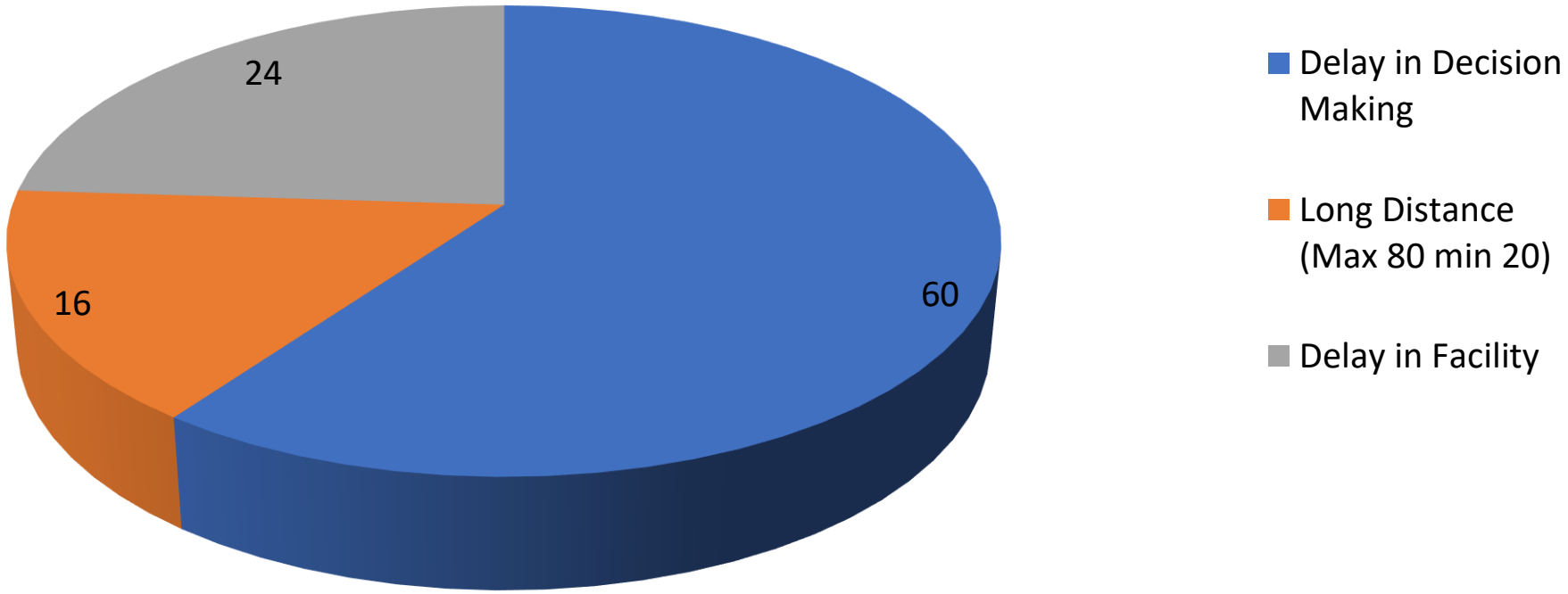



**Shows that maximum maternal death reported in gravida 1 which was thirty-two percent, less reported was four percent in gravida 4**

## Education Status of Mother (N=50)



## 3 DELAY cause maternal death in KUTCH Gujarat




**Three DELAY which leads to maternal death in Kutch district, Gujarat Delay in decision making contributed sixty percent in maternal death whereas delay in facility causes sixteen percent and delay in transportation causes twenty-four percent in maternal death (N=50)**

## Findings:-

# Kutch Maternal Death Analysis N=50

**Results**:

1. Socio-demographic profile of the study subjects show that 10% of women were in the age category of 16-20 years at the time of marriage, while 78% of men were in the age category of 21-25 years at the time of marriage in the study area. Study also reveals that 48% of pregnant women were died in the age category of 25-34 years and it was more in SC/ST caste (16%) than that of OBC (70%) and others (14%). Out of total maternal deaths 48% were Hindus and 52% were Muslims.

2. Socio-economic status of subjects show that 58% of women were illiterate and only 12% of women were completed their primary education while only 26% of men were illiterate and 4% of men were completed their graduation. That majority of women were involved in house hold works (80%)

# Recommendations

- **Birth gap between two consecutive delivery's**
- **Promotion of institutional conveyances  through Janani Suraksha Yojana.**
- **Antenatal, and postnatal consideration including Iron and Folic Acid supplementation to pregnant and lactating ladies for counteractive action and treatment of sickliness.**
- **Early registration for ANC check-up**
- **Counselling of pregnant women through regular home visits**