STUDY OF THREE DELAYS AND CAUSE OF MATERNAL DEATH IN KUTCH DISTRICT GUJARAT

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INTRODUCTION

- **Maternal mortality refers to the "death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the site and duration of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not by accidental or incidental cause"**
- **Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth ; 20 per cent of these women are from India.**
- **India contributes one-fifth of the global burden of absolute maternal deaths**
- **Mothers in the lowest economic bracket have about a two and a half times higher mortality rate**
- **The major cause of maternal mortility in india are: hemorrhage, sepsis, hypertensive disorder, Obstructed labor , anemia and abortion.**

Phases of 3- Delay Model

1: Delay in decision to seek care due to:

- 'The low status of women'
- 'Poor understanding of complications and risk factors in pregnancy and when to seek medical help'
- 'Previous poor experience of health care'
- 'Acceptance of maternal death'
- implications

2: Delay in reaching care due to;

- 'Distance to health centers and hospitals'
- 'Availability of and cost of transportation'
- 'Poor roads and infrastructure'
- 'Geography e.g. mountainous terrain, rivers'

3: Delay in receiving adequate health care due to;

- 'Poor facilities and lack of medical supplies'
- 'Inadequately trained and poorly motivated medical staff"
- 'Inadequate referral systems'

Rationale

- Estimated that 44,000 women die due to preventable pregnancy-related causes in India.
- Kutch district has poor health indicators and is a very backward and remote area, so need special attention from the government to improve the maternal healthcare facilities.
- Female literacy is low (56%) compared to male literacy (89%) in Kutch. Although Gujarat has a higher female literacy rate than the national average, the sex ratio is more adverse for females. This indicates son preference and low status of women in society.
- As Kutch is 2nd Largest District in Asia with Covering an area of 45,674 km^2, to study the causes of maternal death in remote area of kutch.
- After detail analysis of the cases we would come on possible solution to prevent maternal Death.

Research question

- What are major causes of the Maternal Mortality using 3- delays Model along with other factors as a framework in kutch district .

OBJECTIVES

- To identify the cause of maternal mortality using maternal death review technique in kutch district.
- To ascertain the delay leading to maternal mortality in kutch district according to 3 delay model. .

Research methodology

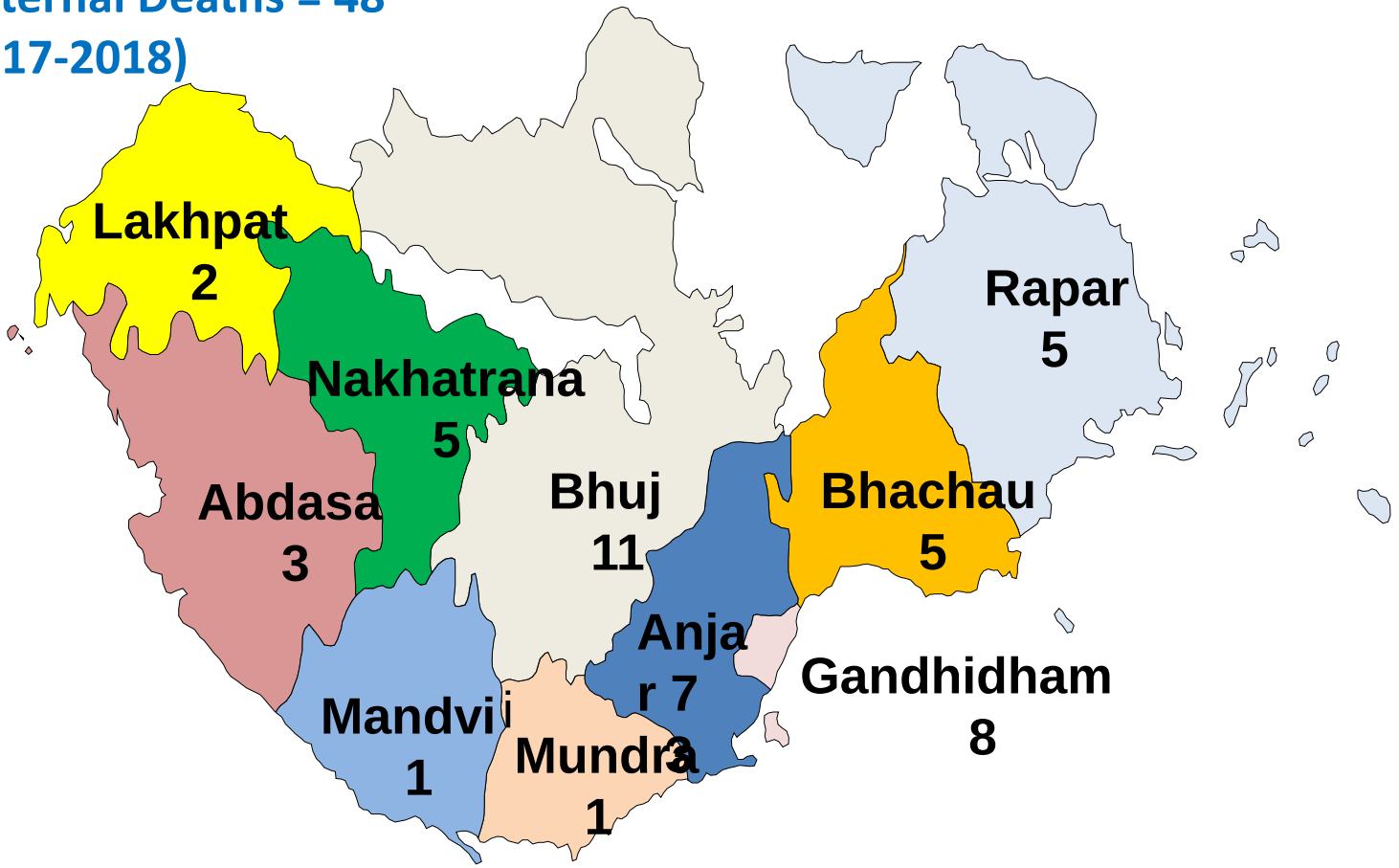
- Study design: A cross sectional study is conducted
- Study area:10 block in kutch district
- Sample size: fourty eight deaths recorded in the year 2017-2018
- **Data collection**
- **Primary data**: structured questionnaire(verbal autopsy form for maternal death)
- **Secondary data**: verbal autopsy reports.

PROCESS

- STEP-1. Using secondary data for 39 maternal death reported in between April 2017-january 2018(which 07 cases were excluded at the time of reviewing and analyzing of the study)
- STEP-2.Using primary data for 2 maternal death reported between Febuary2018- April 2018

FINDINGS
Distribution of Maternal Death in KUTCH (Gujarat)

Taluka wise No. of maternal Deaths = 48 (2017-2018)



CAUSE OF MATERNAL DEATH

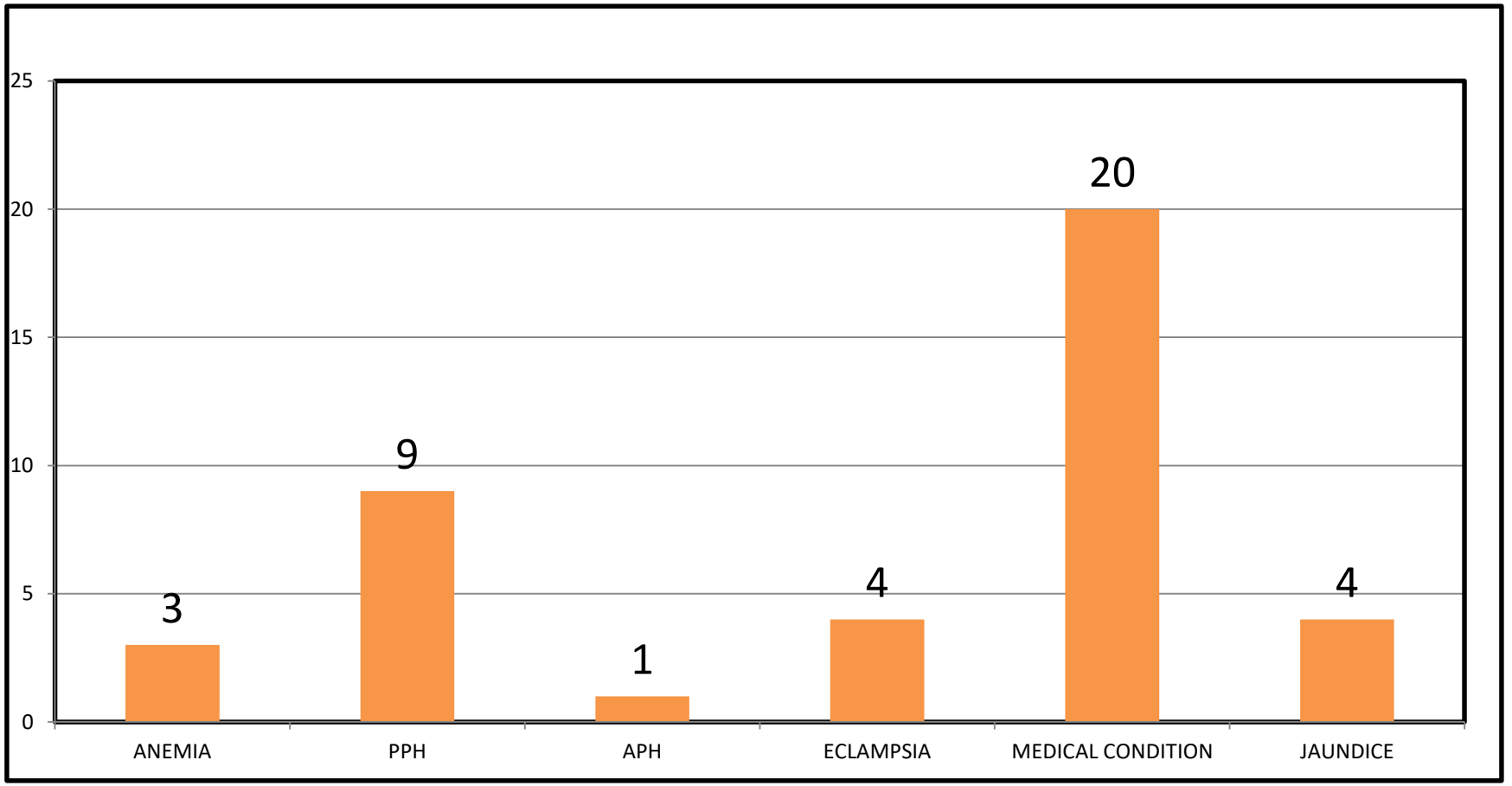
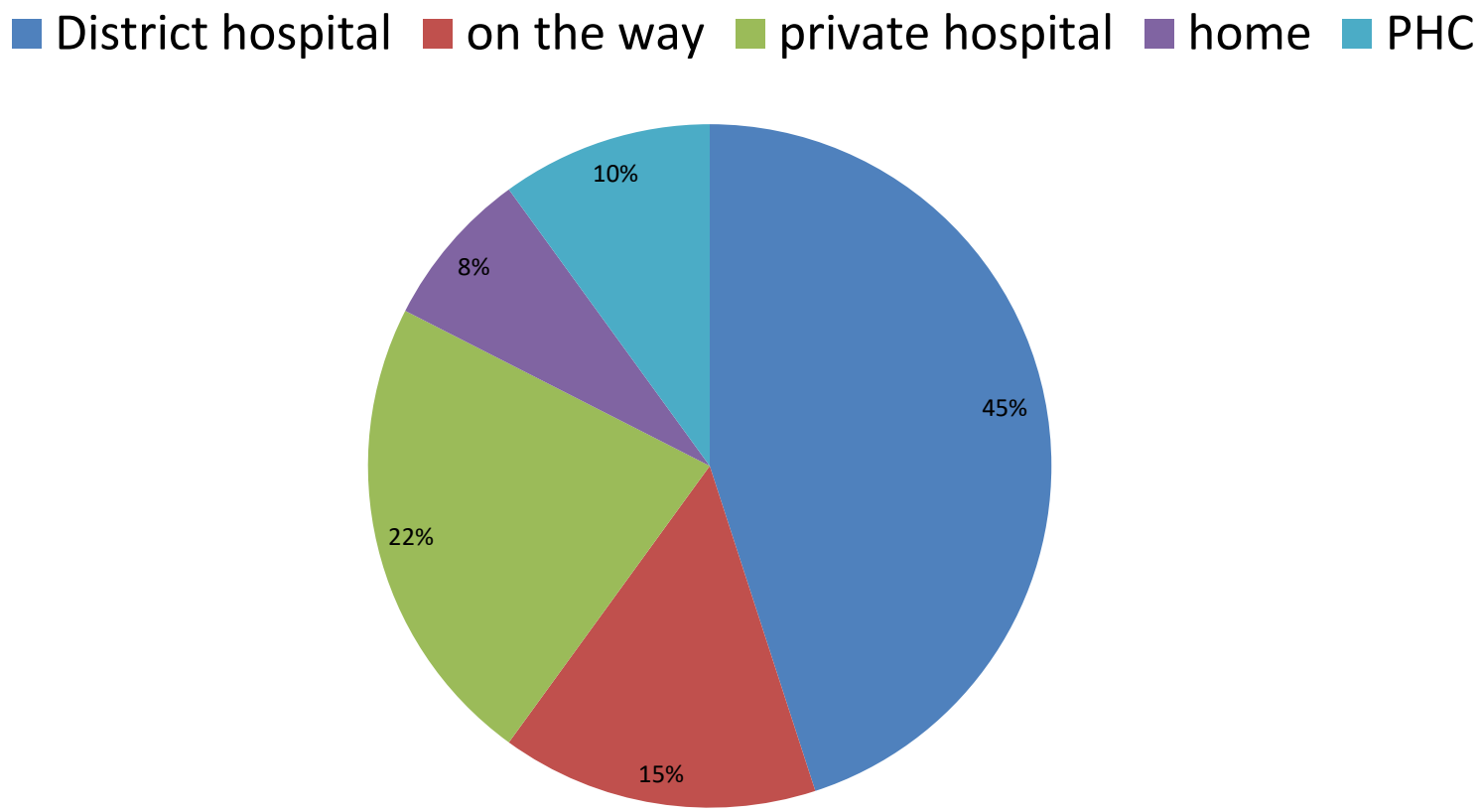
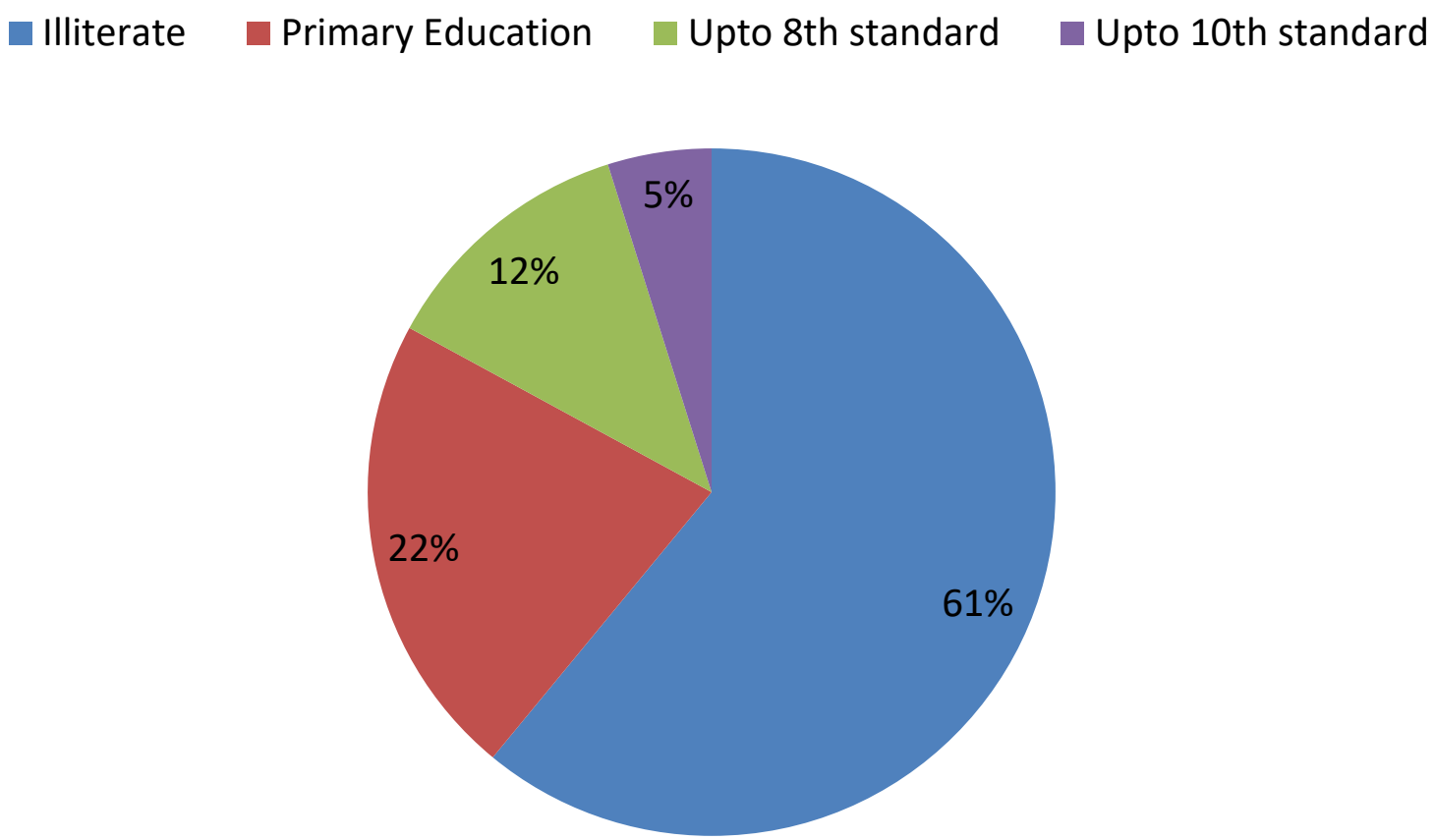


Figure shows that the leading causes of maternal death in the study area were Medical conditions like cardiac arrest, respiratory failure; shock, etc. (48%), Anemia (08%),jaundice(10%),eclacmpsia (10%)and PPH (22%).

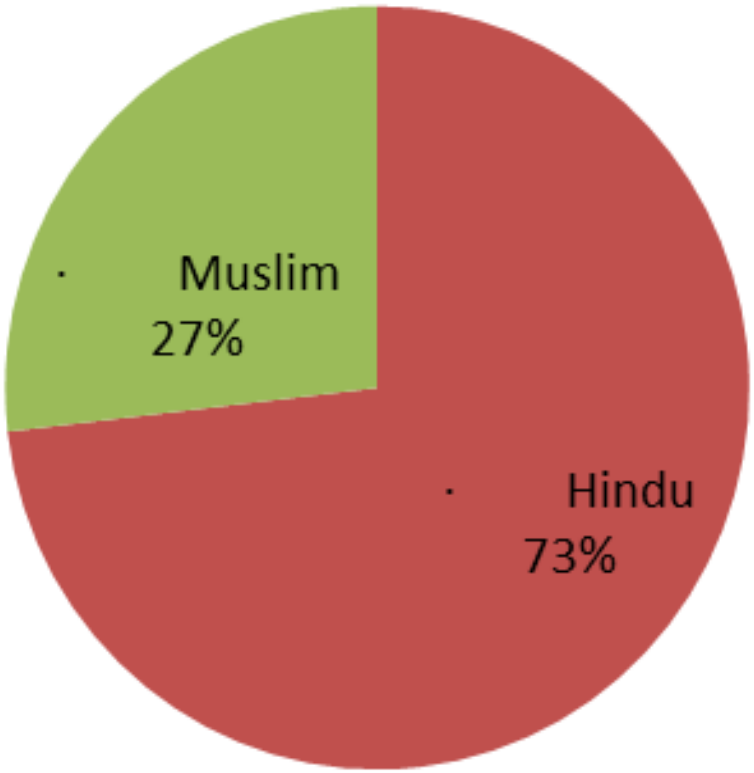
PLACE OF MATERNAL DEATH



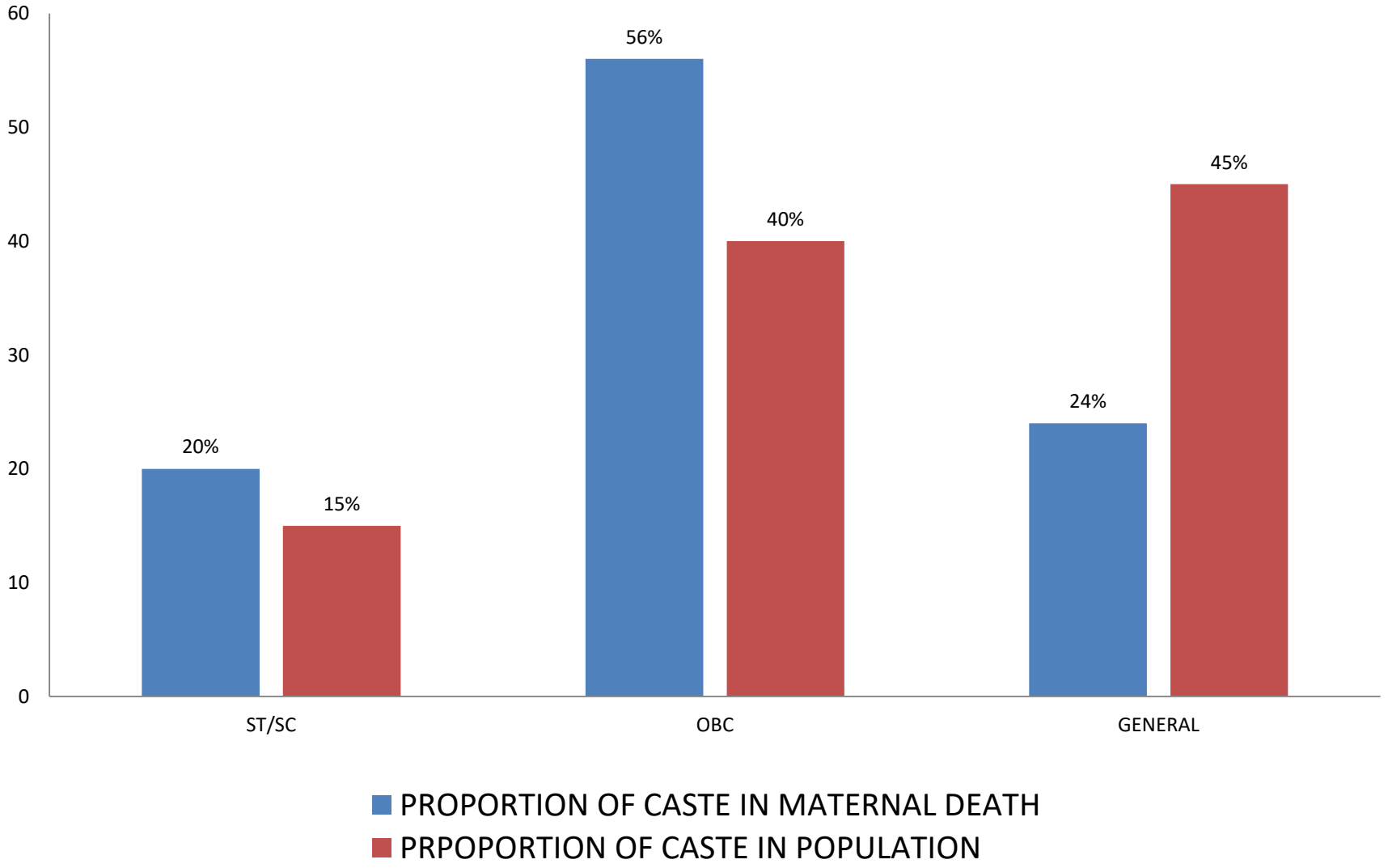
EDUCATION STATUS OF STUDY SUBJECT

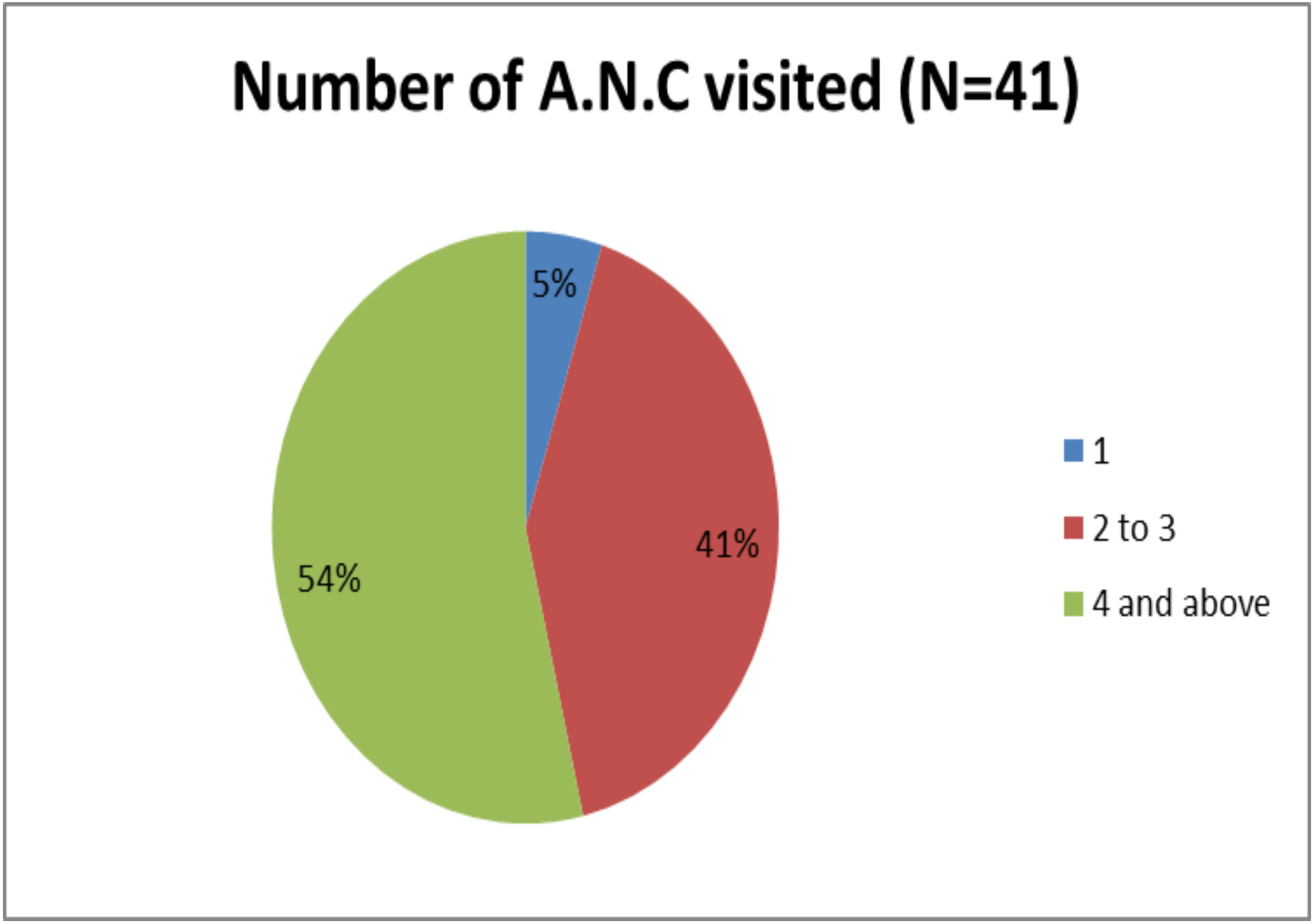


RELIGION

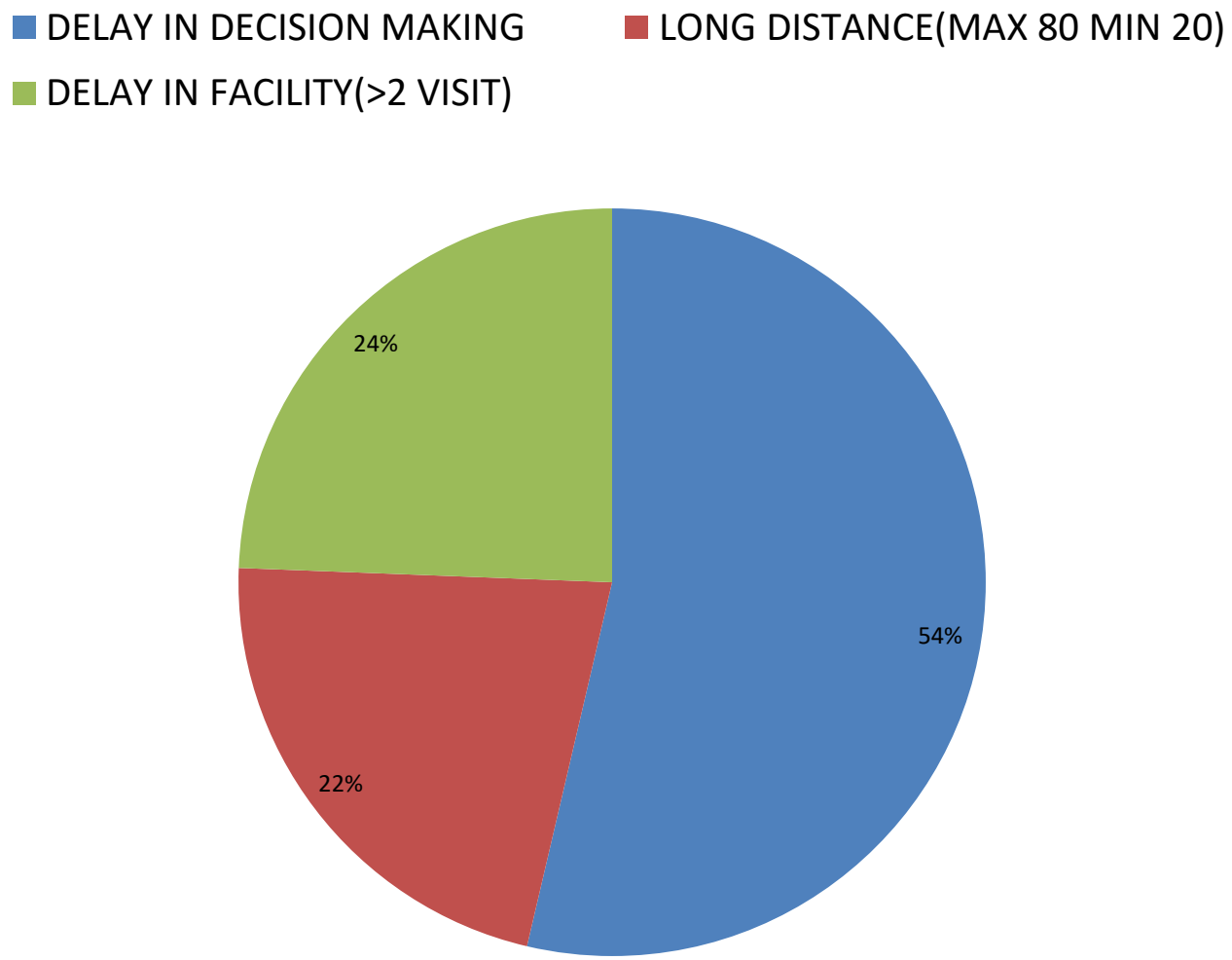


Caste wise distribution of maternal death

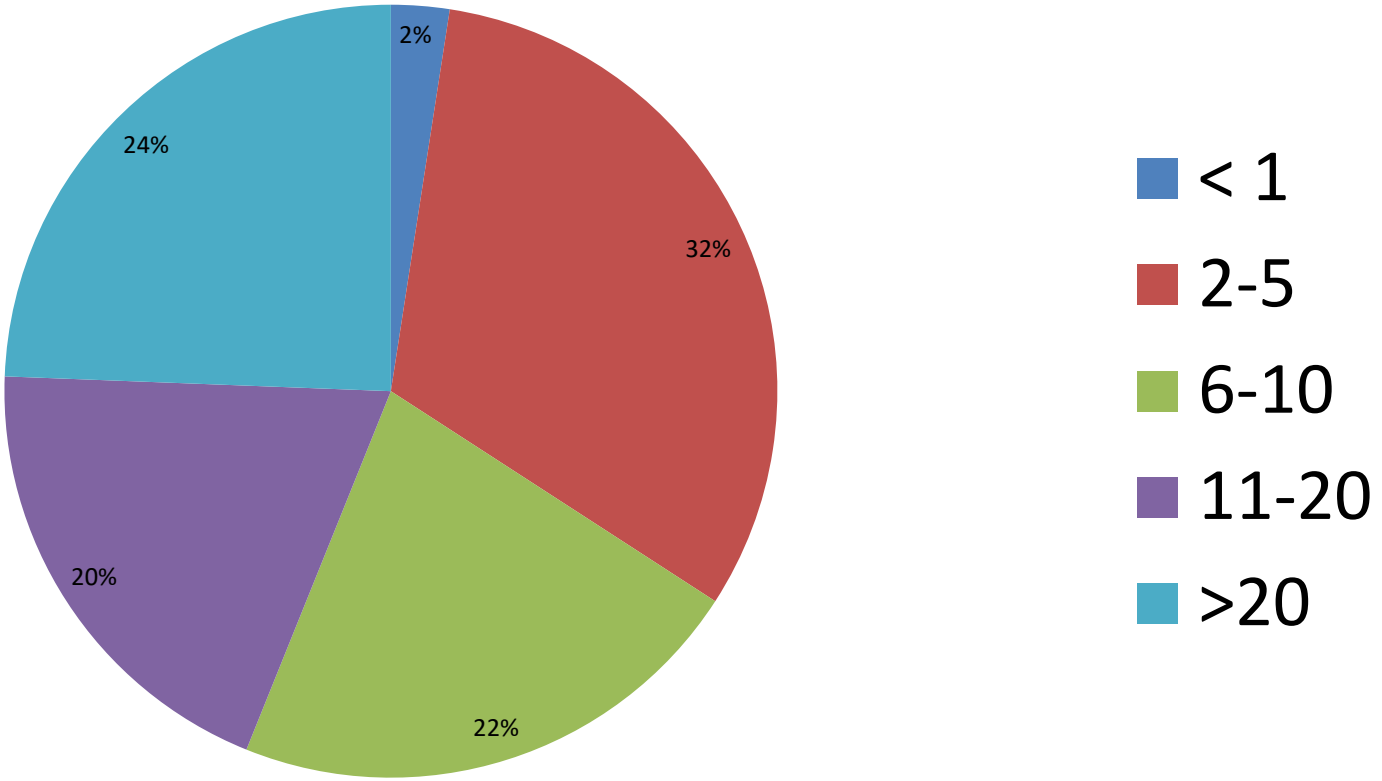



Number of A.N.C visited (N=41)
5%
41%
54%
1
2 to 3
4 and above

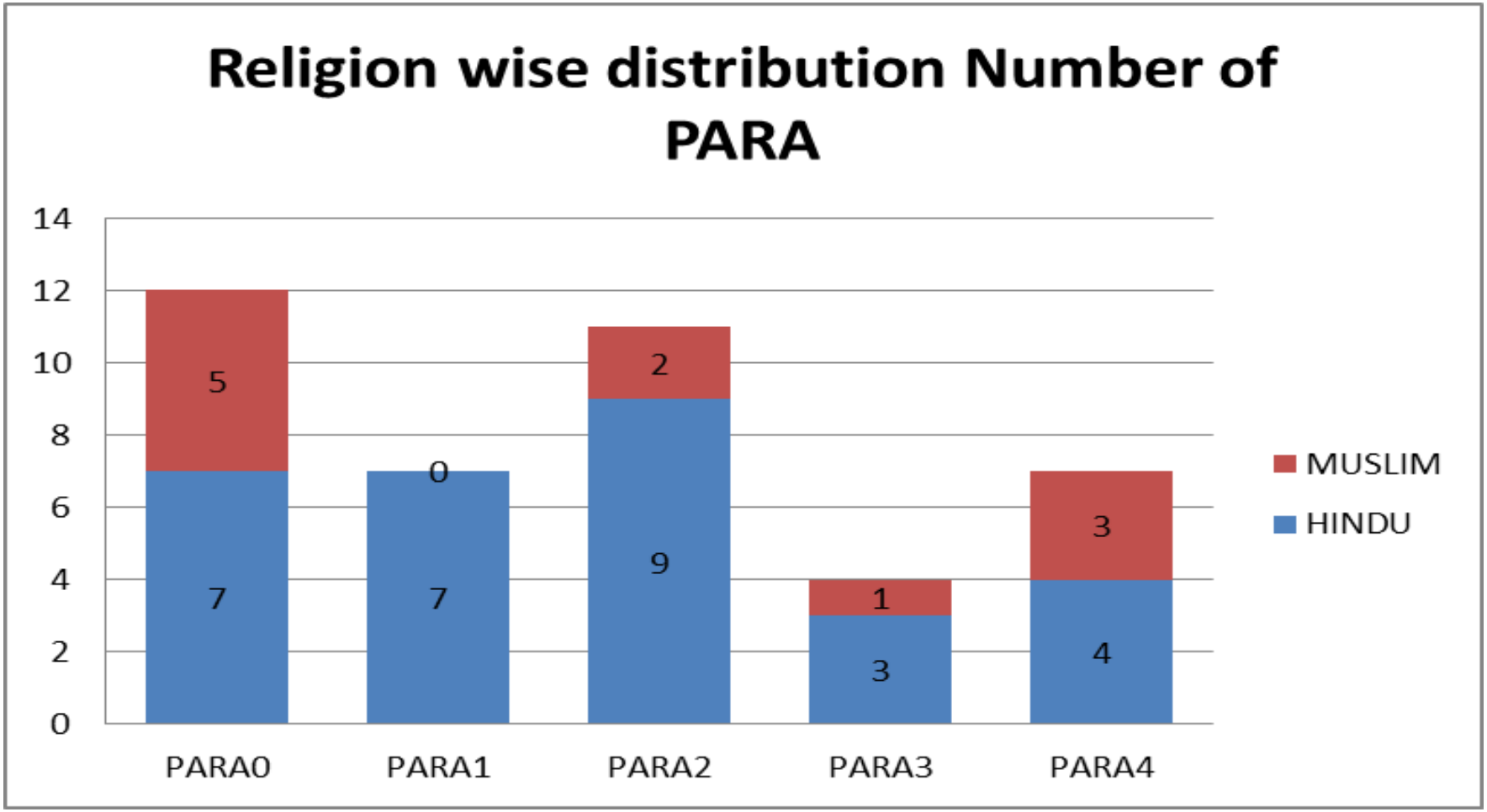
DISTRIBUTION OF THREE DELAY



Distance travel by study subject in km.



Around one fourth of deceased mother had to travel more than 20km



Above 50% maternal deaths were reported in para 2 and above

Kutch maternal death Pathway Analysis (n=41)

Home

41

3 (7.3%) died at home

1 (2.4 %) died on route

1st Facility

37

11 (26.8%) died at 1st Facility

3 (7.3 %) died on route

2nd Facility

23

9 (21.9%) died at 2nd Facility

3 (7.3%) died on route

3rd Facility

11

5(12.1 %) died at 3rd Facility

1(2.4% Died on route

4th Facility

5

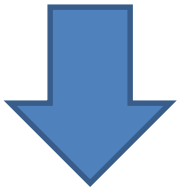
4(9.7%)

1(2.4%

CASE STUDY-GANDHIDHAM

- A case of pregnant woman age 22 died on 17/04/2017 due to delay in decision ,transportation and facility

- Distance of facility from residence =05km
- Number of facility visited before death=04

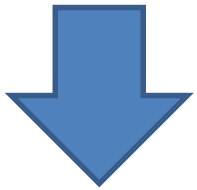


Cont.

- Patient develop edema leg ,high B.P and fever on 17/04/2017 (9.30p.m)

- Patient fist goes to ST. Joseph hospital where gynecologist on call and also had last bad experience.so patient decided to go .

- In second visit to Riddhi woman hospital where again no expert present.



- In 3rd time she visit to MA hospital where gynecologist was not available due to Sunday, lastly 4th time goes to Hari Om hospital on 11.45 pm again no expert available.

- Condition of patient was serious ,doctor refer to G.K general hospital by 108

- Patient visited by relative vehicles due to late of ambulance (108),died on the way by pre-eclampsia

Recommendation

- BCC AND IEC ACTIVITIES-majority of study subject was illiterate. Delay in decision making was found to be major cause of the delay
- Focus on family planning -Above 50% maternal deaths were reported in para 2 and above
- Give special training to ASHA and FHW to identify high risk mother and to get them admitted in Mamta ghar

- Strengthening Mamta session for ANC and PNC to reduce Pregnancy related Complications like Anaemia in ANC, Sepsis in PNC and PPH during and after 48 hours of delivery etc.
- Finding shows that 60% of women died were illiterates. As education Status of women increase she will get aware of the importance various maternal services like ANC, Institutional delivery, PNC etc.

- Strengthening of Emergency Obstetric Care services in District :-
- As we have seen that mother delivered at govt and private Institution Both individually account 60% of maternal deaths. This indicates that All Govt and pvt. Healthcare institution needs to improve maternal health care service delivery standard Emoc service need to be improved by strengthening Emoc services.
- Strengthen of all PHC and CHC'S :-
- Especially 24*7 PHC'S & FRU'S in terms Emoc service delivery & Blood Transfusion Facility.

- Strengthening of transportation in all health care facilities (PHC and above)

Limitations

- Verbal autopsy forms used for study were not completely filled
- Quality of verbal autopsy form filled by T.H.O

  Is poor so many information were not filled .

Conclusion

- As per 3- delay model cause of maternal deaths are-

1.Delay in decision making cause 54% death.

2. Delay in transportation cause 22% death

3. Delay in availability of facilities cause 24% death.

- Major cause of maternal deaths are-

1. Medical condition
2. PPH

As these reasons are causing maximum maternal death so need to focus on these causes to reduce the maternal mortality rate.

References

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- THANK YOU