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Research Article

**DESCRIPTIVE STUDY TO KNOW ABOUT MOTHER-CHILD  
COMPLICATED CASES REFERRED TO TERRITORY CARE  
HOSPITAL AFTER TRIAL OF LABOUR**<sup>1</sup>Rubab Zahra, <sup>2</sup>Muhammad Haris Kareem, <sup>3</sup>Fayzan Farooq<sup>1</sup>Mayo Hospital Lahore, <sup>2</sup>Nishtar Hospital Multan, <sup>3</sup>DHQ Teaching Hospital Sargodha.**Article Received:** March 2019**Accepted:** April 2019**Published:** May 2019**Abstract:**

**Background:** All pregnant women are at a risk of developing complications during childbirth such difficulties often occur during labor. Lady health visitors, trained birth attendants and nurses contributing to most home deliveries may be responsible for these complications.

**Objectives:** The aim of this study was to know about mother-child complicated cases referred to territory care hospital after trial of labour.

**Design of study:** Descriptive case series

**Duration:** Time period for this study was 1 year.

**Patients and Methods:** This study was done in Services Hospital Lahore from March, 2018 to Feb 2019. Total 240 patients were selected who had labour trial outside hospital. The data regarding complication during labour was collected and analyzed in SPSS version 21.

**Result:** Out of 240 patients, 40 (16%) were giving birth 5<sup>th</sup> time or more while 118 (49%) were giving birth for 1<sup>st</sup> time. Almost 90% patient never had any checkup before birth. There was prolonged labour in 128 (53.3%) primary postpartum hemorrhage in 30 (12.5%) obstructed labour in 76 abnormal presentations in 50 (20.83%) and prolonged rupture of membrane in 60 patients. Due to ruptured uterus, there were two maternal deaths. 24 babies died during first 12 hours. 64 still birth were observed with 102 patients had below 5 Apgar score at 5 minutes.

**Conclusion:**

Adverse outcomes are shown if complication during labour are not timely diagnosed and treated properly.

**Keywords:** Labor, Childbirth, Obstetrics, Risk, Emergency Medical Services, Midwifery, Delivery.

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**INTRODUCTION:**

Labour is a natural process but complications are also associated with it. In comparison with the births conducted by skilled birth attendants, disease and death rate is 4.67 times higher in those conducted by an untrained birth attendant [1]. Most of the women in our community are delivered by local Dais, LHV, trained birth attendants and nurses at home. It increases complication risks because their management is not proper. Many women select home birth due to hospital fever. Many consider home birth less painful and more natural [2]. In Punjab, recent surveys indicate 42.6% and 50% of deliveries are conducted by skilled birth attendants and local Dais respectively [3,4].

Complications in labour have a direct effect on the fetus and may cause its death due to complications such as vaginal bleeding, physical blackness of child in pelvis, more conclusion, abnormal positioning of fetus and premature birth [5]. The fetal death rate is more in home birth [6]. Mothers die mostly due to hemorrhage, physical blackness of child in pelvis, infections and abortion complications [7]. Blood escape from ruptured blood vessels and more conclusion during labour are major causes of maternal death [8]. Hemorrhage indicates health quality as it shows provision of medical assistance during labour [9].

Labour obstruction endangers the life of fetus and mother. Excessive bleeding during birth (10%), blackness of fetus in pelvis (38%), C-section 49%, forceps delivery 29%, low Apgar score 45% and fetus death 23% are fetomaternal complications with percentages. This study is done to know about the adverse after effect of trial of labour outside hospital.

**PATIENTS AND METHODS:**

This study was done in Services Hospital Lahore from March, 2018 to Feb 2019. Total 240 patients were selected who had labour trial outside hospital. The data regarding complications during labour was collected and analyzed in SPSS version 21.

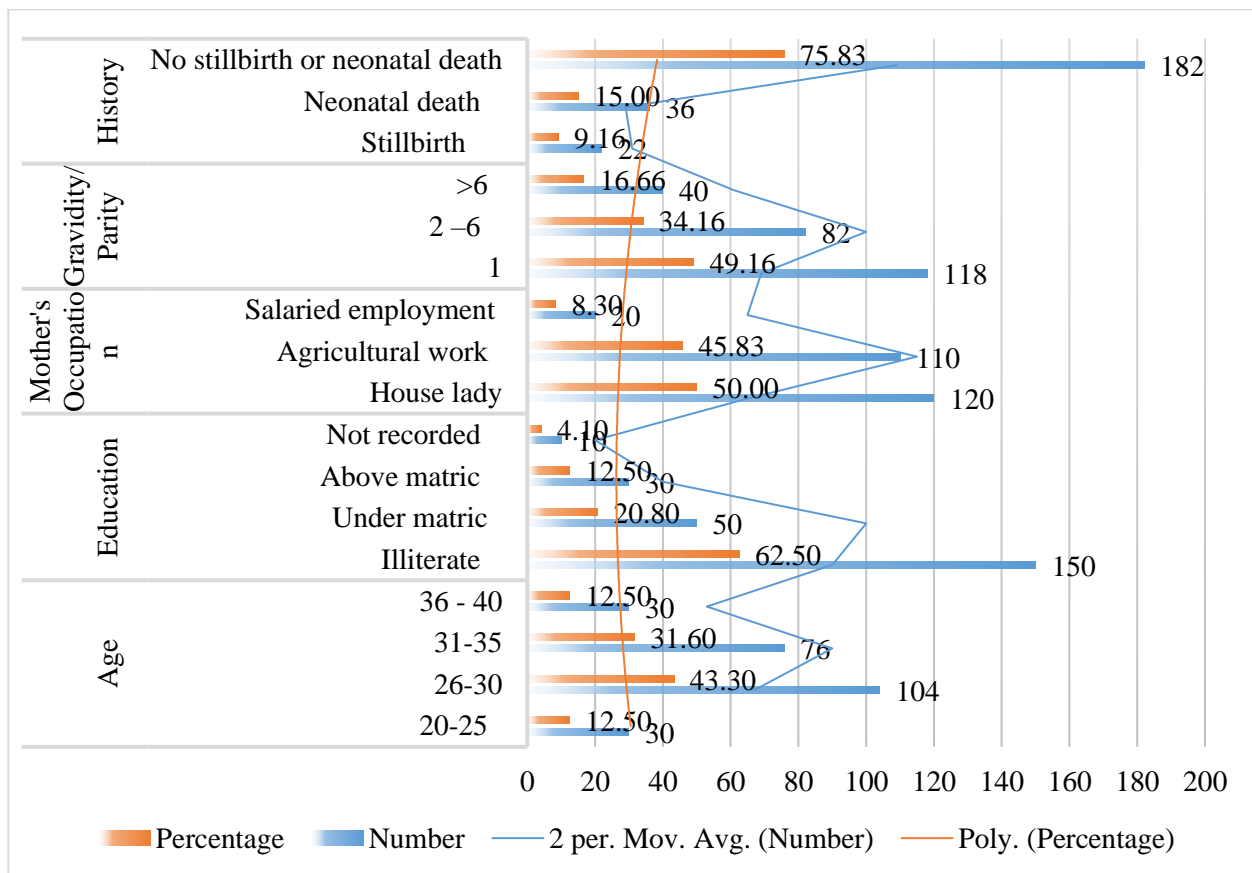
**RESULT:**

There were 240 patients in total, out of which 40 were giving birth 5<sup>th</sup> time or more while 118 were giving birth for 1<sup>st</sup> time. Almost 90% patient never had any checkup before birth. There was prolonged labour in 128, primary postpartum hemorrhage in 30, labour obstruction in 76, abnormal presentation in 50 and membrane rupture in 60 patients. Due to ruptured uterus there were two maternal deaths. During 1<sup>st</sup> twelve hours 24 babies died. 64 fetal deaths were observed with 102 patients had below 5 Apgar score at 5 minutes.

**Table I: Socioeconomic and demographic characteristics of mothers (n= 240)**

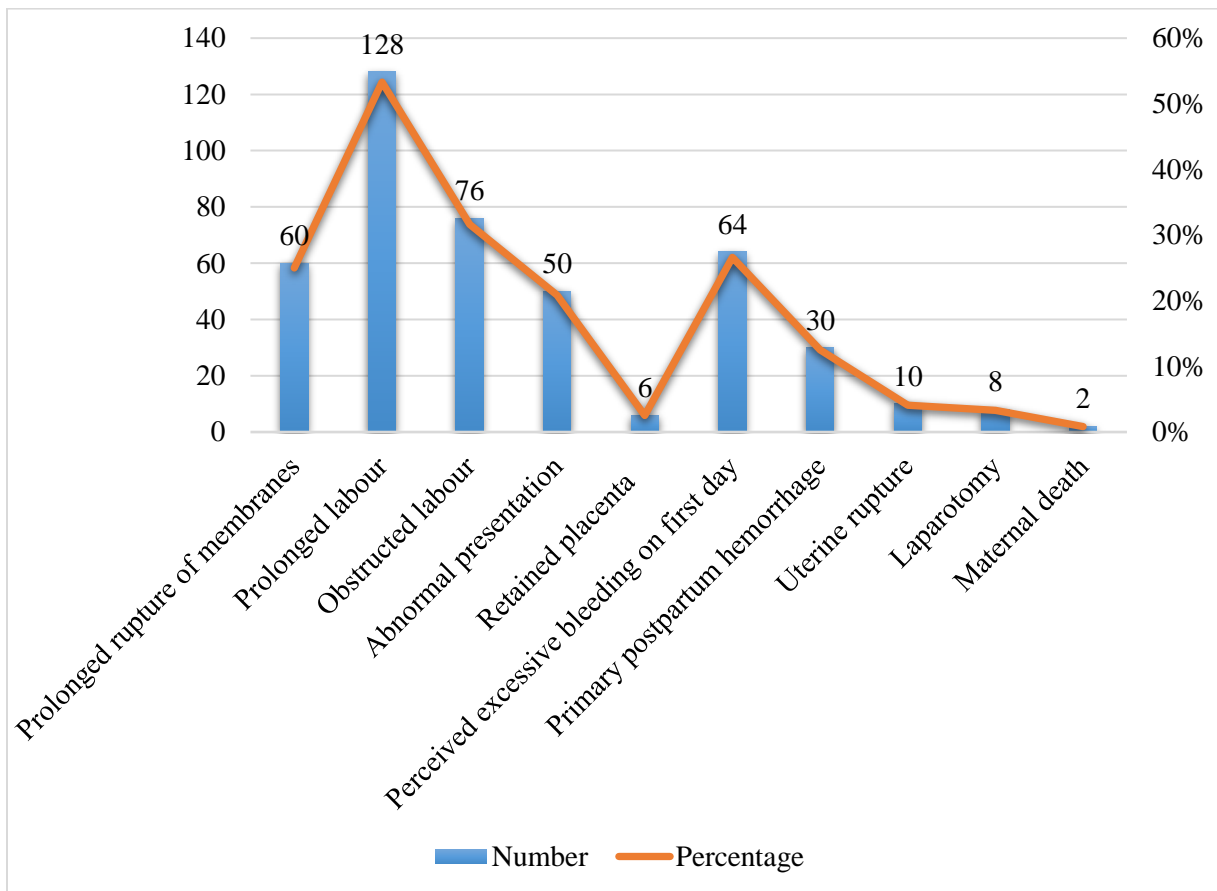
Age (years)	No	%
20-25	30	12.5%
26-30	104	43.3%
31-35	76	31.6%
36-40	30	12.5%
Education		
Illiterate	150	62.5%
Under matric	50	20.8%
Above matric	30	12.5%
Not recorded	10	4.1%
Occupation of Mothers		
House lady	120	50%
Agricultural work	110	45.83%

Salaried employment	20	8.3%
Gravidity/Parity		
1	118	49.16%
2-6	82	34.16%
>6	40	16.66%
Past History		
Stillbirth	22	9.16%
Neonatal death	36	15.0%
No stillbirth or neonatal death	182	75.83%



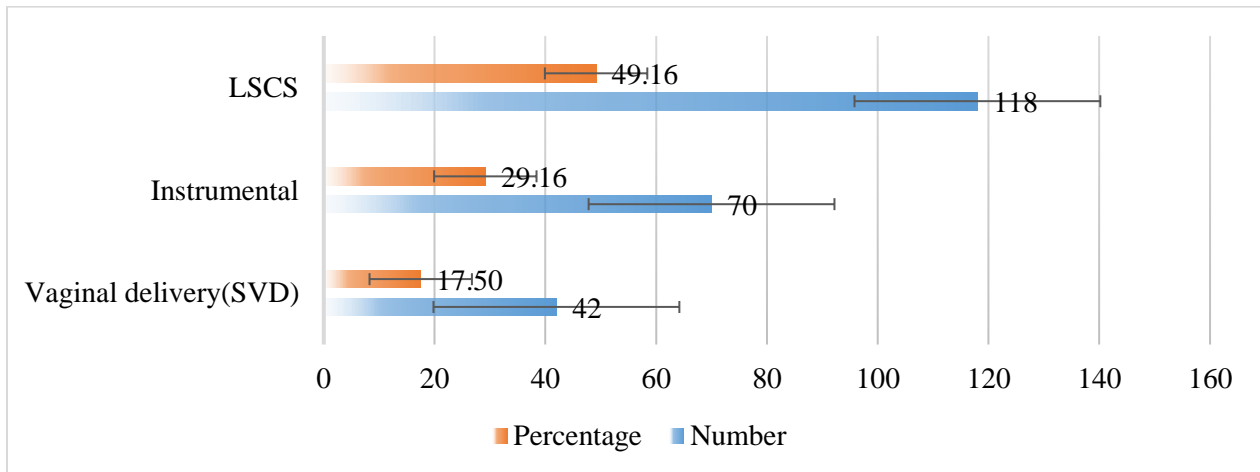
**Table II: Maternal morbidities (N=240)**

Type of morbidity	No.	% age
Prolonged rupture of membranes	60	25%
Prolonged labour	128	53.3%
Obstructed labour	76	31.6%
Abnormal presentation	50	20.83%
Retained placenta	6	2.5%
Perceived excessive bleeding on first day	64	26.6%
Primary postpartum hemorrhage	30	12.5%
Uterine rupture	10	4.1%
Laparotomy	8	3.3%
Maternal death	2	0.83%



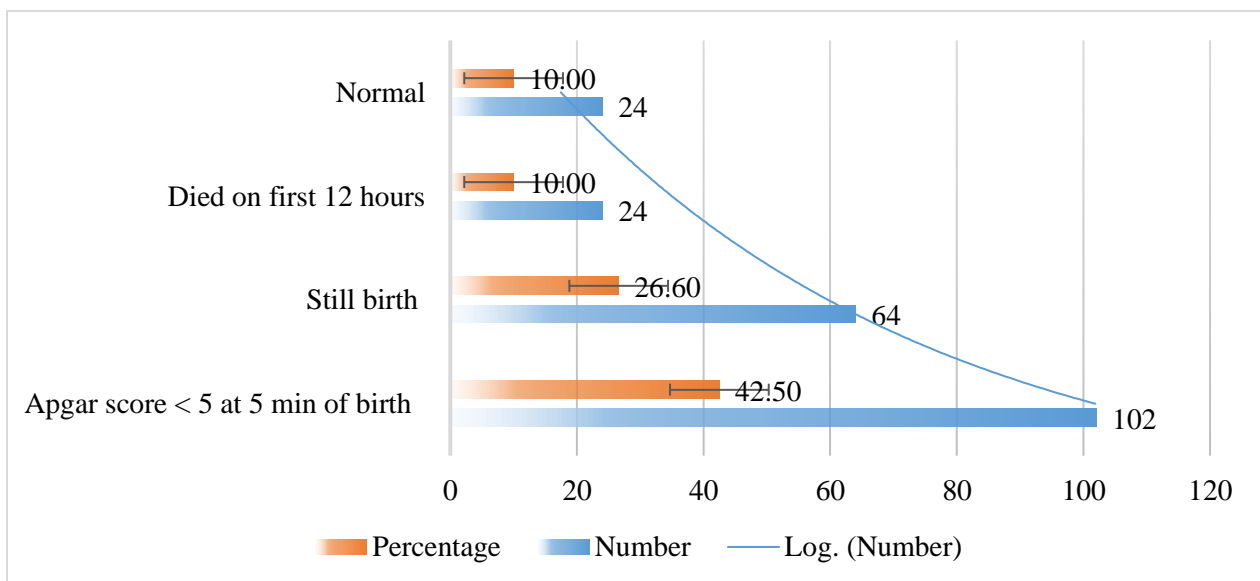
**Table III: Mode of Delivery (N= 240)**

Vaginal delivery(SVD)	42	17.5%
Instrumental	70	29.16%
LSCS	118	49.16%



**Table IV: Fetal outcome (N= 240)**

Parameters	No	%
Apgar score < 5 at 5 min of birth	102	42.5%
Still birth	64	26.6%
Died on first 12 hours	24	10%
Normal	24	10%



**DISCUSSION:**

Although labour is a natural process but it associated with greater number of complication. It need skilled birth attendant supervision. In Pakistan, obstetrical care is very low. Mostly people living in rural areas don't have access to birth centers so are at risk of developing complications during birth [11]. In this study, fetal and maternal outcomes was identified in women's after labour trail outside hospital. Compare able result of many other studies were found. In this study, postpartum hemorrhage 12.5% malpresentation 20.83% ruptures of membranes 25%, labour obstruction and prolonged labour 53.3% were maternal morbidities [12]. Study at Ayyub Medical College also show comparable C-sections rate 45% to current study. [13]. Uterine rupture frequency with no death having only 12.12% presentation of cases after labour trail outside hospital [14].

Kwaljeet Kaur et al in India, showed 61.12% fetal distress which led to C section [15]. Khatoon et al showed stain in amniotic fluid leads to oxygen deprivation in fetus during birth [16,17]. Over 80% deliveries in Pakistan are still taking place at home and traditional birth Attendants conducts them. [18] This study clearly presents the poor outcomes of fetal mother morbidly after labour trail outside hospital.

**CONCLUSION:**

Illiteracy, lack of awareness, traditional mindset, financial crisis, lack of facilities, culture prejudices,

lack of counselling might be considered responsible for improper obstetrical conditions at time of birth that leads to complication with adverse effects. So there is need of tertiary cares centers with provision of skilled birth attendants in rural areas in order to avoid adverse fetal-material outcomes during labour.

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