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Research Article

**OCCURRENCE OF COMPLICATIONS AFTER CHILD BIRTH
AMONG FEMALES GETTING TREATMENT IN MEDICAL
WARD OF BENAZIR BHUTTO HOSPITAL RAWALPINDI**¹Dr M. Bilal Jehangir, ²Dr Taimoor Javed, ³Dr Tayyaba Fatima¹Benazir Bhutto Hospital Rawalpindi, ²Federal Government Polyclinic Hospital Islamabad,³Mayo hospital Lahore.**Article Received:** August 2019**Accepted:** September 2019**Published:** October 2019**Abstract:**

Objective: The aim of this research work is to assess the complications after child birth and outcome of these complications in the female patients who got admission in the Medical Ward of Benazir Bhutto Hospital Rawalpindi from March 2017 to April 2018.

Methodology: This prospective research work conducted on the patients who got admission in the Medical Ward with different complication after child birth at home or in hospital. This research work carried out in the Benazir Bhutto hospital Rawalpindi. Total 54 patients who got admission in the Medical Ward were the part of this research work.

Results: Among these total 54 patients, detection of septicemia carried out in 38.48% patients, failure of kidney in 10.0%, DIC (Disseminated Intravascular Coagulation) in 8.0% patients, jaundice was present in 8.0%, fits in 10.0%, TB (Tuberculosis) in 4.0% patients, tetanus was present in 3.0%, cardiomyopathy after delivery in 3.0%, stroke in 1.48% patient. Total 79.22% patients got discharge for home, 7.35% patients died during treatment & 7.35% left the treatment against the medical advice in declining state.

Conclusion: There were only serious complications after child birth were present in our medical ward. Doctors, obstetrician & other professionals should work in collaboration as a team for the prevention of the high morbidity as well as mortality rate due to this very process.

Keywords: Jaundice, Disseminated Intravascular Coagulation, Cardiomyopathy, Kidney, Septicemia, Obstetric.

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INTRODUCTION:

Many physiological alterations occur in the pregnant healthy females. These physical alterations vary in accordance with the pregnancy trimester and most of females regain their physical condition within six weeks after normal delivery. There can be occurrence of complications after the childbirth, some complications are of minor impacts and few complications are of severe nature, if not handled timely and properly lead to rise in the occurrence of the high rate of maternal mortality. Roughly 73.0% maternal mortalities are because of the direct reasons and 23.0% mortalities are because of the indirect reasons in the countries which are under development while in the modern developed countries, these findings are 58.0% and 38.0%.

There is no precise data about the puerperal sepsis in our country, Pakistan. This is fact that there is infection in 38.0% to 43.0% in SVD (Spontaneous Vaginal Delivery) and 48.0% in instrumental child births when conducted by TBAs (Traditional Birth Attendants), midwives, nurses, lady health workers and general practitioners. According to the present data, this is the 1st research work about the examination and handling of the complications after the birth of child in the patients who got admission in the medical wards in Pakistan. This current research work is an effort to determine the kinds of complications & outcome of these complications in the admitted patients.

METHODOLOGY:

This study was a prospective research work conducted on the patients who got admission in the Medical Ward of Benazir Bhutto hospital Rawalpindi from March 2017 to April 2018. These patients were the referrals

from obstetric and emergency departments of the same hospital. All the patients who got admission because of complications after child birth at hospital or at home whether normal delivery through vagina or surgical intervention through CS (Cesarean Section). We studied different parameters as age of the female, symptoms, number of parity, delivery at home or at hospital, complication after child birth and outcome of those complications.

We carried out different investigations as complete examination of blood, complete examination of urine, tests to check the function of liver, urea in blood, creatinine in serum, level of glucose in blood and X-ray of the chest. Special examination as profile of clotting profile, products of degradation of fibrinogen, sensitivity of urine and blood cultures and ultrasound for retained products after conception carried out on the patients who were present with the septicemia & DIC (Disseminated Intravascular Coagulation).

RESULTS:

Total 54 patients got admission due to complications after delivery in the duration of this research work. About 48.0% patients of this research work were the referrals from hospitals of district and tehsil level. Table-1 displays the information of demography of these 54 patients. The range of age of the patients was from 15 to 44 years with an average age of 28.58 ± 5.88 . The range of the duration of postpartum symptoms was from 1 to 10 days, with an average duration of 3.738 ± 2.14 days. Patients from the obstetrical unit of the same hospital got referral within no time. But some patients got referrals after 2 days from the same ward. Total 2.38% patients were prim gravida, 70.0% patients were multiparous and 21.58% patients were grand multipara.

Table-I: Demographic Data (n = 54)

Symptoms/Disease		Patients (No/Mean)	Percentage/SD
Age (mean)	(Range 15-44 years)	28.4	5.88
Duration (mean)	(Range 1-10 days)	3.82	2.15
Parity	Prim parous	3.0	2.300%
	Multiparous (G 1-4)	44.0	70.000%
	Multiparous (G 5-8)	13.0	21.500%
Mode of Delivery	Home delivery	32.0	51.118%
	Hospital delivery	28.0	44.778%
Type of Delivery	SVD	12.0	-
	C/section	14.0	-
Outcome	Discharged	50.0	79.138%
	Death	4.0	7.178%
	L.A.M.A.	4.0	7.178%

Total 51.10% patients delivered at home through vagina by the assistance of the TBAs and 44.87% gave child birth at hospital. Among later, 12 patients were present with SVD, with clinical instrumentation and 14 delivered child through cesarean section. The diagnosis of the complication performed during ward stay both medically and on examination are present in Table-2. In majority of the patients, the medical identification of the septicemia was much obvious as

there was a toxic look on these patients, dehydration, high temperature, purulent discharge from vagina, infection of the urinary tract and infection of chest. Majority of the patients of this research work were Hypostatic pneumonia because of the flat position for very long duration, forcible feeding & aspiration was available in all those patients who were not in conscious state.

Table - II: Diagnosis During Admission

Symptoms/Disease	Patients	Percentage
Fever	62.0	98.0%
Septicemia	24.0	38.3%
Renal failure	6.0	10.0%
Disseminated Intra vascular coagulation (DIC)	4.0	8.0%
Jaundice / hepatic failure	4.0	8.0%
Fits/Eclampsia	6.0	10.0%
Tuberculosis (TB)	2.0	4.0%
Tetanus	3.0	3.0%
Postpartum Cardiomyopathy	2.0	3.0%
Stroke due to sub-acute	1.0	1.3%

DISCUSSION:

There was no diagnosis of the complications after child birth in these patients who got admissions from other departments of the hospital for two hours to two days. 48 % patients were suffering from severe illness when they came to our obstetric ward from other district and tehsil level hospitals. The most common complication was septicemia noted in 38.48% patients, which if not tackled properly can lead to the death of the patient. Obstruction of labor for a long time, repeated examination of vagina with septic preventive measures, CS or removal of placenta manually can cause the infections and it is also the outcome of one other research work. Septic shock which causes the mentally confusion or tachypnea due to gram positive microbes responsible for 38.0% and gram negative account for 58.0% infections acquired in hospitals. Retained placenta after child birth, serious damage to tissues can cause the over stimulation of clotting & anti-clotting body mechanisms which can cause bleeding which is also lead to the cute kidney failure. There should be familiarization of the TBAs with the proper aseptic procedures and they should be aware about refer of patients to the hospitals present with high risk.

Shock can cause profound tissue hypo-perfusion & it can increase the rate of mortality to 58.0%. Davidson in his research work examined that there can be occurrence of seizures after child birth, the complications being antepartum (38.0%) and/or intrapartum (18.0%). There was high rate of mortality in the patients present with the eclampsia which was comparable with the results of another study. When Clostridium perferinges are the reason of infections, it can cause severe shock like stated by Krane & Turney. Katz examined that 4.0% patients present with low GFR, were developing the end stage kidney complications. Jungers stated that glomerulonephritis of histological kind was better predictor of the end stage kidney complication. Hemorrhage after child birth hypovolemia and infections may be the contributor of this complication. Obstetrical kidney failure has an acknowledged entity which is accountable for acute renal failure which has no existence in the countries of West but it is accountable for 13.0% 28.0% cases in Thailand, Ghana, Indonesia & India. The reason of the jaundice amongst 8.0% patients are Sepsis & fulminant hepatitis. That is different from the findings of one other research work.

Cardiomyopathy is not common complication in which there is diagnosis of the weakened heart in the

final pregnancy months or within five months after the birth of child.

Tetanus was present in 3.0% patients much different from the research work which showed 11.0% patients. Multi organ failure is one of the reason of deaths after child birth in most of the females which is common with many other research works.

CONCLUSIONS:

The rate of the maternal mortality in the developed countries is 2.88 per 100000 deliveries whereas in the countries which are under development the rate of maternal mortality is 300 to 600 per 100000 deliveries. The issues of our obstetric facilities contain the no presence of the facilities for far regions, deficiencies of the suitable apparatus and lack of the professionals at tehsil & district level hospitals. There should be a discouragement for deliveries at homes to prevent the complication after childbirth.

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