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Obstructed Labour: Neglected Outcome in Rural Areas

Dr Neetu Mago

Assistant professor, Department of Obstetrics and Gynecology, Govt Medical College& Dr Sushila Tiwari Memorial Govt Hospital,Haldwani, Uttaranchal, India

Introduction

Obstructed labor is an important cause of maternal death in communities in which childhood under nutrition and early marriage is common resulting in small pelvis, and in which there is no easy access to functioning health facilities with the capability of carrying out operative deliveries. Obstructed labor also causes significant maternal morbidity mainly due to infection and hemorrhage and in the long term leads to obstetric fistulae, skeletal and neurologic complications. Fetal death from asphyxia is also common.This patient suffered the consequences of untrained personnel in rural areas without proper knowledge of delivery practice.

This case report highlights the role played by untrained dais in developing countries who increase mortality and morbidity by unethical modes of delivery.

Case report

Patient aged 35yrs G5P4L2 with term pregnancy and previous 2 LSCS with obstructed labour with rupture uterus with rupture bladder with poliomyelitis was referred from private hospital.

Patient attendants took her to a dai who manipulated and delivered fetal head which was macerated and gangrenous and one shoulder was pulled out,later on delivery of fetus could not be completed and patient reached STM Hospital in shock with macerated ,gangrenous foetal head hanging out of vagina(Fig 1)

On examination her general condition was very poor,with feeble pulse and unrecordable blood pressure. Per abdomen revealed irregular uterine contour with absent Foetal heart sounds .

Local examination revealed poliomyelitic patient with paralytic both limbs.Baby head was found along with one hand gangrenous,macerated out at perineum.

Immediate resuscitative measures were taken along with blood transfusion,anti gas gangrene serum and patient was taken for laparotomy after taking proper consent.Emergency laparotomy was done with decapitation of head along with extraction of putrefied fetus and placenta from peritoneal cavity. Subtotal hysterectomy was performed and bladder repair was done.Postoperative patient was shifted to icu on ventilator with inotropic support and patient succumbed on second day.

Discussion

Obstructed labor is still prevalent in the developing countries like India where illiteracy and ignorance result in poor antenatal attendance and under utilization of the available facilities.

The major cause of obstructed labor identified in different studies was Cephalo-pelvic disproportion being responsible for 80.6% in JUSH, 67% in a Nigerian study, and 41.1% in an Indian study (2, 3, 5). Several procedures are done to relieve the obstruction in obstructed labor. Complications observed in women with obstructed labor at studied areas were puerperal sepsis in 57% of cases in Nigeria to 12.5% in India and extension at time of surgery in 14% of cases in India.

These are further compounded by poor road connectivity resulting in delayed specialized care. Lack of sufficient number of secondary as well as tertiary referral centers that are adequately staffed and equipped is also an important factor for better obstetric care. Most of the cases of obstructed labor are preventable should there be proper antenatal care to all pregnant women and all births attended by trained personnel. Improving nutrition right from childhood, discouraging high parity and improved utilization of available facilities and government schemes will certainly contribute towards reducing incidence of obstructed labor.

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