ORIGINAL RESEARCH PAPER

Volume-7 | Issue-6 | June-2018 | PRINT ISSN No 2277 - 8179

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

# A STUDY OF MATERNAL AND PERINATAL OUTCOME IN REFERRED CASES TO KANACHUR INSTITUTE OF MEDICAL SCIENCES,MANGALORE A TERTIARY CARE CENTRE.

Gynaecology

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## ABSTRACT

Timeliness and appropriateness of referral is an important factor in the ultimate outcome of the patients. Linking the primary, secondary and tertiary levels of care are an essential element of primary health care. Although most obstetric complications (defined as acute conditions such as postpartum hemorrhage, sepsis, eclampsia, and obstructed labor that can cause maternal death cannot be predicted, the majority can be treated with timely provision of a package of evidence-based interventions known as emergency obstetric care (EmOC). The availability of EmOC is considered to be an indicator of how well a health system is prepared to manage conditions leading to acute maternal morbidity and mortality. Timing process is critical in preventing maternal death and disability. Maternal mortality can be significantly reduced if a system is in place to recognize problems promptly and to transport a woman to a health facility where she can receive appropriate and timely treatment. With this background, present study was undertaken to evaluate the pattern of obstetric cases referred to tertiary teaching hospital and maternal outcomes amongst referred patients.

## KEYWORDS

Maternal, Perinatal, Outcome, Mangalore, Tertiary care.

**Introduction:**

The fundamental and necessary function of a health care system is to provide a sound referral system. It will ensure continuity of care and inspire confidence in consumers of the system. A referral can be defined as a process in which a health worker at a one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the management of the patient. The health administration systems of developing countries are inefficient in rural parts. These units lack manpower, equipment and other facilities to handle obstetric emergencies. This results in many referrals to district hospitals/ tertiary care centres. The referral system is particularly important in pregnancy and childbirth for providing access to Emergency Obstetric Care. Timeliness and appropriateness of referral is an important factor in the ultimate outcome of the patients.[1] Linking the primary, secondary and tertiary levels of care are an essential element of primary health care.[2] Although most obstetric complications (defined as acute conditions such as postpartum hemorrhage, sepsis, eclampsia, and obstructed labor that can cause maternal death cannot be predicted, the majority can be treated with timely provision of a package of evidence-based interventions known as emergency obstetric care (EmOC).[3,4] The availability of EmOC is considered to be an indicator of how well a health system is prepared to manage conditions leading to acute maternal morbidity and mortality.[5-7] Timing process is critical in preventing maternal death and disability. Maternal mortality can be significantly reduced if a system is in place to recognize problems promptly and to transport a woman to a health facility where she can receive appropriate and timely treatment.[8]With this background, present study was undertaken to evaluate the pattern of obstetric cases referred to tertiary teaching hospital and maternal outcomes amongst referred patients.

**Aims and Objectives:**

To Study of Maternal And Perinatal Outcome In Referred Cases to Kanachur Institute Of Medical Sciences, Mangalore A Tertiary Care Centre.

**Materials and Methods:**

This is a retrospective clinical study of all referred cases to Kanachur Institute Of Medical Sciences, Mangalore from rural and urban areas with a documented referral slip.

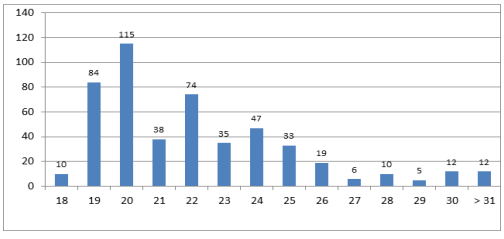
**Study period:** December 2017 to May 2018.

**Results:**

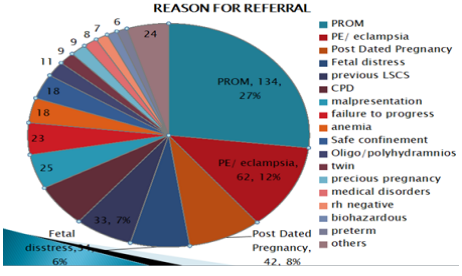
Ninety two percent of the population were from the rural population and the rest of them were from urban. Out of these 320 were primi-gravida, 174 were multi-gravida and 5 had delivered.

Out of the total referred cases 415 patients were term, 40 were pre-term and 40 were post-term.

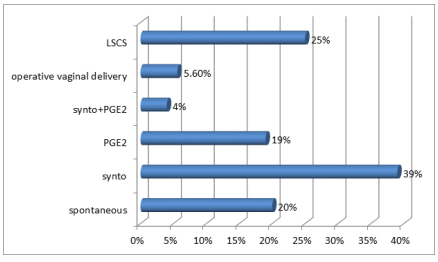
**Graph 1: Age- wise distribution**



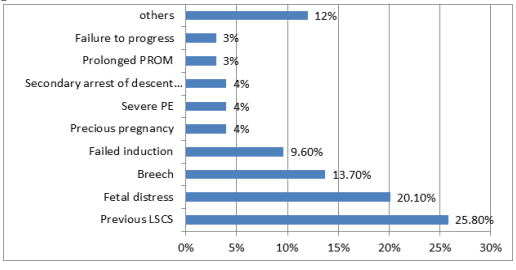

**Graph 2: Reason for referral**




**Graph 3: MODE OF DELIVERY**




**Graph 4: INDICATION FOR LSCS**



There were 10 perinatal deaths.

**Discussion:**

In our study the Incidence of referrals was 15%. In this study, 92% of the referrals were from rural areas, majority belonged to low socioeconomic status. 27% of the referrals were for PROM, out of which 5% required lscs. 95% of the cases were already in labour. Out of the 23 cases referred in 2nd stage, 20 had spontaneous delivery, 1 required LSCS due to fetal distress, 2 cases needed acceleration. 3 cases referred for non progession of labour reached our hospital in 2nd stage and also delivered spontaneously. 99% did not receive any treatment before referral. 20% of the LSCS were done within 2 hours of admission. 20% of the referred cases had spontaneous delivery which could have managed at PHC/ CHC level. 5 % of the referrals were due to non-availability of blood/ blood products. 2 maternal deaths. Out of the 18 cases referred for anemia, 6 required blood transfusion. There were 10 perinatal deaths. The State has a network of 8143 Sub Centres, 2195 Primary Health Centres, and 323 Community Health Centres throughout the State, for Primary Health Care.

An existing facility (district hospital, sub-divisional hospital, CHC etc.) can be declared a fully operational First Referral Unit (FRU) only if it is equipped to provide round-the-clock services for Emergency Obstetric and New Born Care. Three criticial determinants of an FRU:

- Availability of surgical interventions
- New born care
- Blood storage facility

Government of India, Under RCH-II has launched measures to strengthen the peripheral health system. Operationalising 3,222 existing Community Health Centres (30-50 beds) as 24 hour First Referral Units.

Patients are referred to higher centers when either it is high-risk pregnancy or when conduction of normal vaginal delivery is difficult in primary set up. This may be the cause of higher caesarean section rate among referral patients. Delay in referral of complicated cases from our peripheral health centers, which could be due to lack of adequate transport facilities or trained personnel in PHC/CHC. Delay in referral is a big contributing factor for adverse maternal outcome.

**Conclusion:**

- ***Strengthening of First Referral Units*** with Operation theatres, blood banks, trained personnel can reduce the amount of referrals, inconvenience to the patient and workload at the tertiary centre
- Experts will be able to ***concentrate more on those critical patients*** who need special care.
- ***Appropriate and early referral*** will lead to a better maternal and perinatal outcome

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