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# STUDY OF MATERNAL AND PERINATAL OUTCOMES IN REFERRED OBSTETRIC CASES FROM OTHER HOSPITALS

Obstetrics & Gynaecology

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## ABSTRACT

**Background:** Referral system is very important in obstetric emergencies, which are carriedout effectively and efficiently to avoid the global burden of maternal and fetal morbidity and mortality. **Aims And Objectives:** To study all the referred obstetric cases from Primary and Community Health Centres, Hospitals, and sub-centres .2.To review the reasons for referral3. To study the maternal and perinatal outcomes. **Conclusion:** The present study has shown that improper antenatal and intranatal care at the periphery level, is responsible for poor maternal and perinatal outcome. As all of the referral cases are high risk, these cases can be better dealt at the tertiary care center.

## KEYWORDS

## INTRODUCTION

- Referral system is very important in obstetric emergencies, which are carried out effectively and
- efficiently to avoid the global burden of maternal and fetal morbidity and mortality. (1)
- **"15%"** of pregnancies develop complications that necessitate tertiary obstetric care.
- Referral system has been introduced to

To improve services of delivery at the tertiary care center level To strengthen the infrastructure in the peripheries and The effective utilization of services by the patients.

## AIMS AND OBJECTIVES

To study all the referred obstetric cases from Primary and Community Health Centres, Hospitals, and sub-centres

- To review the reasons for referral
- To study the maternal and perinatal outcomes.

## MATERIALS AND METHODS

**Study design-** Prospective study

**Study period**- Jan 2021 to Jan 2022

**Study population-**
All obstetric cases referred to the department of obstetrics and gynecology of Our Hospital, a tertiary care centre.

**Methodology-**
prospective study conducted at GEMS Hospital between Jan 2021 to Jan 2022 after obtaining clearance from the Hospital Ethical Committee

- All the referred cases were taken into the study and detailed history and examination were done**.**
- **Points which are taken into consideration for this study group are as follows:**
- Age, Gravida and Parity of pregnant women
- Cause of referral,
- Place of referral,
- Transport facility available or not
- The time interval between the hospitals, and
- Initial treatment if given any are noted

## RESULTS

**Total Number Of Cases referred to our hospital:98**

Gestation wise distribution:

| GESTATIONAL AGE | NO.OF CASES |
|---|---|
| TERM | 54(55.1%) |
| PRE TERM | 44(44.8%) |

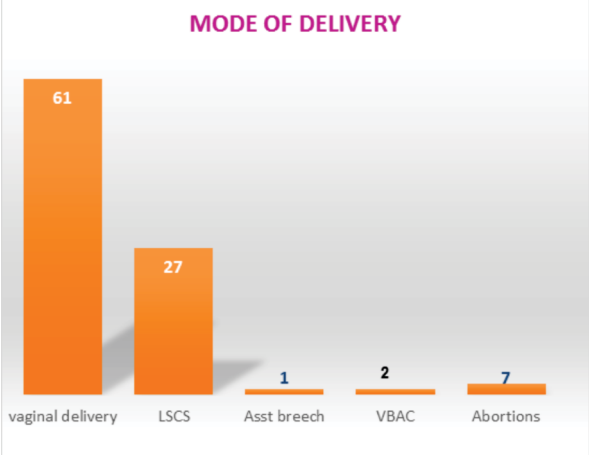
**Parity wise distribution:**

| PARITY | NO.OF CASES |
|---|---|
| PRIMI | 51(52%) |
| G2 | 30(30.6%) |
| G3 | 15(15.3%) |
| ≥G4 | 2(2%) |

**Cause Of Referral**

| CAUSE OF REFERRAL | % OF CASES |
|---|---|
| HDP(Hypertensive Disorders Of Pregnancy) | 24% |
| PreLabor Rupture Of Membranes (PROM) | 20% |
| Intra Uterine Death | 18% |
| OLIGOHYDRAMNIOS | 10% |
| PCP (previous cesarean) | 8% |
| BREECH | 5% |
| THROMBOCYTOPENIA | 5% |
| ABORTIONS/MTP | 5% |
| TWINS | 2% |
| Rh-VE Pregnancy | 1% |

| PLACE OF REFERRAL | %OF CASES |
|---|---|
| Primary Health Care | 35% |
| Community Health Centre | 28% |
| Sub center | 19% |
| Other Private Hospitals | 18% |




## DISCUSSION

- In our study most of the cases are referred from primary health care centres.
- Most of the women are primigravida who are mostly illiterate & are belonging to lower socio economic status.
- Their age group is mostly 20-30 years(61%) (In the study conducted by ***Prakriti Goswami et al***,(2) the maximum number of patients were in the age group of 20-30 years)
- Most common indication for referral in our study is HYPERTENSIVE DISORDERS OF PREGNANCY of which
- Pre-eclampsia accounts for about 47%,
- Eclampsia cases are 26%,

- Gestational hypertension cases are 18%, and
- Chronic hypertension cases are 9%.
- Incidence of pre-eclampsia/eclampsia in this study group is more in primigravida than multigravida
- ***Sabale et al(3)*** in their study found that preeclampsia and related conditions were a major indication for referral
- Premature Rupture Of Membranes is another most common cause of in this study(20%)
- ***Rathi et al(4)***study showed that PROM was the cause of referral in 26% of cases which is similar to our study
- Intra Uterine Death is the cause of referral in 18% of the cases(which are already diagnosed outside and referred)
- In ***Khatoon A et al(5)*** study, IUD was the cause of referral in 13% of the cases
- % of cases with delayed referral in our study was quite high(20%) as compared to the study of ***Gupta et al.,(6)*** who reported that 76% of cases reached within 8 hours of reference and only 5.58% were delayed referrals

This delay was due to the following factors:

1. Delay in identifying the high-risk situation or
2. Delay in initiating treatment (antihypertensive, anticonvulsants)
3. Delay in referring the cases with obstructed labor, premature rupture of membranes kept on observation and referred later when delivery was imminent
4. Delay in transferring (due to lack of transport facility and bad roads).

## CONCLUSION

- The present study has shown that improper antenatal and intranatal care at the periphery level, is responsible for poor maternal and perinatal outcomes.
- As all of the referral cases are high risk, these cases can be better dealt at the tertiary care center.
- Health care workers should be given adequate training to deal with such cases before referring, and development of a standard referral protocol, to administer a dose of magnesium sulfate, antibiotic, and steroid coverage in high-risk cases.
- There was a failure in giving antihypertensive and/or MgS04 in case of eclampsia, and antibiotics in case of prolonged leakage or infections.
- The delay in the referral results in a delay in treatment leading to irreversible complications.
- Health education, training of health workers, routine antenatal check-ups, explaining of warning signs, and awareness by mass media and non-government organizations can improve the health and social status of women in rural areas.

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