

## Case Study: Rukhsana

Rukhsana,<sup>1</sup> a twenty-year old housewife, was married to a labourer who was 30 years old. Both of them were illiterate. They lived in a fairly large village near Qasur (a town in the province of Punjab). Rukhsana had had one miscarriage and one live birth, but that baby also died a few months after it was born.

She became pregnant again and was in good health. She did not go for any antenatal care. One day when she was visiting her parents, she started bleeding heavily. Her mother called the *dai* (Traditional Birth Attendant), who, after examining Rukhsana, told the family it was a twin pregnancy and that she would deliver shortly.

The family wanted to take her to a hospital in the city but the *dai* convinced them otherwise, insisting that she could handle the case. She gave Rukhsana some injections, including an intravenous injection, to expedite the delivery. Rukhsana continued to bleed. Eventually the *dai* inserted first one hand and then the other into the birth canal and delivered two dismembered legs, followed by the torso and the head. Subsequently, the second twin, a boy, was delivered, but he also died soon after birth.



After the delivery, Rukhsana continued to bleed. At no point, either immediately after or later, was she taken to a health facility. Eight days later, the family arranged for transportation with difficulty and took her into town to consult a private practitioner who said blood transfusions were needed as she had lost a lot of blood by this time. The family took her home to arrange for blood. Ten hours passed before she could receive a blood transfusion and Rukhsana passed away at home.

Though the cause of her death would be recorded as postpartum hemorrhage, there were many other factors that contributed to her death including the unskilled and untrained birth attendant, ignorance, the couple's own lack of education and knowledge, the amount of priority placed on Rukhsana's health, the delays that occurred at each stage, poverty, and difficulty in accessing emergency obstetric care services.

Had Rukhsana had access to a medication such as Misoprostol, and a provider who knew how and when to administer it, her life could potentially have been saved.

<sup>1</sup> True story as narrated in the Verbal Autopsies – Pakistan Demographic and Health Survey, 2006-07.

**Disclaimer:**

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