NATIONAL COMMISSION FOR MATERNAL & NEONATAL HEALTH
(Under the Chairmanship of Secretary Health, Government of Pakistan)

NCMNH NEWS LETTER

SUMMER 2005

Maternal Morbidities: Not a much discussed subject

Maternal mortality has received a lot of attention since the Nairobi Conference in 1987. Allen Rosenfield's famous phrase," Where is the 'M' in MCH?" caught on fast. The Safe Motherhood Initiative of WHO was an immediate outcome of Nairobi deliberations. Targets were set for reducing Maternal Mortality Ratios (MMR) by 50 % by the year 2000. The incorrigibly optimistic Hafadan Mahler, the then Director General of WHO, claimed that it can be done. Essential and Emergency Obstetric Care emerged as buzz words. Saving lives of the mothers became the focus of attention. There was, however not much said or done about the quality of the life, which was saved. Those who die are spared of all the suffering. In the developing countries, many of those who survive wish they were dead because of the maternal morbidity left behind.

This issue is dedicated to Pakistani women who silently suffer from maternal morbidities

Maternal morbidity is generally defined as any illness or injury caused by, aggravated by, or associated with pregnancy or childbirth.

There are certain figures quoted about maternal morbidities. One of these is that for every woman who dies, 17 are left with various types of temporary or chronic morbidities. The most distressing one of these is the vesico vaginal or recto vaginal fistula. In this condition there is a hole between the bladder and the vagina or between the rectum and vagina The woman becomes a social outcast, shunned by all because of the stench that accompanies her wherever she goes. The husband often divorces her. Infertility is another consequence of poor quality of care during labour and delivery and particularly of unsafe abortion. The exact magnitude of the problem of maternal morbidity in Pakistan is not known but the causes can be easily understood. 80 % of the deliveries take place at home. Untrained and often completely illiterate persons handle 95 % of these. They can be traditional birth attendants known as Dais or elderly women in the family /tribe who help the woman during labour and delivery. 90% of the maternal morbidities are caused by ignorance or carelessness and delayed action of the birth attendant be it a Dai, a midwife or a doctor. This plays havoc when coupled with the helplessness of the family because skilled care is either not accessible or not affordable. Who pays the price? The woman, who is young, in the prime of her life, has often given life or destroyed one, and in the process is left with conditions, which make her life miserable.

It is amazing that in a country where 7 babies are born every minute there are no laws or regulatory mechanisms to govern the practice of those who deliver these babies. They practice without any fear of accountability. The communities are not well informed about what can go wrong in an otherwise normal physiological process of childbirth or why it went wrong. It is often stated that most morbidities are preventable provided a skilled birth attendant handles each birth. The qualifying statement remains that the skilled birth attendant must be available, accessible, acceptable and affordable when the woman needs her.

Inside:

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OBSTETRIC MORBIDITIES

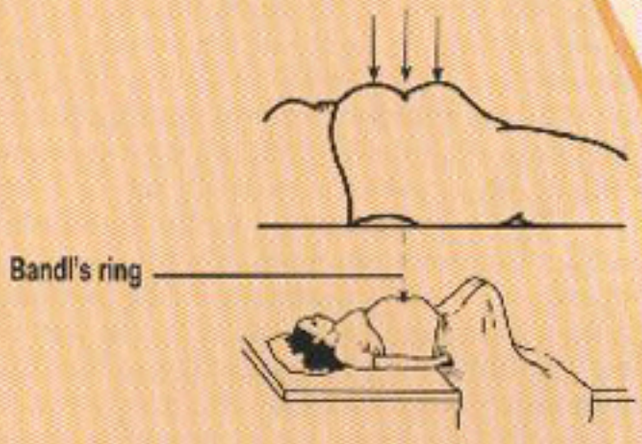
Definition: Morbidity in a woman who has been pregnant (regardless of the site and the duration of pregnancy) from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes:

Maternal morbidities are of 3 types:

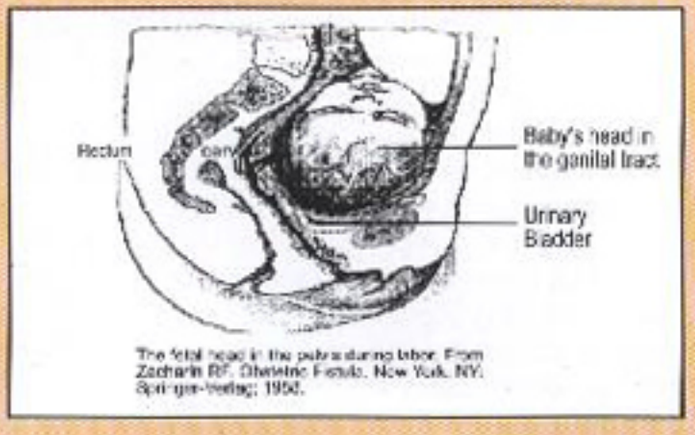
- **Direct Obstetric Morbidity** results from obstetric complications of the pregnant state (pregnancy, labor and the puerperium), from interventions, omissions, incorrect treatment, or from a chain of events resulting from any of the above. This can include temporary conditions, mild or severe, which occur during pregnancy or within 42 days of delivery, or permanent/chronic conditions resulting from pregnancy, abortion or childbirth

- **Indirect Obstetric Morbidity** results from a previously existing condition or disease, such as anemia, diabetes mellitus, heart diseases, hepatitis & tuberculosis, which was aggravated by the physiological effects of pregnancy. Such morbidity may occur at any time and continue beyond the reproductive years.

- **Psychological Obstetric Morbidity** may include puerperal psychosis, attempted suicide, strong fear of pregnancy and childbirth and may be the consequence of obstetric complications, obstetric interventions, cultural practices (such as isolation during labor and delivery).



The depression on the abdomen of a laboring woman "Bandl's ring" indicates neglected obstructed labor



The fetal head in the pelvis during labor. From Zacharin RF. Obstetric Fistula. New York, NY: Springer-Verlag; 1992.

Long-term sequelae of childbirth complications

The majority of long-term effects of childbearing under adverse conditions are related to obstructed labor, obstetric hemorrhage and puerperal infection, with injuries from obstructed labor top of the list.

Long-term problems include:

- Fistula
- Chronic Pelvic Inflammatory Disease (PID)
- Sub fertility (difficulty in getting pregnant)
- Anaemia
- Ectopic Pregnancy (pregnancy outside the uterus usually the tubes)
- Uterovaginal Prolapse
- Neurological Dysfunction "foot drop"
- Vaginal Stenosis (occlusion of vagina)
- Sheehan's Syndrome (Severe post partum hemorrhage leading to failure to breast feed and menstruate)

Obstructed labor – the immediate cause of obstetric fistula – is one of the leading causes of maternal illness in South Asia worldwide, obstructed labor occurs in an estimated 5% of pregnancies.

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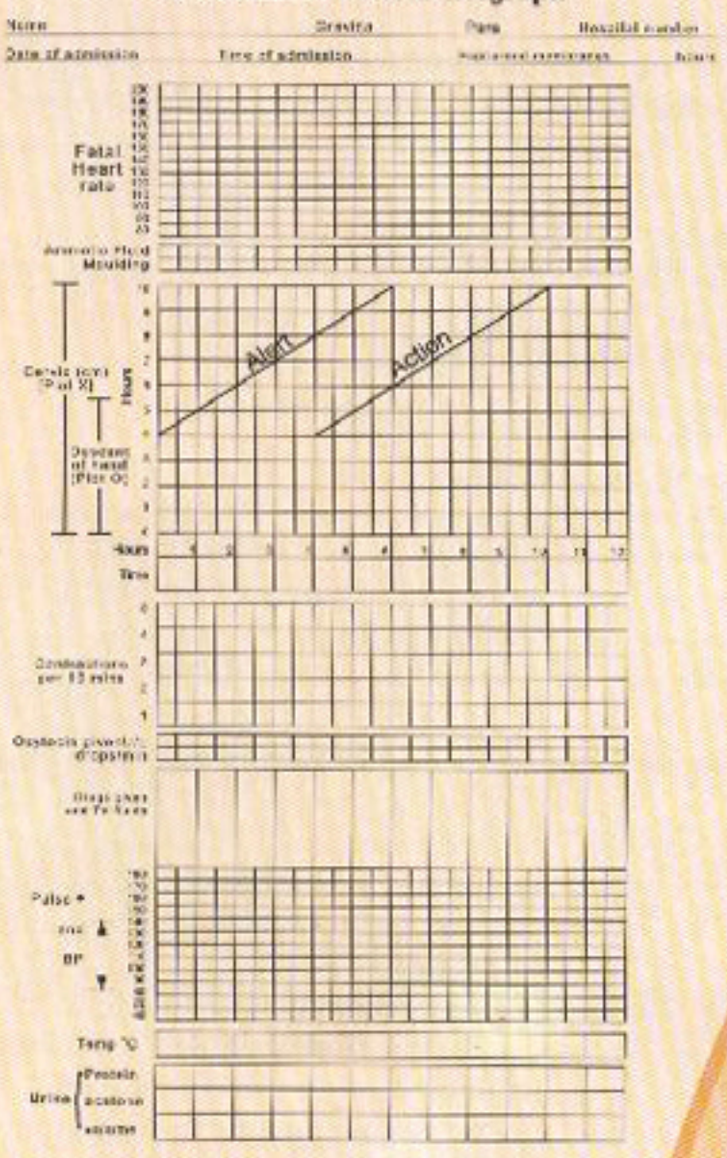
The modified WHO Partograph



WHO recommends use of a partograph, a chart for recording information about the progress of labor, as a key to avoiding prolonged labor and its complications The partograph can help providers assess the conditions of the mother and fetus and identify when immediate medical care is needed. [redacted]

What is obstetric fistula?

It is an abnormal opening between the vagina and the bladder or rectum. This condition occurs when a woman has an obstructed labor and cannot get a Caesarean section when needed. The obstruction can occur because:

- The woman's pelvis is too small
- The baby's head is too big.
- The baby is badly positioned.

The baby usually dies. If the mother survives, she is left with extensive tissue damage to her birth canal that renders her incontinent.

There are an estimated 2 million women in the world with fistula, with anywhere between 100,000 and 500,000 new cases developing each year, mostly in African and Asian Countries.

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Profile of a woman at risk of obstetric fistula

- Usually young (bones not yet properly developed)
- Short in stature (indicating small pelvis)
- Usually illiterate
- Usually poor
- Prolonged labour
- Labour usually unattended, or if attended, by someone unskilled.

Key Strategies to Eradicate Fistula

- Increase access to education
- Postpone marriage and pregnancy for young girls
- Provide access to adequate medical care for all pregnant women and emergency obstetric care for all who develop complications.
  - Address emotional damage through counseling
  - Increase awareness about repair possibilities
  - Sufficient number of trained providers for fistula repair

Important facts for Health Care Providers to remember

- Prompt catheterization increases the likelihood of spontaneous closure of some fistulas
- Do not perform surgery for 2 to 3 months after fistula develops
- Repair is more difficult on patients with extensive scarring from prolonged obstructed labor
- Recovery after surgery generally takes 2-3 weeks, during this period the bladder should be continuously drained through a catheter
- First surgery for fistula repair is likely to give best results. Repeat surgeries do not have a good outcome as compared to the first one
- Women with successfully repaired fistulas are advised not to resume sexual relations for 3 or 4 months to give tissues time to heal fully
- In women with fistula the normal menstrual cycle may not return for 2 years or more after the pregnancy that caused the fistula.
- After successful surgical repair, normal menstruation can return rapidly. In some cases, it may never return
- Women with successfully repaired fistulas should have elective caesarean section in their next pregnancies

Consequences of untreated obstetric fistula:

- Suffering from incontinence-related infections
- Excoriation of skin
- Smelling of urine and faeces
- Prohibition from family homes, cooking and touching shared utensils
- Half of the women are divorced as a direct result of their conditions
- Begging and prostitution

Surgery can repair most fistulae

Only highly skilled professionals should attempt fistula repair

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Salma, beautiful as a rose (Safe Motherhood 2003, issue 30)

One young woman's life was transformed by fistula repair, writes Dr Shershah Syed of Sindh Government Qatar Hospital in Karachi, Pakistan: Salma was only 13 years old when she got married. Her husband, aged 32, had been married before, but his wife had died during her fourth pregnancy. Salma became pregnant straight away. Nine months later she was ready to give birth, but her labour went on for three days. She had no skilled attendant to help her, but she was assisted by a dai, or traditional birth attendant. Salma gave birth with great difficulty, but sadly, the baby was already dead. Salma was from Shahdad Kot, a small town about three hours' drive from the hospital in Larkana, but she was never referred there. Then seven days after she was delivered, Salma developed vesico-vaginal fistula.

Uncontrolled urine due to fistula

She started passing urine all the time. Life became miserable. She was smelly. Nobody wanted to talk to her. Meanwhile, Salma's husband left her. She went back to live with her parents. For eight years she suffered in silence. Her legs had ulcers from the continuous drainage of urine, and she had stopped using shoes because urine was collecting in them and causing infection between her toes. She came to see us when we organized a fistula repair camp at Larkana. By then she was thin, jittery and depressed, with no interest in life. It took only an hour and a half to repair the fistula. When we saw her two weeks later, she was dry and very happy. Now she looks like a rose. Salma is married again, and planning to have another child.

Surgery for Obstetric Fistulae 2003-2004

Name of Institution	# of Cases in Institutions		# of Cases in Camps		Total	Duration of Fistulas			Success Rate
	* VVF	** RVF	VVF	RVF		> 1 year	1-3 years	More than 3 years	
Jinnah Postgraduate Medical Centre, Karachi	22	-	-		22	12	06	04	90%
Shaikh Zayed Women's Hospital, Larkana	36	03	38	04	81	-	-	81	95%
Liaquat University of Medical Health Sciences, Jamshoro	12	03	47	11	73	-	-	73	74%
Khyber Teaching Hospital, Peshawar	15	5	-	-	20	6	5	5	98%

* Vesico vagina fistula
** Recto vagina fistula

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SUBFERTILITY

The prevalence of sub fertility in Pakistan is reported to be 21.9%: primary sub fertility is 3.9% and secondary sub fertility is 18%. There is dearth of knowledge regarding causes of sub fertility in Pakistan. A case controlled study of 400 cases by Community Health Sciences Department; Aga Khan University Karachi was conducted to identify the risk factors for secondary sub fertility in women attending the infertility clinics of five major tertiary hospitals in Karachi.

The main risk factors for secondary sub fertility were grouped into 6 main categories:

- Unsafe birthing practices delivery by untrained birth attendants delivery at unsafe places exposure to unclean sheets and/or instruments hand washing not done by birth attendants
- Unsafe practices during postpartum period use of unhygienic vulval pads to absorb lochia use of home made intra vaginal medicines non washing of perineum during puerperium
- Unsafe practices during menstruation use of unhygienic vulval pads to absorb menstrual blood
- Voluntary termination of pregnancy use of an intra vaginal method
- IUCD insertion under unhygienic conditions
- Places not hygienically clean
- Health personnel not ruling out any infections before inserting the IUCD
- Aseptic techniques not used for inserting IUCD
- Sexually transmitted infections
- Social consequences of sub fertility
  - Sent back to her parents
    - The husbands remarrying
    - Divorce/ threat to divorce
    - Verbal/physical abuse

People consulted for Subfertility

- Physicians (most commonly)
- TBAs (unskilled birth attendants)
- Spritual healers
- Hakeems
- Homeopaths

The common perception is that only women are responsible for not having children. Husbands therefore refuse any investigation. They would rather remarry.

"UNWANTED PREGNANCY AND POST-ABORTION COMPLICATIONS IN PAKISTAN: FINDINGS FROM A NATIONAL STUDY"

Two most important findings reported:

- The incidence of induced abortions in Pakistan is high, higher than previously thought: The estimated national abortion rate is 29 per 1000, implying 890,000 abortions per year in Pakistan.
- Morbidity from unsafe abortion is very high in Pakistan. An estimated 197,000 women are treated every year for serious health complications.

(The Population Council. October 2004).

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UTERINE PROLAPSE

Prolapse of the uterus and/or vagina is in most cases, caused by stretching and/or tearing of the supporting tissues during childbirth. It is a problem for women of all ages but especially in multigravida, and menopausal women. Although commonly attributed to prolonged pushing during childbirth it can also be present in nulliparous woman. Generally should be done for a woman who has completed her family In addition to a source of chronic disability, uterine prolapse affects a woman's sexual well being and thus has long term sequelae.

COMPLICATIONS OF INDUCED SEPTIC ABORTIONS AND RISK FACTORS

A study of 52 cases conducted at Federal Government Services Hospital Islamabad, to determine the relationship of different risk factors associated with induced septic abortion and the rate of complications was done.
The commonest maternal complications was hemorrhage, followed by sepsis, visceral injuries (uterine perforations, uterine and gut injuries), and miscellaneous (renal failure, jaundice). Identified causes of the maternal deaths were multiple gut perforation, septicemia, renal shut down and liver failure.
The author concluded that due to the absence of well-integrated health and family planning services, there is a lot of preventable maternal mortality and morbidity associated with induced abortions. Illiterate multiparas living in poor socio economic conditions form a major group requesting induced abortions, thereby indicating unmet need of family planning.
(G.A. Saeed, JCPSP 2002, Vol12 (12): 738-740)

DETERMINANTS AND PATTERN OF POSTPARTUM PSYCHOLOGICAL DISORDERS IN HAZARA DIVISION

During postpartum period women are vulnerable to postpartum psychosis and depression. A study was carried out in Hazara division to evaluate the presentation and socio demographic characteristics of postpartum psychological disorders. 1248 patients out of 14,400 presented with psychiatric disorders. Majority of patients were young (20-31years), illiterate, having past history of psychoses/depression. Study showed that there was predictable set of risk factors; proper identification of these during antenatal period with the help of obstetricians and psychiatrist can reduce the morbidity associated with this group.

DEPRESSION IN UPPER AND MIDDLE CLASS URBAN POPULATION OF KARACHI

Psychosocial factors for depression among upper and middle class women were studied in a private clinic over a period of four years (2001 – 2004). Of the 835 cases diagnosed with depression, 35% were males and 67% females. Among women 85.7% had Major Depression. Others suffered from manic-depressive psychosis and depressive neurosis. Various psychological factors like marital conflicts, bereavement, traumatic incidents, divorce, loss in business, domestic violence, conflicts with in-laws, divorce of daughter, adjustment problems and parental conflicts in single women were found to be associated with depression.
(Njaz, U and Hassan, S. 2005 Unpublished Data)

Problems associated with depression were:

Factors	Frequency
Infertility	03
Postpartum	13
Antenatal	09
Abortion	02
Pregnancy in late age	02
Birth of abnormal child	02
Menopausal	22

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تدابیر جنکی مدد سے آبسٹیٹرک فسٹیولا سے مکمل نجات مل سکتی ہے:

- تعلیم، خاص کر لڑکیوں کا تعلیم عام کرنا
- کم عمری میں شادی اور حمل سے پرہیز کرنا
- حمل کے دوران تربیت یافتہ صحت کارکن سے معائنہ کرانا اور صحیح علاج کا انتظام کرنا
- یہ معلومات عام لوگوں تک پہنچانا کہ فسٹیولا کا علاج آپریشن کے ذریعے ممکن ہے
- اچھی تعداد میں ایسے کارکنوں کو تربیت دینا جو مہارت کے ساتھ فسٹیولا کا آپریشن کر سکیں۔
- عورت کو ذہنی اور جذباتی سہارا مہیا کرنا تا کہ وہ مشکل وقت آسانی سے گزار سکے۔

فسٹیولا کا علاج نہ کرانے کے نقصانات:

- پیشاب کے مسلسل اخراج کی وجہ سے مختلف بیماریاں کا ہونا
- پیشاب کے مسلسل بہنے کی وجہ سے جلد پر زخم بن جانا
- جسم سے ہر وقت پیشاب یا پاخانے کی بدبو آنا
- بدبو کی وجہ سے عورت کو گھر کے اندر نہ آنے دینا اور برتن اور کھانے کی چیزوں کو ہاتھ نہ لگانے دینا
- 50 فیصد سے زیادہ خواتین جن کو فسٹیولا ہوا انکو طلاق دے دی جاتی ہے
- بھیک مانگنا اور جسم بیچنے پر مجبور ہونا۔

سلمٰی ۔ جیسے ایک خوبصورت گلاب

سلمٰی کی شادی ۱۳ سال کی عمر میں کر دی گئی۔ سلمٰی کے ۳۲ سالہ شوہر کی یہ دوسری شادی تھی اسکی پہلی بیوی چوتھے بچے کو جنم دیتے ہوئے فوت ہو گئی تھی۔ شادی کے فوراً بعد ہی سلمٰی حمل سے ہو گئی اور نو ماہ بعد زچگی کے درد شروع ہوئے جو تین دن تک جاری رہے۔ زچگی میں مدد دینے کیلئے دائی موجود تھی جو کہ ناتجربہ کار تھی۔ زچگی بڑی مشکل سے ہوئی اور مردہ بچہ پیدا ہوا۔ سلمٰی شہداد کوٹ کی رہنے والی ہے۔ جو کہ لاڑکانہ سے صرف ۳ گھنٹے کے فاصلے پر ہے، مگر اُسے ہسپتال نہیں بھیجا گیا۔

زچگی کے ایک ہفتے بعد سلمٰی کا پیشاب مسلسل بہنے لگا اور اُسے فسٹیولا ہو گیا زندگی ایک عذاب بن گئی۔ اسکے جسم سے ہر وقت پیشاب کی بدبو آتی اور اُسکے ساتھ اٹھنے بیٹھنے اور بات کرنے کو کوئی تیار نہ ہوتا یہاں تک اسکے کے شوہر نے اسکو طلاق دے دی۔ آٹھ سال اس نے اس عذاب میں گزارے۔ مسلسل پیشاب بہنے کی وجہ سے اُسکے پیروں میں زخم بن گئے۔ سلمٰی پہلی دفعہ لاڑکانہ کے فسٹیولا کیمپ میں ڈاکٹر کو دکھانے آئی۔ وہ نحیف و ناتواں، سخت خوفزدہ اور زندگی سے بیزار تھی۔ ڈیڑھ گھنٹے کے آپریشن کے بعد سلمٰی کے فسٹیولا کا کامیاب آپریشن کیا گیا۔ دو ہفتے بعد جب سلمٰی دوبارہ آئی

احتیاط علاج سے بہتر ہے تربیت یافتہ صحت کارکن کی مدد سے زچگی۔ آبسٹیٹرک فسٹیولا سے مکمل نجات

فسٹیولا کا کامیاب علاج زیادہ تر آپریشن سے ہی ہو سکتا ہے۔

وہ خواتین جن کے فسٹیولا کا کامیاب آپریشن ہو گیا ہو، ان کی دوبارہ زچگی بڑے آپریشن سے کرنا ہی مناسب ہے ورنہ دوبارہ فسٹیولا بن جانے کا خطرہ ہوتا ہے

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زچگی کے دوران پیچیدگیاں:

زچگی کے دوران پیچیدگیوں کے دیرپا اثرات زیادہ تر زچگی میں رکاوٹ، زچگی کے بعد زیادہ خون ضائع ہونے یا انفیکشن کی وجہ سے ہوتے ہیں۔ ان دیرپا اثرات میں سے چند اہم یہ ہیں۔

- فرج (Vagina) اور مثانہ (Uninary Bladder) کے درمیان یا فرج اور پاخانہ کے راستے کے درمیان سوراخ ہو جانا (Obstetric fistula)۔
- پیڑو کا دائمی انفیکشن (Chronic Pelvic Inflammatory Disease)۔
- حمل کا رحم کے باہر ٹھہر جانا (Ectopic Pregnancy)۔
- خون کی کمی (Anemia)۔
- رحم اور فرج کا نیچے آنا یا الٹ جانا (Utero Vaginal Prolapse)۔

فرج اور مثانہ یا پاخانے کے راستے کے درمیان سوراخ ہو جانے کی سب سے بڑی وجہ زچگی کے دوران رکاوٹ ہے، دنیا بھر میں تقریباً ۵% حمل میں زچگی کے دوران رکاوٹ ہوتی ہے۔

آبسٹیٹرک فسٹیولا کیا ہے (Obstetric Fistula)

یہ سوراخ فرج اور مثانہ یا فرج اور پاخانے کے راستے کے درمیان دیوار میں ہوتا ہے۔ سوراخ کی جگہ کے مطابق پیشاب یا پاخانہ فرج کے راستے سے مسلسل خارج ہوتا ہے۔ اگر بچے کا سر تولیدی راستے میں بہت دیر تک پھنسا رہے تو مثانے، رحم کے منہ، فرج اور پاخانے کے راستے کے کچھ حصے بچے کے سر اور کولہے کی ہڈیوں کے درمیان دب جاتے ہیں جب یہ دباؤ لمبے عرصے تک رہے تو اس جگہ کا خون رک جاتا ہے اور ریشوں اور پٹھوں کی زندگی ختم ہو جاتی ہے اور وہ گل کر خارج ہو جاتے ہیں اور وہاں پر سوراخ ہو جاتا ہے۔ ایسی حالت میں پیدائش کے دوران بچہ عموماً مر جاتا ہے ماں اگر بچ بھی جائے تو شدید قسم کی پیچیدگیوں مثلاً فسٹیولا میں مبتلا ہو جاتی ہے۔

دنیا بھر میں تقریباً بیس لاکھ خواتین فسٹیولا کی مصیبت جھیل رہی ہیں۔ تقریباً ایک سے پانچ لاکھ نئی خواتین ہر سال اس تکلیف میں مبتلا ہو جاتی ہیں یہ خواتین زیادہ تر افریقہ یا ایشیا میں رہتی ہیں۔

وہ عورتیں جنھیں فسٹیولا ہونے کا امکان ہے۔

- کم عمر
- چھوٹا قد
- غربت
- عام طور پر غیر تعلیم یافتہ
- زچگی کے دوران غیر معمولا تاخیر