ABSTRACT

Background: Maternal death is a quality health indicator in a community. Maternal death is *death of a woman while pregnant or within 42 days of termination of pregnancy irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

OBJECTIVES: To review the maternal death case sheets to find the causes and change in maternal indicators after NRHM 108 EMRI, BEmONC and CEmONC.

MATERIALS AND METHODS: A retrospective study conducted in IOG Egmore and all maternal deaths occurred at IOG between 2003-04 and 2013-14 were analysed for factors leading to MMR and utilisation of NRHM facilities. Nominal registers, Labour ward registers, ICU and OT registers were used for data collection.

RESULTS: Out of 114 deaths that took place in Institute of Obstetrics and Gynaecology (IOG), Egmore, Chennai 67 was in 2003-04 and 47 were in 2013-14 period. In demographic profile, Teenage pregnancy reduced from 19% to 11%. Deaths occurred more in Primigravida. AN Booking was 100% in 2013-14 against 82% in 2003-04. Anaemia - the single most leading high risk factor found among maternal deaths (90% in 2003-04; 79% in 2013-14). Next ranks Pre-eclampsia. Patients getting admitted directly to IOG has decreased to 26% from 37% which may be due to peripheral strengthening of health care facilities. We observed more referrals from private hospitals this year when compared to 2003-04. Utilisation of Government ambulance /108 was 66% during 2013-14 as against 28% in 2003-04 period. All patients getting admitted directly have availed 108 ambulance services in 2013-14 whereas everyone used private vehicles in 2003-04. Distance travelled increased up to 500 km in 2013-14 whereas it was <200 km in 2003-04 (STATISTICALLY SIGNIFICANT p value <0.05%). Direct cause of death accounted for majority of maternal deaths in both the study period(63% in 2003-04 and 68% in 2013-14) Pre-eclampsia-eclampsia was the leading cause of death in both the time periods. PPH decreased from 10% in 2003-04 to 4% in 2013-14 due to early identification and referral, effective 108 transport, adequate blood products and availability of specialists 24*7. Sepsis occurred in 12% of cases where NO cases were reported in 2013-14 which is STATISTICALLY SIGNIFICANT. MMR at IOG is 190 in 2003-04 and 181 in 2013-14.