

Study of Post-Partum Complications in Darbhanga Medical College and Hospital

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Abstract

Objective: The post-partum period also known as the puerperium begins immediately after delivery of neonate and placenta and ends 6 weeks after delivery. It accounts for a number of complications seen and need a through assessment for maternal health management.

Method: Collection of data from post-natal mothers attending obstetrics & gynaecology department in Darbhanga Medical College and Hospital with post-partum complications starting from June 2022 to December 2022.

Results: Of the 162 patients studied, it was seen 65.44% cases were referred from PHC or delivered at home, developed complications and 34.56% cases developed complications during their stay in this institute. Most common complication seen was PPH followed by infection.

Conclusion: The rate of complication is higher inhome delivery cases as compared to hospital delivery cases due to lack of trained personnel. Patients should be encouraged to attend antenatal clinics and delivery at different healthcare institute to avoid minor and major complications. Proper attitude and basic knowledge regarding labour delivery and associated hazard can minimize morbidity and mortality.

Keywords: Puerperium, post-partum, PPH, morbidity, mortality

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Introduction

The post-partum period also known as puerperium begins immediately after delivery of the neonate and placenta and ends six weeks after delivery. During this period patients are prone to develop various complications, which are responsible for about 40% of the maternal death in developing countries [1,2]. Study of women hospitalized for various post-partum complications showed the major puerperal complications endangering mother's lives are

puerperal sepsis, Primary and secondary PPH, Post-partum eclampsia, inversion of uterus, retained and adherent placenta, thromboembolic events, pulmonary embolism, post-partum urinary and bowel problems, puerperal psychosis, breast complications [3,4]. Post-partum complications have wide spectrum and many of these complications are associated with significant comorbidities and some can be life threatening. The best possible approach

is to decrease their occurrence by being vigilant, early diagnosis and treatment. For these patients, education, early ambulation and use of proper antibiotics, patient support is needed [5,6].

Aim and Objectives

1. To study complications arising after normal vaginal delivery and abdominal deliveries.
2. To study major causes of post-partum morbidity and mortality.

Materials and Methods

Result and Analysis

- 1) Distribution of patients according to mode of admission (N-162)

Table 1

Mode of Admission	No. of Patients	Percentage
Delivered at tertiary center – DMCH	56	34.56%
Delivered outside and referral cases	106	65.44%
- PHC	48	29.63%
- Home	58	35.81%

Out of 162 complicated cases 106 (65.44%) cases were referred from PHC or Delivered at Home and 56 (34.56%) cases developed complications during their hospital stay in this institute. Out of above 106 referred cases, in 48 (29.63%) cases complications occurred after PHC delivery and 58 (35.81%) cases developed complications after home delivery.

- 2) Distribution of patients according to occurrence of complications after abdominal and vaginal delivery.

Table 2

Type of complications	Abdominal Delivery	Vaginal Delivery
Hemorrhage	7 (4.32%)	53 (32.71%)
- Primary PPH	6	41
- Secondary PPH	1	12
Infection	29 (17.90%)	12 (7.40%)
- Sepsis	13	6
- Wound Infection	11	2
- Wound gaping	5	0
- Episiotomy wound	0	4
Post-partum psychotic illness	5 (3.08%)	2 (1.23%)
Post-partum eclampsia	4 (2.46%)	9 (11.72%)
Perineal injury	0	7 (4.72%)
Vulval haematoma	0	6 (3.70%)
Retained placenta	0	10 (6.17%)
Others	7 (4.32%)	11 (6.79%)
TOTAL	52 (32.10%)	110 (67.90%)

Other complications included – urinary retention, breast complication, DIC, inversion of uterus, urinary bladder injury. In 32.10% complications developed after caesarean section and 67.90% developed following vaginal delivery. Most common complication associated with caesarean section was infection (17.90%) and with vaginal delivery was PPH (32.71%).

3) Causes of maternal death in post-partum period (N-3)

Table 3

Causes of Death	No. of Patients
Primary PPH	1 (33.33%)
Puerperal Sepsis	1 (33.33%)
Post-partum eclampsia	1 (33.33%)

Three maternal deaths occurred in post-partum period. Maternal death occurred on 1st, 2nd and 11th post-partum day from primary PPH, post-partum eclampsia and puerperal sepsis respectively.

Discussion

Post-partum morbidities continue to be major health issues. It needs to be looked into critically, not only for curative but preventive and promotive health also. A big proportion of Indian rural women still deliver at home with or without any perinatal and intranatal care. They are malnourished, anemic and remain prone to post-partum complication.

In the study 162 cases were selected, 56 patients (34.56%) from Darbhanga Medical college and Hospital, who developed different minor and major complications after delivery and 106 patients (65.44%) from referred cases with different post-partum complications [4,5]. In this study most common complication found was PPH (37.03%). Other major complications were infection related complication (25.30%).

One maternal death occurred from primary PPH. The patient delivered vaginally at home, then taken to nearby health center from where referred to us for uncontrolled severe bleeding.

One maternal death occurred from post-partum sepsis. It was a vaginal delivery with cervical & vaginal tears at PHC. She was discharged in healthy condition on 2nd day and readmitted 10 days after discharge with high fever, foul smelling vaginal discharge

with poor general condition. Gradually she developed features of septic shock. She died from septic shock on 11th post-partum day of admission [7-9]. One maternal death occurred from post-partum eclampsia. The patient was delivered by caesarean section in divisional hospital for pre-eclampsia and subsequently developed eclamptic convulsion. When we received, the patient was unconscious with high blood pressure and clinical features of intracranial haemorrhage. CT Scan of brain revealed a large haematoma in right parietal lobe. We referred the case to neuro surgeon but nothing could be done. She died 2nd day of admission.

This study makes us aware of lacunas in health care at all levels, at home due to lack of care and facilities.

Conclusion

The Family members of the patients who have delivered at home may not realize the gravity of symptoms and problems of post-partum complications. The problems at different health facilities also need to be looked at carefully and critically. Patients should be encouraged to attend antenatal clinics and delivery at different health care institute to avoid minor and major complications. Blood transfusion facilities

should be also available in distant rural areas. Proper attitude and basic knowledge regarding labour delivery and associated hazards can minimize the delay regarding seeking medical health.

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