

The Study of Factors Affecting Maternal Mortality in Tertiary Care Teaching Institute in Tribal Region of Eastern Maharashtra: Paving a Way Forward

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Received: August 29, 2020; **Accepted:** September 15, 2020; **Published:**
September 30, 2020

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Abstract

A Maternal mortality is defined as the death of any women while being pregnant or within 42 completed days of termination of pregnancy, irrespective of the duration or site of pregnancy, from any cause related to or aggravated by pregnancy, but not from accidental or incidental causes. Maternal Mortality Rate (MMR) is defined internationally as the maternal mortality rate per 100,000 live births. . Even today 20% global maternal deaths occur in India. MMR in India is reduced by 77%, from 556 per 100,000 live births in 1990 to 130 per 100,000 live births in 2016 according to WHO and Millennium Development Goal (MDG) of 109 per 100,000 live births by 2015. Sustainable Development Goal (SDG3) goal of MMR less than 70 per 100,000 live births by year 2030. The main direct cause of maternal death in developing countries include haemorrhage, sepsis, obstructed labor and hypertensive disorders. These are mostly preventable through regular antenatal checkup, proper diagnosis and management of labor complications. To assess the Maternal Mortality Rate (MMR) and causes of maternal mortality in given time period and determine the relationship between maternal education, maternal age at first pregnancy and antenatal care attendance with maternal mortality.

Citation: Rathod A, Deshmukh J (2020)
The Study of Factors Affecting Maternal
Mortality in Tertiary Care Teaching Institute
in Tribal Region of Eastern Maharashtra:
Paving a Way Forward. J Nutraceuticals Food
Sci Vol.5 No.4:11.

Introduction

A retrospective analysis of all maternal deaths (including their age at first pregnancy, education, antenatal visits) occurring in the Department of Obstetrics and Gynecology of a tertiary care hospital of eastern Maharashtra over a period of five years from January 2014 to December 2018. Data collected from death register of Medical Record Section of same institute. Statistical analysis: Data was expressed as count or percentage using MS Excel. Results: 21 maternal mortalities occurred during five year span with 35,205 live births giving MMR of 59.65 per 100,000 live birth. 42.86% mothers were of age group 20-24 yrs. Mothers with age between 15-34 yrs were also present. Out of all possible places of deaths 31 maternal mortalities occurred, most mortalities 67.74% occurred in hospital and 22.58% on the way to referral center. 52.38% mothers were educated upto 10th standard and 28.57% had done primary schooling. 42.86% mothers were

with 4/>4 ANC visits and 4.76% with only one ANC visit. 38.09% mothers were with parity 1 and 9.52% with parity 4/>4. Major direct cause of death was haemorrhagic shock (47.61%) then eclampsia/pre-eclampsia (19.04%) and placenta previa (14.28%), sepsis (9.52%). Indirect causes were heart diseases (42.85%), anaemia (38.09%), respiratory diseases (14.28%) and sickle cell crisis (4.76%) [1-8].

Conclusion

As our MMR found to be 59.65 per 100,000 live births so we achieved the SDG goal 3. Staff should be trained for emergency cases and health services to pregnant women should be improved. Referral/transportation system should be improved as most mortalities were preventable. Educating mothers and awareness camps should be arranged to strengthen motherhood and reduce MMR.

References

1. De Filippis D, D'amico A, Iuvone T (2008) Cannabinomimetic control of mast cell mediator release: new perspective in chronic inflammation. *J Neuroendocrinol* 20: 120-125.
2. Keppel Hesselink JM, De Boer T, Witkamp RF (2013) Palmitoylethanolamide: A natural body-own anti-inflammatory agent, effective and safe against influenza and common cold. *Int J Inflamm* 2013: 151028.
3. Artukoglu BB, Beyer C, Zuloff-Shani A, Brener E, Bloch MH (2017) Efficacy of palmitoyl ethanolamide for pain: A meta-analysis. *Pain Physician* 20: 353-362.
4. Andresen SR, Bing J, Hansen RM (2016) Ultramicrosized palmitoylethanolamide in spinal cord injury neuropathic pain: A randomized, double-blind, placebo-controlled trial. *Pain* 157: 2097-2103.
5. Gabrielsson L, Mattsson S, Fowler CJ (2016) Palmitoylethanolamide for the treatment of pain: Pharmacokinetics, safety and efficacy. *Br J Clin Pharmacol* 82: 932-942.
6. Paladini A, Fusco M, Cenacchi T, Schievano C, Piroli A (2016) Palmitoylethanolamide, a special food for medical purposes, in the treatment of chronic pain: A pooled data meta-analysis. *Pain Physician* 19: 11-24.
7. Keppel JM, Kopsky DJ (2015) Palmitoylethanolamide, a nutraceutical, in nerve compression syndromes: Efficacy and safety in sciatic pain and carpal tunnel syndrome. *J Pain Res* 8: 729-734.
8. Costagliola C, Romano MR, Dell'omo R, Russo A, Mastropasqua R, et al. (2014) Effect of palmitoylethanolamide on visual field damage progression in normal tension glaucoma patients: results of an open-label six-month follow-up. *J Med Food* 17: 949-954.