

PERINATAL MORBIDITY AND MORTALITY IN SOBA
UNIVERSITY HOSPITAL IN 5 YEARS (2000-2004)

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ABSTRACT

Perinatal Morbidity and mortality was studied from the data collected monthly in SUH.

The level of PMR was still high in spite of good services provided to the mother and neonates, due to increased number of referral to the hospital and the need of any more medical facilities.

Introduction:

PMR: Designates fetal and neonatal deaths influenced by prenatal conditions and circumstances surrounding delivery.

It is often defined as deaths of fetuses and infants from the 20th week of gestation life through the first week of life. Along with the need to reduce PMR is the need to reduce the incidence of handicap among high risk infants, because both mortality and permanent neurological sequels are largely caused by the same or similar disturbances. The high neonatal morbidity and mortality rates attest to the fragility of life during this period.

In order to identify as early as possible those fetuses and infants at greatest risk, the obstetrician and pediatrician must effectively inter-

act to anticipate Perinatal problems and to take prompt preventive and therapeutics measures

Importance of studying Perinatal mortality and morbidity

1. To decrease the number of morbidity and mortality by knowing the causes .
2. To decrease the incidence of handicap among high risk pregnancies .
3. Providing the needed services .

Objectives:

1. To determine the outcome of all deliveries in SUH .
2. To study the causes of admission to the NICU in SUH .
3. To determine the PMR in SUH in relation to the services provided

Total Number of Birth

Year	2000	2001	2002	2003	2004
Total No. of birth	1976	2052	2350	2337	2416

Classification of births according to mode of delivery

Year	2000	2001	2002	2003	2004
Vaginal delivery	1287 (65.2%)	1210 (59.4 %)	1337 (59 %)	1525 (65.25%)	1372 (56.78%)
C.S	689 (34.85%)	823 (40.3%)	925 (40.1 %)	763 (34.75%)	1034 (43.32%)

Gestational Age Distribution

GA (WKS)	2000	2001	2002	2003	2004
< 28	16 (0.77%)	4 (0.02%)	00 (1%)	12 (0.5 %)	15 (0.63%)
28 – 32	36 (1.75%)	71 (3.5%)	3%	48 (2.1%)	42 (1.73%)
> 32 - < 37	150 (7.33%)	59 (2.99%)	8%	150 (6.4%)	201 (8.32%)
37 – 42	1831 (89.32%)	1837 (92.97%)	80%	2104 (90 %)	2136 (88.41%)
TOTAL	1976	2052	2350	2337	2416

Weight Distribution

	2000	2001	2002	2003	2004
SGA	307 (15.2%)	291 (14.2%)	492 (20.9%)	198 (8.47%)	220 (9.1%)
AGA	1635 (81.1%)	1665 (81.1%)	1699 (72.3%)	2036 (87.12%)	2100 (86.92%)
3LGA	74 (3.7%)	96 (4.7%)	159 (6.8%)	125 (5.34%)	88 (3.6%)

Admission To The Neonatal Intensive Care Unit

Year	2000	2001	2002	2003	2004
Total	283	265	580	568	550
Number	(14.32%)	(17.78%)	(20%)	(24.3%)	(2.76%)

Aetiology of Morbidity

Year / Disease	2000	2001	2002	2003	2004
RDS	49 (2.4%)	99 (4.82%)	52 (2.22%)		93 (16.9%)
IDM	24 (1.2%)	46 (2.24%)	67 (2.8%)		65 (11.8%)

Neonatal Jaundice	58 (2.93%)	39 (1.9%)	95 (4%)		98 (17.8%)
Meconium Aspirations	16 (1.4%)	25 (1.12%)	40 (1.7%)		28 (5.09%)
Precious Baby	16 (1.4%)	29 (1.4%)	79 (3.3%)		34 (6.1%)
Congenital Malformation	19 (0.9%)	29 (0.9%)	14 (5.9%)		20 (3.6%)
Umbilical Sepsis	5 (0.25%)	19 (0.92%)	11 (0.4%)		11 (2%)
Birth Asphyxia	9 (0.45%)	7 (0.34%)	15 (0.63%)		30 (5.4%)
Neonatal Sepsis	29 (1.46%)	17 (0.83%)	47 (0.83%)		38 (6.9%)

Congenital Malformations

	2000	2001	2002	2003	2004
Hydrocephalus	4	6	3	5	4
Multiple Congenital Malformation	1	4		2	4
Spina Bifida	3	2	3	3	2
Cho anal Atresia	2		2		

Causes of PNM in order of frequency in SUH in comparison with U. K

SUH (2001)	U . K
Antepartum foetal deaths	Prematurity
Prematurity	Congenital Malformation
Infection	Antepartum foetal deaths
Congenital Malformation	Infection

Perinatal Mortality

Year	2000	2001	2002	2003	2004
MSB	15	22	19	23	20
FSB	13	13	35	14	21
END	52	55	64	53	59
TOTAL	80	90	118	90	110

Foetal Unit

Developed in SUH in 1999 concerned about critical pregnancies .
 Since then it became a referral center , and hence the load for the NICU
 increased .

-Perinatal Mortality Rate in SUH = 4.4 per 1000.

-PMR in 2001 = 52 per 1000.

-PMR in 2002 = 52.4 per 1000.

-PMR in U.K = 9 per 1000.

DISCUSSION:

1. The PMR is still high due to many reasons:
 - SUH is a referral centre for high risk pregnancies from all other hospitals.
 - Referral of critical pregnancies to be under supervision of the foetal unit
 - Referral of women with IUFD to deliver under good obstetrical Care and hence increased level of still births.
 - More specialized medical facilities need to be introduced in the hospital .
2. SUH doesn't represent the community at large.

OUR NEEDS:

Community studies.

1. Introduction of training programmes.
2. Development of neonatal services at different regions.
3. Collaboration between obstetrics and pediatric departments .
4. Available laboratory and X-ray services .
5. Introduction of more medical facilities needed by critical neonates

ABRREVIATIONS:

A.G.A	Appropriate for Gestational Age
C.S	Cesarean Section
E.N.D	Early Neonatal Death
F.S.B	Fresh Still Birth
G.A	Gestational Age
I.D.M	Infant of Diabetic Mother
I.U.F.D	Intra – Uterine Foetal Death
L.G.A	Large for Gestational Age
M.S.B	Macerated Still Birth
N.I.C.U	Neonatal Intensive Care Unit
P.M.R	Perinatal Mortality Rate
R.D.S	Respiratory Distress Syndrome
S.G.A	Small for Gestational Age
S.U.H	Soba University Hospital