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Averting Maternal and Perinatal Mortality in Nigeria: Establishment of Obstetric Waiting Units, Targeting Uterine Rupture

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Commentary (DOI: <http://doi.org/10.15580/GJMS.2017.5.101317149>)

Averting Maternal and Perinatal Mortality in Nigeria; Establishment of Obstetric Waiting Units; Targeting Uterine Rupture

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Maternal and perinatal mortality ratios are of public health importance worldwide because they are key indices of assessing the health status of a nation.¹⁻⁴ Nigeria's population is 2% of the world's population, but with a maternal mortality ratio (MMR) of 576 per 100,000 live births. It accounts for approximately 10% of annual maternal mortality globally.^{2,3} Some researchers however believe this is under reported.⁵ The causes of maternal and perinatal mortality are similar, hence these could be addressed as different entities yet one indivisible problem.¹⁻³ The 'OBSTETRIC WAITING UNITS' as proposed here is similar to 'MATERNITY WAITING HOMES' in some parts of the developing countries of the world with high maternal mortality.⁹ These maternity waiting homes are residential facilities located near an approved medical facility, where women defined as 'high risk' can await their delivery and be transferred to a nearby medical facility shortly before delivery, or earlier should complications arise.⁹ It is a component of comprehensive obstetric care by which essential obstetric services is 'low cost' to women close to obstetric facility.⁵

Rupture of the gravid uterus is an obstetric catastrophe mostly domiciled in developing countries of the world especially in sub-Saharan Africa.^{1,10-15} This model is targeted at ruptured uterus because it is beginning to emerge as a common cause of maternal and perinatal mortality in our environment.¹

Obstructed labour is a major cause of maternal mortality and a common cause of ruptured uterus from previous literatures.¹⁷ However, the trends have begun to change especially in this part of the world where traditional/unskilled birth attendants are carrying out a lot of unconventional birth practices (abdominal massage) predisposing parturients to ruptured uterus.¹¹⁻¹⁵ In addition, previously, ruptured uterus was associated with women of high parity in contrast to the current trends in which ruptured uterus is also seen amongst women of low parity.^{1,11-15,19}

Looking at these emerging problems in our society what are the most likely causes? These include social/cultural factors, ignorance, religious factors, economic factors and poor infrastructure/transportation.^{1,15,19} Due to age-old customs and traditional beliefs, some cultures see it as a taboo to deliver in conventional health facilities.¹² They believe in taking deliveries under the care of traditional birth attendants who often resort to unorthodox practices, such as fundal pressure and abdominal massage.^{10,11} In addition, when progress in labour is delayed and referrals are unjustifiably delayed, the mothers and babies are at increased risk of dying if dystocia/obstruction sets in.^{16,17}

Ignorance and illiteracy are highly tied to religious factors, where faith based organizations have resorted to conducting childbirths at their places of worship, with little or no skilled supervision and in some scenarios with the injudicious use of oxytocics, even with previous uterine scars (caesarean sections/previous myomectomies).¹⁶ These have resulted in ruptured uterus with adverse maternal and fetal outcomes.^{13,15}

Decrease in purchasing power and abject poverty, have resulted in a significant number of pregnant women procuring the services of traditional birth attendants (TBA) who are perceived to be cheaper.^{3,4} These practices are suboptimal and detrimental to the life of the mother and baby.^{4,16}

Transportation is a challenge to women especially in rural settings where there are little or no means of transportation or access to health facilities where basic obstetric care could be given; hence, patients with ruptured uterus may end up losing both their babies and their lives.^{3,4,18} Ruptured uterus may continue to be a common cause for maternal and perinatal mortality for sometime to come if we standby and do nothing.

RECOMMENDATIONS/SOLUTIONS

- i.) Public Private Partnership (PPP); against the back-drop of reduced funds coming from government to public health facilities.
- ii.) Government, non-governmental organizations, religious groups, community heads, multinationals, international organizations must support the crusade in averting maternal and perinatal mortality by reducing risk factors of ruptured uterus. This they can do by sponsoring the building of these homes and creating jingles against harmful traditional practices especially abdominal massage which is a predisposing factor of ruptured uterus.
- iii.) Advocacy for the establishment of at least one obstetric waiting centre in every Local Government Area (LGA) to provide information with regards to the risk factors of ruptured uterus.
- iv.) Train nurses, community health workers in information dissemination with respect to the risk factors of ruptured uterus, with counselling on where best to register for antenatal care and emphasizing on the unconventional practices of the traditional birth attendants.
- v.) Quick/prompt referrals to centers where they will be managed especially those with previous uterine scars (previous caesarean sections/myomectomies)
- vi.) Enactment of laws against uterine massage in pregnancy and labour.
- vii.) Carrying out media enlightenment/symposia on the adverse effects of ruptured uterus.

CONCLUSION

It is very sad that the statement made by a re-known research at the University of Port Harcourt Teaching Hospital over three decades ago concerning maternal deaths in Nigeria is still true; "BEYOND THE MEDICAL CAUSES OF MATERNAL DEATHS ARE THE SOCIAL, ECONOMIC AND CULTURAL CONDITIONS WHICH CAN ONLY BE ADDRESSED BY THE GOVERNMENT".¹⁹ In addition, another reputable scholar from his research on maternal mortality at the University of Port Harcourt Teaching Hospital over 30 years ago noted that **"the principal causes of maternal death were the same in the booked and the unbooked patients including ruptured uterus which accounted for 42% of the maternal near misses and deaths..."**.⁴ The time to act is now, to avoid further preventable maternal and deaths by nipping this obstetric catastrophe at the budding stage.

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