



‘Abdominal Massage’, Abruptio Placenta, Intra-Uterine Fetal Death at Term in an Unbooked Mother: A Case Report.

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ABSTRACT

This case report is that of Mrs N.P 28-year old unbooked Gravida 3Para2 (all alive) at 37 weeks of gestation. She was married to a plumber with primary level of education with no steady income. Her previous deliveries were in the home of a traditional birth attendant. She presented with complaints of severe abdominal pains, bleeding per vaginam and absence of fetal kicks all of 6 hours duration following ‘abdominal massage’ from the home of a TBA who attempted to turn to breech presenting fetus to cephalic. On examination she had an enlarged abdomen compatible with term pregnancy, woody hard and tender, the lie and presentations were difficult to ascertain. A clinical diagnosis of Ante-partum haemorrhage was made secondary to abruption placenta. Obstetric ultra-sound revealed an intra-uterine fetal death at term, with features of abruption placenta. She was resuscitated, counselled for an emergency caesarean section. She was resuscitated with 2 units of blood. Finding at surgery was a fresh still born female baby birth weight 3.0 kg. The estimated blood loss was 1.2 Litres. She had 2 units of blood transfused intra-operatively and 2 units post-operatively. Her post-operative period was uneventful. Abdominal massage is common in this part of the world with its adverse effect to the mother and baby. Most patients with this occurrence present late. Prompt diagnosis of the associated morbidities should be referred early to prevent maternal and perinatal mortality.

INTRODUCTION

'Abdominal massage' is an unconventional application of pressure on the abdominal wall of pregnant women by a traditional birth attendant (TBA) or an unskilled birth attendant.¹ It is a bad obstetric practice in southern Nigeria, particularly age long manuvres by the people of Niger Delta regions.¹ In addition, abdominal massage has a myriad of negative effect to the mother and baby; to the mother examples of which are abruption placenta, uterine rupture, post-partum haemorrhage and maternal mortality while to the baby complications such as mild to severe birth asphyxia, birth injuries and perinatal.^{1,2-4,7-10} Some of the factors that have been associated with abdominal massage among pregnant women are ignorance, illiteracy and poverty.²⁻⁴ In addition, other factors that have facilitated this age long practices are lack of development, poor access to medical facilities, outdate medical equipment, present brain drain of skilled birth attendants in these regions and lack of political will to address the challenges mentioned as well as infrastructure development.³⁻⁷ The solutions to halting this bad obstetric practice "abdominal massage" should be addressed holistically multi-sectoral and multi-disciplinary.⁸ This involves education especially for the girl child, including mass literacy campaign, improving the health facilities, making the environment conducive for health care providers as to discourage brain drain, training and re-training of skill birth attendants, enlightenment campaign to communities to educate them on adverse effect of abdominal massage in pregnancy to the mother and the unborn child.⁹ Furthermore, religious groups should be encouraged to educate their congregation on the negative effect of abdominal massage.⁵⁻⁹ The government should also be involved in the crusade against abdominal massage by passing laws against this harmful traditional practice.^{1,5-6}

CASE REPORT

She was Mrs N.P 28-year old unbooked Gravid 3 Para 2 (all alive) at 37 weeks of gestation. She presented with complaints of severe abdominal pains, bleeding per vaginam and absence of fetal kicks all of 6 hours duration following 'abdominal massage' from the home of a TBA who attempted to turn to breech presenting fetus to cephalic. On examination at presentation, she was in severe painful distress, pale, anicteric, afebrile (37.2°C) and dehydrated. Her cardiovascular examination revealed a pulse rate of 106 beats per minute small volume and a blood pressure of 90/60 mmHg. She had an enlarged abdomen compatible with term pregnancy, woody hard and tender, the lie and presentations were difficult to ascertain due to severe tenderness with absence of fetal heart tones on auscultation aided by a hand held Doppler, There were blood clots protruding from

the vulva on inspection of the vagina. Digital vaginal examination revealed a soft cervix, posterior and uneffaced; cervix was 2centimeters dilated with an intact membrane and vertex was at station 0-2 station. The examining gloved fingers were stained with altered blood. A clinical diagnosis of Ante-partum haemorrhage was made secondary to abruption placenta. Full blood count done revealed packed cell volume of 25% and White blood cell counts and differentials were within normal range, Obstetric ultra-sound revealed an intra-uterine fetal death with baby lying in oblique lie, with features of abruption placenta and estimated fetal weight of 3.0 Kilograms. She was resuscitated, counselled for an emergency caesarean section. She was resuscitated and 2 units of blood grouped and cross-matched. Finding at surgery under general anaesthesia was a fresh still born female baby birth weight 3.0 kg Apgar scores were 0 in the first minute and 0 at the fifth minute with placenta was detached and delivered manually with retroperitoneal blood clots. The estimated blood loss 1.2 Litres. She had 2 unit s of blood transfused intra-operatively and 2 units post-operatively. Her post-operative period was uneventful. She was discharged on her 5th post-operative day and counselled on family planning.

DISCUSSION

This case report is depicts the adverse effects of abdominal massage in this scenario abruptio placenta and intra-uterine fetal death. This age long unconventional practice is common among residents in the Niger Delta region of Nigeria.^{1,2} Abdominal massage is also practiced in some remote countries outside Nigeria such as Kenya and Ethiopia.^{4,5} Some authors are of the opinion that is commoner among low social status as in our patient Mrs a house wife with primary level of education whose husband a casual worker with primary level of education.²⁻⁶ However, Ugboma and Akani reported that abdominal massage was also practiced among those with high social class.²

There are myriads of factors that are associated with abdominal massage, these include ignorance, low socio-cultural status, illiteracy and poverty.^{1,2} Our patient Mrs NP an example of these qualities. In addition, other factors that tend to encourage patients who patronize massage homes are lack of development, poor access to medical facilities, outdate medical equipment, present brain drain of skilled birth attendants in these regions and lack of political will to address the challenges mentioned as well as infrastructure development.³⁻⁷ The patient under discussion had abruptio placenta and intra-uterine fetal death.

The negative effects of abdominal massage in pregnancy can be broadly be classified into maternal and fetal. For the maternal complications these include abruption placenta, uterine rupture, post-partum haemorrhage and maternal death.^{1,2,8-10} The

fetal complications of abruptio placenta includes – birth asphyxia, injury to the unborn baby and intra-uterine fetal death.^{1,2,7-10}

CONCLUSION

'Abdominal massage' is of public health concern in our environment. This case report revealed abruptio placenta and intra-uterine fetal death and a near miss of maternal death following the cascade of events from this primitive act of abdominal massage. Advocacy should be encouraged in favour of safe motherhood cutting across all sectors and disciplines of our society. The role of government in the prevention of abdominal massage by passing of laws against the practice of abdominal massage cannot be over emphasized.

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