



A CASE REPORT OF MATERNAL DEATH IN VISAKHAPATNAM :IS IT ABOUT AWARENESS OR ATTITUDE ?

INTRODUCTION

Maternal mortality is considered as a direct indicator of reproductive health .As per the Sample Registration System 2016 – 2018 , MMR of India is 113 per 100,000 live births⁽¹⁾ In India, coordination between levels in the delivery system and fragmentation of care account for the poor quality of maternal health care⁽²⁾.

METHODOLOGY

STUDY DESIGN: case report

STUDY SETTING:Kappudibba , Adavivaram

CASE REPORT

The present case of maternal death was reported from district of Vishakhapatnam on 21/09/2021. Data was collected using verbal autopsy format from relatives of the deceased .The deceased woman was a **primi gravida** of age 22 from Kapudiba village of Vishakhapatnam(fig :1). She was a graduate pursuing higher studies. The present pregnancy was of **36weeks + 2 days** according to the date of her last menstrual period (LMP : 5/01/2021) at the date of her death. She attended **Adavivaram subcentre** for initial Antenatal consultations (table 1). She went to hometown in Vizianagaram district and continued ante natal check ups there from May 2021. During her follow up visits , in July she was found to have elevated blood pressure and was started on oral medications.. During PMSMA health check up she was advised for admission due to raised BP which **she refused**. On 14/09/2021 due to worsened symptoms she was taken to VGH Goshala hospital Vizianagaram. Later that day she was referred to King George Hospital Vishakhapatnam for further management.

Patient was admitted in KGH and an emergency LSCS was done on 16/04/2021 due to severe pre eclampsia. A preterm baby girl of weight 1.75kg was born and observed in SNCU. Mother was observed in HDU. Later her clinical parameters were worsening and so shifted to IRCU . On **21/09/2021** (day 5 of LSCS) she succumbed to death due to cardiopulmonary arrest secondary to **severe pre eclampsia with HELLP syndrome & MODS**.

Table : 1

LMP	05-01-2021		
EDD	12-10-2021		
Date of delivery	16-04-2021		
HEIGHT	135cm		
FIRST TRIMESTER	Weight	Hb	BP
	45Kg	10gm/dl	100/70 mmhg
SECOND TRIMESTER	Weight	Hb	BP
	49Kg	10gm/dl	110/70 mmhg

CONCLUSION

This avoidable case of maternal death was due to pre eclampsia complicating pregnancy. The gaps identified were noncompliance to treatment and delay in getting admitted. It is, therefore, paramount for ANC services and campaigns to continuously emphasize on the three delays such as delay in seeking, reaching and receiving treatment because **“EVERY MOTHER COUNTS “**.



Fig: 1

STUDY PERIOD : September 2021

STUDY TOOL :Verbal autopsy form

REFERENCES

- Office of the Registrar General India. Sample Registration [Internet]. Office of the Registrar General India; 2021 [New Delhi, India: 2.. Prakash A, Swain S, Seth A. Maternal mortality in India: current status and strategies for reduction. Indian Pediatr. 1991 Dec;28(12):1395-400.