

RETROSPECTIVE STUDY OF RISK FACTORS IN PATIENTS WITH INTRAUTERINE DEATHS AFTER THE STATE OF VIABILITY REFERRED TO THE TERTIARY HEALTH FACILITY IN KODAGU

**Dr. Rajashekar P¹, Dr. Somashekar H. K^{2*}, Dr. Poornima H. N³,
Dr. Ashwini M. R⁴, Dr. Asuwini Guna⁵**

¹Associate Professor, Dept. OBG, KOIMS, Kodagu.

^{2*}Associate Professor, Dept. OBG, KOIMS, Kodagu.

³Assistant Professor, Dept. OBG, HIMS, Hassan

⁴Jr. Resident, Dept. OBG, KOIMS, Kodagu.

⁵Jr. Resident, Dept. OBG, KOIMS, Kodagu.

^{2*}Corresponding Author Email: somashekar124hk@gmail.com

ABSTRACT

IUFD is an important indicator of maternal and perinatal Health in a given population. Fetal death from Intra partum asphyxia and Rh is immunization has almost disappeared. Toxaemia and GDM contribute significantly to fetal deaths. There is a significant decline in still birth from unexplained causes. Most frequent reported causes of fetal death earlier were prolapsed of cord, abruptio placenta, Hydrocephalus and rupture uterus. If the causes of IUFD can be found, an effective strategy for prevention of IUFD can be materialised and complications can be prevented.

Methods: Retrospective study in Tertiary Care Hospital.

Results: 35 out of 38 of the patients are belong to the age group of 20-30 years. With history of reduced fetal movements, background of pre eclampsia and anaemia contribute significantly to fetal deaths.

Conclusions: to seek treating physicians with history of reduced fetal movements and aggressive treatment of PIH and anaemia can reduce the burden of IUD in this tribal belt. Illiteracy is a big burden to train and educate women to seek good antenatal care and advice.

Keywords: Pre Eclampsia Hypertension(PIH), Intra Uterine Fetal Death(IUFD), Anti Partum Haemorrhage(APH), Macerated Still Birth(MSB), Preterm Labour(PTL), Meconium Stained Liquor (MSL), Gestational Diabetes Mellitus(GDM), Pre matured rupture of Membranes(PROM), Lower Segment caesarean section(LSCS), Pre term death (PTD), Congenital Malformations(CMF).

1. INTRODUCTION

The mode of Ante partum and Intra partum surveillance has changed in the last few decades. Still birth is a useful indicator to measure the value of an Ante partum and Intra partum surveillance. By proper antenatal checkup, the high-risk cases associated with poor outcome can be identified. Aim of this study was to analyze various risk factors accounting for still birth. Significant risk factors include history of reduced fetal moments, PIH, anaemia, PROM, history of previous still birth. These risk factors identify the term fetus at risk. Most of the studies reported so far show that the increased incidents of still birth are associated with history of reduced fetal moments, anaemia, and GDM. Other risk factors included rural areas, poor socio-economic status and unsupervised delivery.

2. PROPOSED METHODOLOGY

Sl.No	Risk factors for causes of IUD	Number of Patients in the study
1.	PIH	10 patients
2.	Previous IUD	4 patients
3.	APH	3 patients
4.	MSL	1 patients
5.	Decreased fetal moments	14 patients
6.	Anaemia	7 patients
7.	Tribal area & Low Socio-economic status	31 patients
8.	MSB	12 patients
9.	Oligo Hydramnios	4 Patients
10.	Pre maturity	4 patient

3. OBJECTIVE

SINGLE CENTRE RETROSPECTIVE STUDY OF TERM & NEAR TERM IUD AND MATERNAL CONDITIONS IN TERTIARY HEALTH FACILITY IN KODAGU.

Patients were recorded with details in complaints like history of gestational age, history of reduced fetal moments, history of leak per vagina, PIH and GDM were noted in the patients records. Unbooked cases history included on parity, Abortions, still birth, LSCS, PTD, APH, History of previous loss, History of PIH in previous pregnancy. Fetal outcome indices noticed included history of MSB, birth weight, sex of the babies, CMF and birth injuries. True knots of the Umbilical cord were recorded.

4. RESULT AND DISCUSSIONS

Incidents reported in our hospital is high because of High referrals from the periphery health facility because KOIMS Kodagu is a Tertiary Health facility. Incidents of IUD in the country range between 24.4 – 41.9. incidents of IUD in our study is 7.1 per 1000 live births. This is less compared to national average because of significant load of IUD cases or not referred or under reported. 40% of our patients in the sample studied are unbooked cases. They form a significant chunk of ANC population not taken supervised medical attention in trained medical hands in the health facility. Majority of our patients come from rural, hilly

tribal areas of Kodagu. They belong to lower socio-economic status. History of decreased fetal movements (36%) forms a significant risk factor for IUD in our study. Patients are reported 2-3 days after the loss of fetal movement perceived. Because of hardly any educational background patients are at fault not to report history of reduced fetal movements to the treating physician. Background of Toxaemia of pregnancy (26%) in patients with history of decreased fetal movements prevailed and not brought to the notice of the treating physician will reflect the load of macerated babies born in our tertiary health care facility of about 31%. 80% of these IUD's are near term or term intra uterine deaths and majority vaginal delivery. Oligo hydramnia and true knot in the umbilical cord loops were noted in 10% each of the patients studied in the sample. 81% of the patients in our study group come from lower socio – economic status, hilly and tribal areas of Kodagu. One in five patients in our study group had nutritional anaemia. Pre term labour accounted for 6 cases in our study (21%). Only four patients in our study group had previous history of still birth. Only 3 patients had undiagnosed GDM in our study group (10%). GDM was detected for the 1st time when these three patients reported to our health facility with IUT. Majority of IUD in our study was because of illiteracy in the tribal belt, low socio-economic status (80%) and paucity of monitoring facilities in the rural areas of Kodagu. Study also reveals that 60% of the Health care facilities in Kodagu do not have a full-fledged blood bank and cell separation units. Despite availability of modern technology with USG, NSG and skilled physicians majority of the causes of IUD remains unknown.

5. CONCLUSION

Antenatal screening for anaemia, PIH, GDM, Previous Loss, play an important role in decreasing the incidence of IUFD. Determining the cause of term IUFD we can significantly reduce the recurrence of complications. Early efforts to reach the health care facility with history of decreased fetal movements significantly reduce IUFD in the tribal population studied. Tribal women need to be educated to seek help with good antenatal advice and to come early to the treating physician if associated with history of decreased fetal movements.

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