

Prevalence of Maternal Mortality Rate during Cesarean Section in 5 years ago in Kut City

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Abstract

Background: Inequities in access to healthcare are to blame for the rise in maternal mortality around the globe. The study's objective is to determine the prevalence of maternal fatality during S/C in five years ago.

Methods: Medical records about deaths following cesarean sections in Kut City were examined using a descriptive analytical design. Data was collected and processed using a descriptive statistical data analysis approach to define the study variables using those records: percentages and frequency.

Results: The study's findings show that in 2020, there would be 30.8% more deaths by C/s than there were in 2016, according to the same proportion.

Conclusions: The study found that the death rate was low, then very high, depending on the number of patients receiving the operation and the accessibility of medical treatment. To determine the contributing causes to maternal mortality during cesarean section, a national study must be done.

Key-wards: Prevalence, Mortality, Cesarean Section.

INTRODUCTION

One of the most ignored problems in the world, maternal mortality has made only minimal improvement [1] [2]. MDG 5, which aims to enhance maternal health, highlights this issue [3][4].

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Among its most challenging goals is to halve maternal mortality between 1990 and 2015. The international community has come to a consensus on maternal mortality. It is important to focus on the mother's health because it will have a big impact [5][6]. This has proven to be a challenging endeavor [7]. The average annual decline rate is currently less than 1%. Every year, complications with pregnancy and childbirth kill more than 500,000 women worldwide. Nearly half of these women are Africa Sub-Saharan. The annual rate of decline in this area is, however, 0.1 percent [8]. The majority of these women are no longer with us for obvious reasons. They die as a result of poor healthcare access, both in terms of availability and caliber [9]. They die from complications such as hemorrhage, infection, high blood pressure during pregnancy, unsafe abortions, and lengthy or difficult labor and delivery, all of which are manageable in a healthcare system with trained staff and postpartum care [10]. These causes include issues with women's health and nutrition, such as HIV and anemia, as well as societal problems like poverty, inequality, women's low status, and attitudes toward the needs of women [11].

The primary cause of death for women in reproductive age continues to be a severe public health problem in many countries, especially developing countries [12]. A mother must die during her pregnancy or 42 days after it ends for there to be a death to be considered a maternal death. Accidental or incidental causes are not considered maternal deaths. Globally, there will reportedly be 536,000 maternal fatalities in 2005, up from 529,000 in 2000 [13]. A WHO report from 2008 states that 1,500 women pass away every day as a result of pregnancy or complications related to pregnancy. Most of these fatalities have place in developing nations, and most of them could be prevented. Of all the World Health Organization health data, maternal mortality [14] demonstrated the most disparity between industrialized and developing nations. According to UNICEF (2005), wealthy nations account for 25% of women of reproductive age but just 1% of maternal deaths globally. One hundred ninety nine percent of all maternal deaths occur in developing nations [15].

It's important to note that this study's data omits late maternal deaths, which are more frequent than pregnancy-related deaths from deliberate harm, homicide, or suicide [16]. The rate of caesarean sections has increased by more than 50% in the last decade in the United States, from 20.7 percent in 1996 to 31.8 percent in 2007 [17], which may have contributed to the apparent increase in maternal mortality. According to one study, vaginal delivery is associated with a lower risk of maternal death than cesarean delivery. Our environmental research demonstrates that countries with more caesarean sections have higher maternal death rates, supporting this assertion Even while maternal death rates fell sharply between 1935 and 2007, black women, women from

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lower socioeconomic statuses, and women in a number of states continued to suffer much higher risks [18]. The American healthcare system is faced with a difficult challenge as a result of these growing societal disparities in access to high-quality obstetric care. In most states and across all racial/ethnic groups, the 2010 target for healthy person deaths per 100,000 live births was met. Between 2005 and 2007, the maternal mortality rates for American Indian/Alaska Native women and non-Hispanic Black women were four and eight times higher than the goal levels for 2010. From 2003 to 2007, there were women in every state but Northern Indiana [19]

METHODS

Design: The current study used a descriptive analytical design through the medical records for 5 years ago from 2015-2020 to stated goals.

Sitting: The study will take place at Al-Batool Hospital in Al-Kut. The study tool relied on statistical records rather than a questionnaire to obtain data.

Statistical Analysis: The study data is evaluated and analyzed using the statistical data analysis method (SPSS-ver.20). The study variables were identified using the descriptive statistical analysis method: frequencies and percentages.

RESULTS

The results indicate that the death rate due to caesarean section was the highest in 2016 and 2020 and the lowest in 2019, as the death rate began to decline gradually in 2017, 2018 and 2019 and then returned to rise (Fig. 1).

DISCUSSIONS

Despite the rarity of maternal death, maternal morbidity, or the severe maternal morbidity: mortality ratio, is a superior gauge of care quality and has developed into a key indicator of maternal health. Al-Batoul Hospital in Kut City had the highest number of caesarean section-related mortality in 2020 despite having a high rate previous to 2019. Despite having a high rate prior to 2019. Accessibility to medical care is a concern. Aside from the broad understanding of the risks associated with spending, the nation's economic situation has been dire for the past five years. According to research, over 830 women pass away every day as a result of avoidable complications during pregnancy and childbirth. Ninety-nine percent of all deaths in developing countries are caused by maternal causes [7]. Maternal mortality rates are higher in rural areas and

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among the poor. Pregnancy complications and death are more common in teenage females than in older women. Women and newborns can be saved with specialized treatment before, during, and after childbirth. From 1990 to 2015, maternal mortality rates dropped by 44% [4]. The Sustainable Development Goals aim to lower maternal mortality to less than 70 per 100,000 live births globally between 2016 and 2030 [20][21].

Additionally, caesarean sections help to lower maternal and neonatal fatalities. The woman and the unborn child, however, could both suffer negative effects from heavy use. The World Health Organization (WHO) suggests that CS rates should not increase by more than 10 to 15 per 100 live deliveries in order to enhance outcomes for expectant mothers and newborns. According to a survey of WHO member states, which account for 97.6% of all live births globally, the optimal rate of caesarean sections should be lower than 19.1% [22]. Direct causes account for 73% of maternal deaths, whereas indirect factors account for 27%. The most frequent direct causes (3.2%) were bleeding (27.1%), hypertensive disorders (14%), sepsis (10.7%), miscarriage (7.9%), and embolism (7.9%). 7.99 % [17]. Pre-eclampsia or pre-eclampsia is the root cause of 88.3% of all hypertension-related illnesses. The most frequent infection kind is puerperal sepsis. The primary causes of maternal death are cardiovascular diseases (9%), cerebrovascular accidents (7%), respiratory disorders (8%), digestive disorders (4%), and other indirect causes (9%) [14].

CONCLUSIONS

The study found that the death rate was low, then very high, depending on the number of patients receiving the operation and the accessibility of medical treatment. To determine the contributing causes to maternal mortality during cesarean section, a national study must be done.

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RESULTS

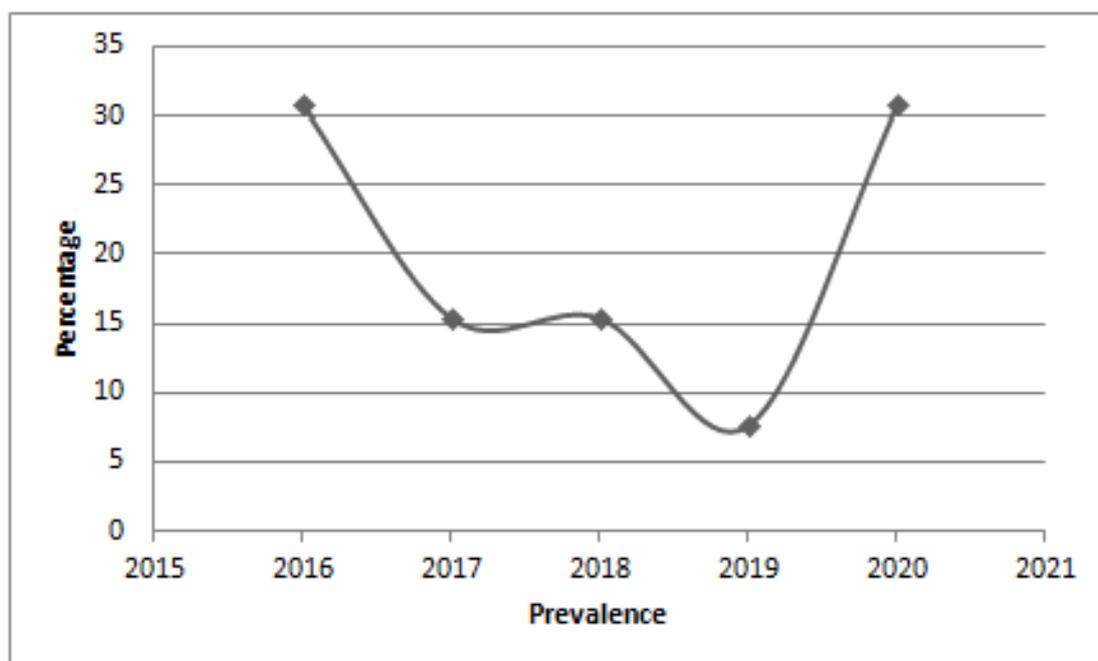


Figure: Maternal Death through Cesarean Section

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