

To Determine the Outcome of Stillbirth and Risk Factors of Stillbirth babies

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ABSTRACT

Aim: To determine the outcome and risk factor of stillbirth babies.

Study design: Prospective Study.

Place and duration of study: 6 month period from 1st Jan, 2013 to 31st June, 2013. Study conducted at Lahore General Hospital Lahore in Obs/Gynae department.

Methodology: Total deliveries done during this time period were 4400 out of them 125 were still birth. All pregnant women age 28 weeks of gestational anomalies included in study. The present study is a effort to compile the outcome of still births at our centre.

Results: Majority of patients were Primigravida 20-25 years of age. More than 42% patients had preterm labour before 32 weeks. Among the cause of stillbirth. 22% had mismanaged labour 16% had antepartum haemorrhage and in 29% cause in not known.

Conclusion: This study emphasizes the importance of proper antenatal care, identification of risk factors and promote institutional deliveries.

Keyword: Intrauterine fetal death (IUD); perinatal mortality; birth weight, still birth.

INTRODUCTION

Stillbirth, defined by the World Health Organization as fetal death after 28 weeks' gestation, accounts for an estimated 2.65 million death worldwide each year¹. The majority of these deaths occur in low-or middle-income countries, with only 2% estimated to occur in high income countries. There are huge variations in the stillbirth rate between low-income and high-income settings, with the highest reported rates of stillbirth in Nigeria (41.9 per 1,000 births) and Pakistan (46.1 per 1,000 births). In low-income settings (e.g. South Asia and Sub Saharan Africa), up to 50% of stillbirths occur intrapartum, and relate to the absence of skilled birth-attendants and low access to caesarean Section, factors which are particularly important in rural areas².

A reduction in stillbirth rates is not only achievable but highly desirable. Stillbirth has a profound impact on parents' physical and mental health, social relationships within and outside the extended family and on employment³.

MATERIALS AND METHODS

This is a prospective study conducted at LGH Obs/Gynae department from Jan, 2013 to 30th June, 2013. All pregnant patients come with gestational amenorrhea more than 28 weeks included in study.

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Inclusion Criteria:

- Pregnant patients with gestational amenorrhea more than 28 weeks.
- Booked and un booked both included in this study more than 28 weeks.
- Pregnant patients gestational amenorrhea 28 weeks with any medical diseases like hypertension and diabetes.

All those patient presented with less than 28 weeks pregnancy were excluded from the study.

All the patients admitted and delivered in hospital. Majority by normal vaginal delivery and few by C-Section. In this study different causes of still birth found but in large number of patients cause remain un known.

RESULTS

The result are calculated and presented in tabulated form. Total 4400 patients delivered during this time period. Total 125 patients presented with stillbirth. 58 patients 46.4% were between age of 20-25year, 40 patients 32% were between age of 25-30year, 20 patients 16% were between age of 30-35year and only 7 patients 5.6% were between 35-40 year old.

Table II reveals parity of patients is shown, 34 patients 27.2% were Primigravida 70 patients 56% were Multigravida and only 21 patients 16.8% were grand-multi.

Table III 44 patients 35.2% were shown stillbirth at term and 28 patients 22.4% were presented with stillbirth between 32-36 week and majority of patients 53 patients 42.4% were at the age of less than 32 week.

Table IV reveals different causes of stillbirth is shown 21 patients 16.8% presented with abruptio Placenta 10 patients 8% with eclampsia, 9 patients 7.2% with PIH, 4 patients 3.2% with diabetes 28 patients 22.4% with mismanaged labour , 10 patients 8% with twins and 6 patients 4.8% with fetal congenital anomalies . In 37 patients 29.6% cause remained unknown.

In Table V weight is presented in tabulated form 44 patients 35.2% with weight 2.5-3.5kg, 14 patients 11.2% with weight more than 3.5kg , but majority of patients 67 patients 53% with weight below 2kg.

Table VI is showing mode of delivery. Majority of patients 103 patients 82.4% delivered by normal vaginal delivery, 17 patients 13.6% delivered by L.S.C.S and 5(4%) patients had exploratory laparotomy

Table I:

Maternal Age	n	% age
20-25y	58	46.4
25-30y	40	32
30-35y	20	16
35-40y	7	5.6

Table II:

Parity	n	% age
Primigravida	34	27.2
Multigravida	70	56
Grand Multi	21	16.8

Table III:

Gestational age	n	% age
36-40	44	35.2
36-36	28	22.4
Less than 32 week	53	42.4

Table IV:

Cause of stillbirth	n	% age
Abruptio Placenta	21	16.8
eclampsia	10	8
PIH	9	7.2
Diabetes	4	3.2
Unknown Cause	37	29.6
Mismanaged Labour	28	22.4
Twins Pregnancy	10	8
Fetal Congenital Anomalies	6	4.8

Table V:

Outcome Weight	n	%age
2.5-3.5	44	35.2
More than 3.5	14	11.2
Less than 2 kg	67	53.6

Table VI:

Mode of Delivery	n	%age
SVD	103	82.4
L.S.C.S	17	13.6
Exploratory Laparotomy	5	4

DISCUSSION

Perinatal mortality rate of which in Intrauterine fetal death (IUFD) rate is an integral part is one of the best monitors of medical care offered by a society. Intrauterine fetal death (IUFD) remain one of the area of obstetrics in which improvement could be made^{4,5}.

This study is conducted in obstetric and Gynae department of Lahore General Hospital in six month period during 1st Jan, 2013 to 30th June, 2013. Total deliveries in this time period were 4400 and 125 were still birth.

In this study majority of women had meternal-age range from 20 year to 40 year but a study published on line in May 2004⁶ showed that women who are older and heavier have a greater risk of stillbirth.

Out of 125 patients majority of patients 27.2% were primigravida. It is same as in study done at United Kingdom⁶ in which majority of patients were primigravida.

In our study when we audit the gestational age of born fetuses 42% were below the age of 32 weeks. A study showed that still birth babies were generally born at an earlier age. In this study 61% babies were Preterm⁶.

As we study different causes of fetal death 16% had abruptio placenta, 8% had eclampsia 4% had diabetes, 7.2% had PIH, 8% had twin and 30% had unknown cause. A study done in Services hospital⁷ 66% patients had hypertension and 22% had diabetes. But in a study done by savvas-et-all [6] the 11% patients presented with Antepartum hemorrhage and 1.5% with hypertension and in large number no cause found. In a study⁸ done in showed that 55% patients presented with Antepartum hemorrhage and 11% with hypertension.

In our study majority of babies 53.6% had birth weight less than 2kg. These results are similar as in study⁹ done in Dallas by Rachel Yvonne et all . There is increased risk of IUFD in small for gestational age babies.

In this study 82% patients delivered by spontaneous vaginal delivery, 13.6% had LSCS and 4% have exploratory laparotomy for uterine rapture. In the study¹⁰ 87% delivered vaginally, only 12% patients had caesarean section.

CONCLUSION

This study emphasizes the importance of proper antenatal care, identification of risk factors and promote institutional deliveries.

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