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Letter to the Editor

Are we really decreasing maternal mortality rate or we are just pushing mothers to late maternal deaths?

Sir,

Maternal mortality remains a global concern, and India has made substantial strides in reducing maternal mortality rates (MMR) by about 70%, from 398 /lakh live births in 1997-98 to 99 /lakh live births in 2020.¹ However, it is recognized that maternal mortality represents only tip of iceberg. For every woman who dies, many more survive with severe morbidities, and their long-term outcomes often go unrecorded.² Therefore, to truly evaluate maternal health services, it is essential to analyze the long-term outcomes of women discharged with morbidities resulting from complications of pregnancy and childbirth, known as maternal near-miss cases.

Late maternal deaths, occurring between 42 days and one year after pregnancy termination, might be missed without proper follow-up of maternal near-miss cases.³ Since 2015, our institute, post graduate institute of medical education and research (PGIMER), Chandigarh, India, has been registering the prevalence and etiology of maternal near-miss cases. However, the long-term follow-up of these women was initiated in 2018 under an ICMR-funded project. From November 2018 to June 2022, 521 women diagnosed with maternal near misses were discharged and followed up for one year at intervals of 6 weeks, 3 months, 6 months, 9 months, and one year through a specially designed multi-disciplinary clinic. The follow-up revealed that 20 patients expired during the year, while 72 patients experienced significant permanent residual morbidity, requiring constant medical intervention and impacting their daily routines. The 20 patients who died post-hospital discharge presented a diverse array of medical conditions, with their demise attributed to complications stemming from medical disorders, hypertension, and sepsis. Among these cases, 10 patients had underlying medical disorders, including chronic kidney disease, peripartum cardiomyopathy, hydrocephalus with tubercular meningitis, AIDS-related complex, and hematological malignancy. Another group of 5 succumbed to hypertensive disorders, marked by acute kidney injury requiring dialysis in 4 cases and pulmonary edema due to uncontrolled hypertension in one case. The remaining 5 women faced sepsis-related complications, with 3 experiencing perforation peritonitis and stoma-related complications, while 2 encountered multiorgan dysfunction necessitating continuous medical interventions post-infection.

This situation underscores the importance of developing comprehensive healthcare plans that address the diverse challenges posed by these medical conditions. Families and physicians may underestimate post-discharge care, focusing on immediate survival during the acute phase. Extended follow-up with healthcare providers for women in this category ensures the effective management of chronic conditions, helps prevent acute deterioration, and facilitates reproductive health planning, addressing potential risks in subsequent pregnancies. Additionally, longer follow-up contributes valuable data for researching maternal health outcomes, aiding in the identification of patterns and the development of effective interventions. Financial challenges and a lack of awareness may hinder individuals from attending follow-up medical appointments.

CONCLUSION

To tackle these challenges, we need a comprehensive approach that includes education, reaching out to communities, providing financial assistance, and making healthcare more accessible. This is especially important for those who have experienced near-miss events during pregnancy. Offering immediate and essential medical help through one-stop portal with various experts offering multidisciplinary consultations is vital for women who survive severe complications during pregnancy and childbirth. With the enhancement of health services, obstetric transition, and the global increase in non-communicable diseases (NCDs), it is anticipated that direct causes of death will diminish. However, with more women entering pregnancy with chronic conditions such as hypertension and diabetes, extended follow-up becomes mandatory, as complications may manifest later. Active surveillance for registering late maternal deaths is essential. Improving postpartum care with a focus on early complication recognition to reduce late maternal deaths is imperative. Implementing policies to extend the 42-day postpartum threshold up to 1 year for tracking late pregnancy-related deaths should be adopted, preventing these cases from being overlooked in global maternal health surveillance efforts.

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