SNIPPETS OF CRMD MEETING ON 15/01/2023 AT TOGS ACADEMIA THRISSUR

A total of 35 cases of 2021-2022 were discussed in a confidential manner. The causes were as follows:

Heart Diseases	6(2 PPCM)
Covid	4
PPH atonic	4
Suicide	4
Amniotic fluid embolism	2 (1 Preeclampsia)
Pulmonary embolism	2
Eclampsia	1
AFLP	1
Intracranial haemorrhage	1
Sepsis	1
Ruptured right horn	1
Status epilepticus	1
Mixed Connective tissue disease with pulmonary HT	1
Acute myocarditis	1
Acute collapse	1
Viral fever	1
Sickle cell anemia	1
Fecal peritonitis	1
Unknown (Home delivery)	1

We analysed each of these deaths and subcategorised into the following :

TYPE OF DELAY	**NUMBER**
1.Delay from the part of patient and family	8
2.Delay in reaching the institution	0
3.Delay after reaching the institution	7
4.No delay identified	17
5.Cannot comment	3

AVOIDABLE OR NOT	**NUMBER**
1.Unavoidable	18
2.Avoidable in an average medical setting	4
3.Avoidable only in the best settings	13
4.Cannot comment	0

Observation: A 23 year old G2P1L1 at 11+2 weeks , Prev. LSCS was diagnosed to have ruptured Right horn and was referred to higher centre . Reached in shock, shifted to OT, Resuscitated. Laparotomy and resection of right horn done, 4 litres of hemoperitoneum, Baby and placenta in the peritoneal cavity . Had intra operative cardiac arrest, expired next day.

Recommendations: Going through the case records, Patient had severe pallor in the first centre with a BP of 90/70 . She was referred at 9: 30 pm and reached the higher centre at 10:30 pm. Such patients should never be referred but to be managed at the first point of care. Think Twice before referring an actively bleeding patient. She was a case of previous CS and this should have been noted in the discharege summary. During CS examine the uterine cavity, tubes and ovaries.

Observation: A 31 year old G3P2L2 at 37 weeks with IUD and Polyhydramnios. Induced with PGE1 and Oxytocin, Leaking at 1 pm next day, Fully dilated at 4:30 pm. Delivered at 4:41 pm , MSB with true knot and tight cord around the neck. Uterus contracted well, cervical tear sutured, I unit PRBC given. At 6 pm, profuse bleeding, uterus packed, uterotonics given, PRBCs given, Condition worsened, planned laparotomy. There was a delay in getting consent, had cardiac arrest during shifting, total obstetric hysterectomy done, shifted to ICU, ventilated. Massive transfusion given. Patient expired next day at 2:45 pm.

Recommendations: Uterine packing is obsolete for many years now. We have witnessed the efficacy and propagated the paradigm shift in management of atonic PPH; the advent of TVUAC and Suction cannula have brought about significant difference in maternal morbidity and mortality due to PPH. EVERY DELIVERY POINT SHOULD HAVE TVUAC AND SUCTION CANNULA which is the FIRST AID (to be use along with medical management if not earlier) in PPH. GONE ARE THE DAYS of Uterine packing and Condom tamponade. In such compromised conditions, subtotal hysterectomy is preferred over total hysterectomy for want of time and blood loss. Monitoring the 4th stage of labour can pick up PPH which occurs after shifting from delivery cot.

Observation: A 34 year old G4P3L3 at term , known case of GDM and Hypertension admitted for delivery, BP-150/100. At 7 pm, she developed seizures, became breathless and desaturated. Immediate CS done , delivered an asphyxiated baby at 7:30 pm. Intra operatively patient developed profuse bleeding , referred to a higher centre. On arrival, BP- 60/40, resuscitated and ventilated , put on inotropes. Urine blood stained, sudden brady cardia and cardiac arrest. CPR and DC shock. Expired at 11:49 pm

Recommendations: Imp: Eclampsia, PPH, DIC. Eclampsia does not kill a mother, but PPH does. The killer in Hypertensive disorders is intracranial haemorrhage as we had in another case of this series. No case of preeclampsia should go beyond 37 -38 weeks. Transporting a compromised mother is trying to get rid of her, but first aid measures and even a subtotal obstetric hysterectomy (P4L4) might have saved her. Trans abdominal uterine artery clamp is a new addition to our armamentarium

Observation: A 21 year old G2P1L1 at 15+3 weeks , admitted at 9:40 am with H/o alleged consumption of 15 gram rat poison at 2 pm previous day after an extramarital issue. She had multiple episodes of headache, dizziness, vomiting. On admission, vitals stable, USG showed missed abortion. LFT abnormal, induced with PGE1, Expelled IUD- MSB next day. Bleeding WNL, subsequently patient developed severe coagulopathy, acute liver failure, encephalopathy and MODS, put on ventilator. Developed cardiac arrest on Day 7 and expired.

Recommendation: This case has two aspects. Poisons containing Zinc phosphide have got anticoagulant action and can cause acute liver failure on day 3 or 4, which might even require liver transplant. Such patients show an initial improvement but worsen later.

Second aspect is that Team CRMD usually does not get an opportunity to study the social and medical background of DSH (deliberate self-harm) as in this case. Suicide in every series of ours is either the first or the second commonest cause of maternal death, more so in the Post COVID era. Psychiatric illness as a cause of suicide has taken a back seat now with pre-marital , extramarital relations (as in this case) , sex, drugs and social media taking a lead role in DSH. This is an area which requires a lot of input in the coming years, to bring down our MMR further.

Other Recommendations:

The Golden Hour after delivery is replaced by the Golden 3-4 minutes where we have to identify the bleeding and take steps to arrest bleeding and correct hypovolemia.

TVUAC and Suction cannula should be used while transferring an atonic PPH patient who continues to bleed.

Use Tranexamic acid early in the course of PPH.

Thromboprophylaxis is a must in cases of sickle cell anemia

No Antibiotics for Induction of labour

No More Drotaverin and Epidosin in labour

Auscultation of CVS at the 1st visit should be mandatory