

REVIEW OF MATERNAL NEAR MISS(MNM) CASES IN BURAIMI HOSPITAL, OMAN

H. Sahil Hingora, K. Naheed, K. Mai Runja, M. Biswas, A. Ghani, S. Ahmed

Obstetrics and Gynaecology Department, Buraimi Hospital, Ministry of Health ,Oman



INTRODUCTION

MNM cases were identified on the basis of international classification of Disease 10 (ICD 10). As per World Health Organization (WHO) MNM as a woman who nearly dies but survives a complication during pregnancy , child birth or within 42 days of termination of pregnancy is a proxy indicator of maternal mortality and quality of obstetric care. Demographic data included age, parity, past obstetric history, educational level, gestational age at booking, Parent health institution of woman.

OBJECTIVES

This study was done to identify contributing factors to MNM as per WHO near miss approach and to assess and improve the quality of maternal care.

METHODS: Retrospective study.

This study was done in Buraimi Hospital from August 2016 till December 2024 to identify contributing factors MNM and total 36 cases were reported as MNM. Data collected from woman's antenatal card, hospital file, operative notes etc.

CONCLUSIONS

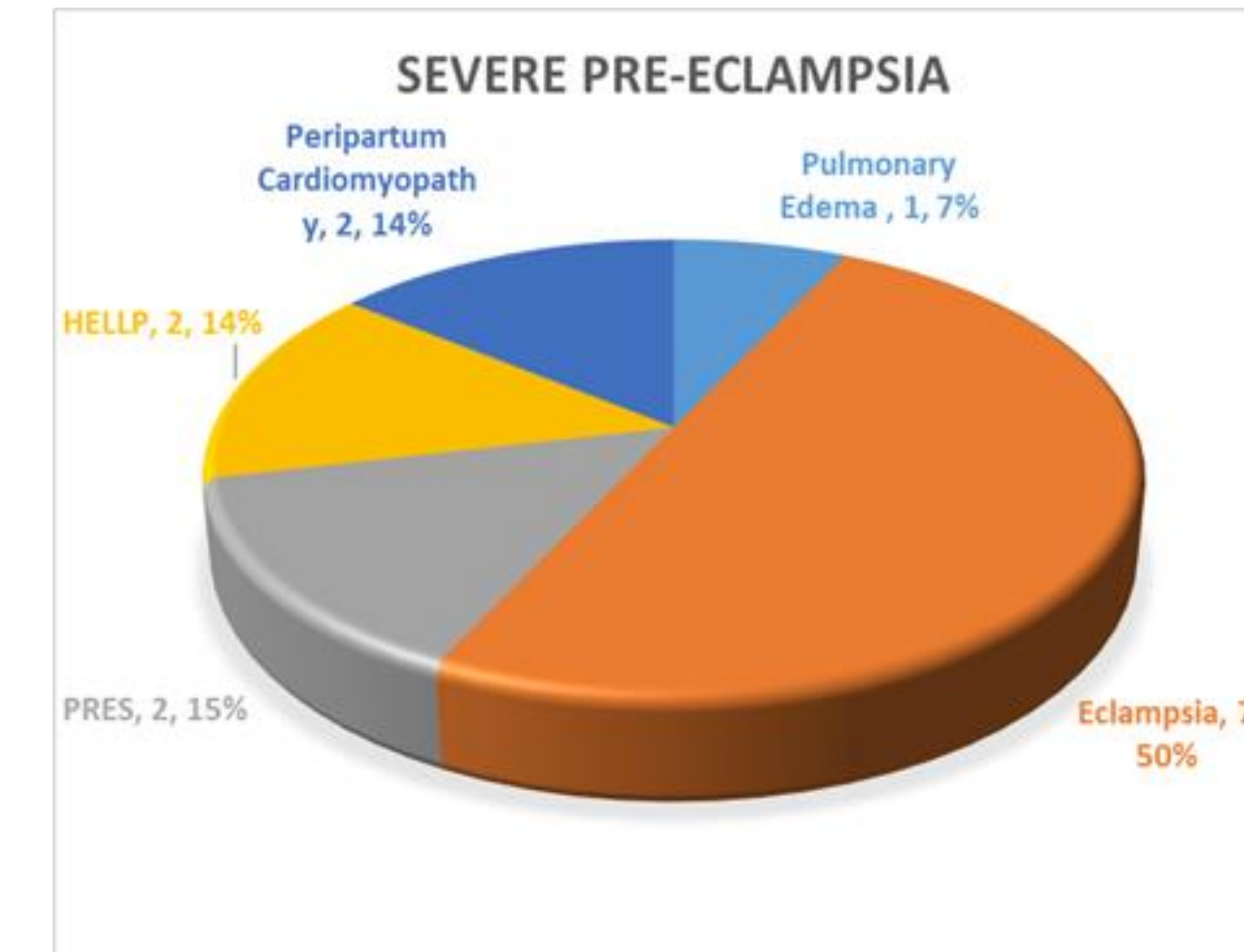
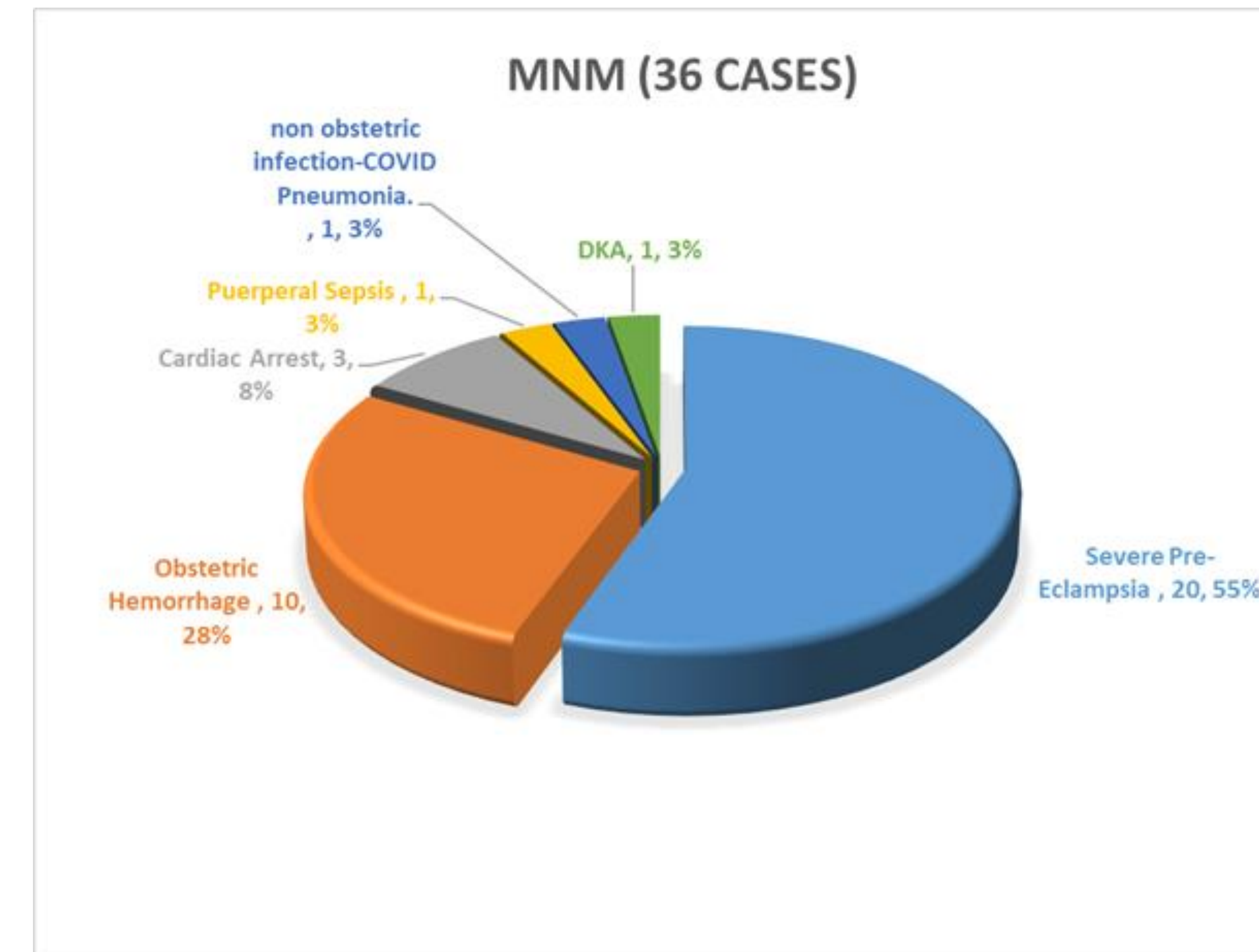
Severe Pre-Eclampsia and Obstetric Hemorrhage were the major reported cases. Contributing factors were Advanced maternal age, Grand multipara, Late antenatal booking ,Previous cesarean, Anemia, Non Compliance of woman, medical comorbidity, intrauterine fetal Death .Any pregnant woman can develop life threatening complication with little or no advance warning. So the challenge remains in early detection of potentially life threatening cases and PROMPT management of these cases . Midwives and doctors are oriented and trained to pickup the potentially life threatening conditions at the earliest with involvement of senior doctors from the beginning and multidisciplinary management as per evidence base standard protocol and guidelines.

RESULTS

Out of 36 cases of MNM, all women survived. All cases were managed in intensive Care Unit with multidisciplinary team. 20 (55.55%) cases were reported as Severe Pre-Eclampsia and among them 2 were found to have Reversible Posterior Encephalopathy Syndrome(PRES). 2 Peripartum Cardiomyopathy , 2 Hemolysis Elevated Liver Enzyme Low Platelet (HELLP)Syndrome, 1 Pulmonary Edema , 7 with Eclampsia.

10(27.77%) cases were due to Obstetric Hemorrhage and needed multiple blood transfusions , 1 case needed emergency obstetric hysterectomy, 1 ruptured Ectopic pregnancy with massive hemoperitoneum, 1 incomplete miscarriage with hemorrhagic shock and 1 with rupture uterus.

3(8.33%) cases were Cardiac Arrest.1(2.77%) case was Puerperal Sepsis with Septic Shock .1 (2.77%) case as Diabetic Keto Acidosis (DKA). 1 (2.77%) case was non obstetric infection-COVID Pneumonia.



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CONTACT INFORMATION

hinahingora@rediffmail.com

00968 99865631