Complications in Pregnancy & Childbirth: Causes, Consequences, & Prevention

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Abstract — Indonesian Maternal Mortality Rate (MMR) is one of the highest among other in South-east Asia countries (ranked third in Asean, with 228/100,000 live births); Singapore (14), Malaysia (62), Thailand (110), Vietnam 150, Philippines 230 and in Myanmar 380 per 100,000 live births. This figure is far from the Millennium Development Goals’ (MDGs) target for the 2015 which is 102 per 100,000 live births. It is estimated there are 5 million pregnancies each year in Indonesia, with 15,000-17,000 of them passed away. A number that predict two women died per hour due to complications during pregnancy, at childbirth and puerperium (+ 90%). The three major causes for maternal deaths, which are relatively equal worldwide; 1) bleeding, particularly postpartum bleeding or unsafe abortion, 2) hypertension during pregnancy (preeclampsia - eclampsia) and 3) infections, especially postpartum sepsis. The most related confounding factors of those are delay in three aspects such as delay on referral decision (including delayed in recognizing danger signs), delay on referral response time (to reach health facilities during emergencies) and delay for adequate services by health provider. For every maternal death, there is a lot more morbidity such as hysterectomy due to hemorrhage, wound infection, pelvic inflammatory disease, gastrointestinal or urinary tract injuries and fistula which are related to pregnancy and childbirth. If the mother dies, the risk of death for infants and children under 5 years are increasing. Their deaths also have a huge impact on society and the economy of the nation. Family planning can reduce maternal death by preventing unwanted pregnancies (preventing unsafe abortion), limit the number of children and spacing children or stopping fertility. Various efforts have been made to reduce maternal mortality, among others, by the placement of rural midwives, family and community empowerment using Maternal and Child Health Care Book (MCHC Book) and the Planning and Delivery Complications Prevention Program (P4K), Basic Neonatal Emergency Obstetric Care (PONED) at the community health center care, as well as Comprehensive Neonatal Emergency Obstetric Care (PONEK) in hospitals. Jampersal Program (Labor Warranty) which was started in 2011 is intended for all pregnancies, childbirth and puerperium, as well as neonatal care for those without health insurance. However, its outcome has not been evaluated yet. This program is expected for a huge contribution on maternal mortality rate declining acceleration project. Another effort is to assist the delivery by skilled personnel assistants, and therefore it is essential to plan the placement of obstetricians, anesthesiologists and pediatricians equally in the rural areas national-wide. Improvement of general practitioners who have been readily national-wide has also had a fundamental role. Making access to health services easier is also mandatory. This involves many sectors such as transportation improvements, availability of electricity, water and sanitation, education and empowerment, as well as the involvement of professional organizations.