STILL BIRTH RATE IN DISTRICT HEAD QUARTER HOSPITAL ABBOTT AB AD

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Abstract: This retrospective study was done at District Headquarter Hospital, Abbottabad. The prevalence of still birth was studied among 853 infants born in maternity ward of DHQ Hospital, Abbottabad during two and a half years. The still birth rate observed was 112.5/1000. The rate was higher among multigravida and in females of more than 35 years' age. The prominent etiological factors were multi-parity prolonged and obstructed labour and antepartum haemorrhage.

Introduction

Still birth and neonatal deaths are useful parameters of reproductive efficiency of any community. The term still birth refers to any child delivered after the 28th week of pregnancy which does not afterward breath or show any sign of life. Different countries have different still birth rates (SBR) due to various obstetric causes, socio-economic conditions and health care systems. Congenital malformations, antepartum death, prematurity, placental insufficiency, toxaemia and accidental haemorrhage are the usual causes which give rise to still birth.[2] The aim of study was to determine the prevalence rate of still birth in this area and to observe the different aetiological factors which result in still birth.

Material and Methods

The data were collected from records of all deliveries conducted from 1st January 1985 to 30th June 1987 at maternity ward of DHQ Teaching Hospital, Abbottabad. The maternal characters available, age, parity, antenatal care, antepartum haemorrhage were noted and the characteristics of the foetus such as age, birth, weight or any other abnormal finding were recorded. The relationship of still birth rates to maternal characteristics such as age and parity was calculated as under:

$$\textbf{SBR} = \frac{\text{Number of still births in a particular age or parity group}}{\text{Total number of births in that age or parity group}} \times 1000$$

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Results

During two and a half years (January, 1985 to June, 1987) it was observed that 96 still births occurred out of 853 deliveries representing the still birth rate 112.5/1000.

Maternal Characteristics

The maternal age, who gave 96 still births, ranged from 17-43 years with a mean age 30 ± 4 S.D. About 45% were 35 years or above. While only 2.1% were below 20 years of age. The parity range was from zero to eight. The primipara group was 15.6% while grand multipara i.e., parity 5 and above[2] was 23%. The majority (90%) of the cases were un-registered and were admitted to Hospital in emergency. The lowest still birth rate was observed in 26-28 years' age. Also, it was observed that the SBR is increased with increase of parity and age of mother. Table-I.

Table-I. Still Birth Rate by Age and Parity

Age	S.B.R.	Parity	S.B.R.
17-19	32.8	0	66.4
20-22	75.8	1	54.1
23-25	101.6	2	123.7
26-28	54.3	3	23.3
29-31	111.1	4	184.2
32-34	108.7	5	151.5
35-37	198.4	6	265.3
38-40	200.0	7	294.1
41+	142.9	8	280.0

The still birth rate was higher in unregistered 101/1000 (10.1%) as compared to registered, 12/1000 (1.2%). The majority of still births 80.5% were found among unregistered. There was preponderance of male babies (60.4%). The sex ratio of male and female was 2:1. 34.4% of still births weighed 2.5 kg or less. Table-II.

In 96 (11.2%) mothers the causes of still birth were identified, the most prominent were multiparity (28%) prolonged and obstructed labour

(19.7%) and antepartum haemorrhage (11%) whereas 18% were unknown causes. Table-Ill. There were 11 cases of still birth where mothers had hypertension with multiparity.

Table -II. Characteristics of Still Birth

	No	Percentage
Sex: Male	58	60.4
Female	27	28.1
Not recorded	11	11.5
Birth Weight:		
Below 2.5 kg	33	34.4
Over 2.5 kg	58	60.4
Not recorded	5	5.2

Table-Ill. Aetiological Factors in Cases of Still Birth

	No.	Percentage
A. . Material		
(1) Parity:		
(i) Primigravida	03	3.1
(ii) Multigravida	27	28.1
(iii) Grand Multigravida	13	13.5
(2) Prolonged and Obstructed labour:		
,(i) Primigravida	10	10.4
(ii) Multigravida	08	8.3
(3) Antepartum Haemorrhage:		
(i) Primigravida	02	2.1
(ii) Multigravida	09	9.4
(4) Twin Deliveries:		
(i) Primi with Retained 2nd twin	01	1.0
(ii) Multi with Retained 2nd twin	01	1.0
(5) Unknown Causes:	18	18.1
B. Foetal		
(i) Cord Prolapse	2	2.1
(ii) Breech Presentation	1	1.0

Out of 96 cases 2 (2.1%) had twin pregnancies. Only 6 cases of congenital malformation were identified: one was anencephalous, one Hydro-

cephalous, one hydrocephalous with spina bifida, one talipes equinovarus while 2 had minor malformations.

Discussion

The still birth rate observed in this study (112.5/1000) is extremely high as compared to developed countries. In Nigeria[3] 113/1000 SBR reported, which is essentially similar to our study. This may be due to resemblance of various factors such as socio-economic status, early marriages, no family planning and lack of medical facilities. It was noted that majority of women were unregistered before coming to hospital. Most of the deliveries were conducted at home, only the obstetrically difficult cases came to hospital.

The most prominent aetiological factors were multiparity and antepartum haemorrhage. Many studies show that foetal wastage increases proportional to age difference between the spouses 4, 5 and family intermarriages. It was observed that some pregnant women used traditional drugs, oxytocin for shortening the duration of labour and other allied problems. Due to lack of information we could not find the prevalence and effect of these drugs. 28% still births were due to multiparity which lead to uterine rupture and other complications. The second factor was prolonged and obstructed abnormal labour which is most common in primigravida and the third factor was antepartum haemorrhage which is predominant in multiparity.

It is concluded from this study that cases of still births can be reduced by reducing birth fate, discouraging early marriages, and providing medical care during pregnancy. Education of public for getting regular antenatal care is also an important factor to reduce the still birth rate in a community.

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