

## DELIVERY OF AN ALIVE FOETUS THROUGH CAESAREAN SECTION IN A CASE OF DECLARED MATERNAL DEATH

*Rahat-un-Nisa, Rubina Bashir and Hizbullah*

### CASE REPORT

A 25 years old multipara having full term pregnancy was being treated at Civil Hospital Haripur, for septic meningitis while she suddenly went into cardiac arrest. Resuscitation was started immediately by intubation, ventilation and external cardiac massage and the patient was shifted to CCU of DHQ (Teaching) Hospital, Abbottabad, where she was declared dead however Fetal Heart Sound (FHS) was still audible at a rate of 40/min. She was shifted to Women and Children Hospital, Abbottabad for further management of the foetus while keeping the dead body on positive pressure ventilation (total duration of transfer time was not less than 44 minutes). The obstetrician found no heart sounds and fixed dilated pupils in the mother while the FHS were present at a rate of 35/min. Decision to carry out postmortal C-section was made. An alive baby with apgar score of 1/10 was delivered through midline lower abdominal incision of abdominal wall and a vertical uterine incision in a bloodless field. While suturing the incisions, bleeding started from the wounds and a hectic effort was, than, made to resuscitate the patient. Her heart rhythm came back and it started beating at a steady rate of 80/min while her systolic blood pressure was raised to 80 mm Hg. However, she still remained deeply comatose and without sings of spontaneous respiration. She eventually died 48 hours later. Foetus was resuscitated successfully and on follow up remains healthy and without any neurological deficit.

### DISCUSSION

Post mortem CS is defined as extraction of foetus immediately after the declared death of the mother. However, in a case with ventilator support and cardiac massage death is difficult to be ascertained and may be reported erroneously. It is suggested that if adequate resuscitative measures fail to revive mother after 10 minutes the efforts should be abandoned and extraction of the foetus is to be

and Children Hospital, Abbottabad. carried out<sup>2</sup>. However maternal resuscitation must be done vigorously as it gives best chance of foetal survival<sup>1</sup>. Prior maternal health status, continued cardiopulmonary resuscitation, time interval between cardiopulmonary arrest and delivery and gestational age are important determinants of the foetal survival<sup>3</sup>.

Awal *et. Al*<sup>4</sup> reported a postmortem CS performed 25 minutes after a blast injury to mother, the CS resulted in foetal survival. Similarly, Lopez *et. al.*<sup>5</sup> have reported a case of a 19 years old multipara who had CS and delivered live baby 22 minutes after documented maternal cardiac arrest and 47 minutes after fatal injury. Neonatal follow up at 18 months in this case did not reveal any neurological deficit.

A midline lower abdominal incision and vertical incision to the uterus is recommended in order to expedite foetal extraction.

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**RAHAT-UN-NISA**, Associate Prof. Gynaecology/Obst, Women and Children Hospital, Abbottabad.  
**RUBINA BASHIR**, Assistant. Prof. Gynaecology/Obst, Women and Children Hospital, Abbottabad.  
**HIZBULLAH**, Department of Paediatrics, Women