

Letter to the editor

Obstetrics obstacles: a focus on social obstetrics of Bangladesh

Banu N¹, Ferdoush J², Begum T³

To the editor

Maternal health is an issue on global agenda for the last 20 years. Maternal mortality and morbidities are highly influenced by the sociocultural, demographic & legal factors. Although Bangladesh is in the right tract in achieving MDG-5,¹ sociocultural factors are neglected in public health challenges. At present skill birth care is available at community level, yet women are at risk due to sociocultural factors. We share with the readers some horrible experiences from Chittagong Medical College Hospital in this regard.

A 42 years lady admitted as a case of induced septic abortion with shock and severe anaemia. Her pregnancy was induced at and around 18 week's gestation by herself with tablet misoprostol that she collected from local pharmacy. Her husband lived abroad and she had to terminate pregnancy as it was due to extramarital affairs. She presented with acute abdomen and on laparotomy she was found to have badly ruptured uterus.

A 14 years teen aged girl tried to terminate pregnancy at 13 weeks by stick. She was abused by her law relative and became pregnant. Her mother took her to so called Boeidda (persons who can hypnotize people and does harmful practices in the name of treatment) of another village. There, a stick mixed with some corrosive was introduced inside her uterus. At the time of admission she was toxic, hyperpyrexia with huge abdominal distention. On laparotomy uterus was found to be necrotic. Considering her age she was treated by partial hysterectomy.

A 25 years pregnant lady at term was admitted with profuse per vaginal bleeding. She was in shock with severe anaemia. Her mother in law called a local Dai (who has some experience in conducting delivery) who did vigorous massage to her abdomen to give her comfort and ultimately leading to abruption placenta.

A 30 years lady started labour pain at home and called her relative to conduct the labour. When her labour became prolonged her perineum was shivered by nails to facilitate delivery. The end result was complete perineal tear.

Maternal health is an issue on global agenda for last 20 years. Maternal mortality and morbidities are highly influenced by the sociocultural, demographic and legal factors.² Child birth is not a deadly disease and the tools for preventing mortality and morbidities have been available to us for many years. Bangladesh has made significant improvement in maternal mortality in recent years (MMR 574/1,00,000 in 1990 to 170 in 2013/1,00,000 live birth)³

Along with the implementation of safe delivery and skilled care at every stage of reproductive life we have to focus on the attitude of health seeking behavior of our population.

References

1. Bangladesh: Maternal Deaths Decline by 40 Percent in Less Than 10 Years. USAID's Global Health Bureau. March 11, 2011.
2. Sedgh G, Henshaw S, Sing S, Ahmed E, Shah JH. Induced abortion: estimated rates and trends worldwide. *Lancet*. 2007; 370 (9595): 1338-45.
3. Trends in Maternal Mortality; 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, WORLD BANK and the United Nation Population Division. Available at : www.who.int/reproductivehealth.

-
1. *Dr Nasreen Banu, Assistant Professor, Department of Gynaecology and Obstetrics, Chittagong Medical College, Chittagong, Bangladesh
 2. Dr Jannatul Ferdoush, Laxmichhari Upazila Health Complex, Khagrachhari, Chittagong
 3. Dr Tahera Begum, Assistant Professor, Southern Medical College, Chittagong

**For correspondence*