

**REFERRED OBSTETRIC EMERGENCY PATIENTS AND THEIR OUTCOMES AT
CENTRAL WOMEN HOSPITAL, YANGON**

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ABSTRACT

The study was conducted in CWH to assess the maternal and fetal outcomes in obstetric emergency women referred to CWH, Yangon. Data was collected for 186 cases referred to the tertiary health centre containing self referred in 2016, which included the demographic characteristics, information about current pregnancy, awareness about obstetric emergency and preparedness for delivery, referral pattern, reasons for referral and the maternal and fetal outcomes. It was found that the mean age of the respondents was 30.1years (± 6.1) and most of them were housewives (48.4%). They had at least middle school level of education (79.6%) and lived in urban settlements (77.4%). Most of the respondents were primigravida (55.4%). About (57.3%) of the respondents had taken ANC with doctor. The most common morbidity in present pregnancy was pregnancy induced hypertension (61.8%). The respondents with obstetric complications (37.1%) were referred from various institutions, both public and private sectors. Majority of the respondents (84.4%) had directly arrived at CWH and they used by taxi (67.2%). The mean duration from decision to departure was 98 minutes (± 98) and that of departure to arrival at CWH was 102 minutes (± 79). About more than half of the respondents (55.4%) were undergone emergency caesarean section. Only (8.6%) of the mother had faced complications. The most common maternal complication was post delivery pyrexia (25%). No maternal death was observed during this study period. Almost all (97.3%) were live births and less than (3%) of total births were still birth. Within live births, less than (2%) were neonatal death. The common morbidity of the newborn was

neonatal hyperbilirubinemia (8.8%). The outcomes of mother and newborn for obstetric emergency patients depend on effective referral system. Strengthening and functioning referral system would be an essential part to fulfill SDG with the aspect of reduction of maternal and perinatal mortality.