## Perinatal Mortality at the Port Moresby General Hospital

Mary Rose Bagita Paediatric Society Mid-year Meeting 6<sup>th</sup> June, 2022

## **Perinatal Mortality**

- Perinatal deaths<sup>1</sup> include:
  - Stillbirths
    - Early fetal death (500g; or >22/40 or crown-heel length >/= 25cm)
    - Late fetal death (1000g; or >28/40 or crown-heel length >/= 35cm)
    - Macerated (>/=12 hours fetal death)
    - Fresh (<12 hours fetal death)
  - Early neonatal deaths (0 7 days of life)
- PNG: perinatal mortality rates calculated from 500g birthweight; or >20/40

# Interventions to improve perinatal mortality

• Reducing macerated stillbirths:

– Improving antenatal care

- Reducing fresh stillbirths and early neonatal deaths:
  - Improving intrapartum care

## Stillbirths

- 98% of stillbirths occur in LMICs
- Accurate classification challenged by
  - Unsure dates
  - Infrequent fetal monitoring antenatally and intrapartum (electronically)
    - Some livebirths misclassified as stillbirths
    - Some stillbirths misclassified as miscarriages and vice versa
- Interventions to reducing stillbirths > redirect attention to accurate classification and cause of stillbirths

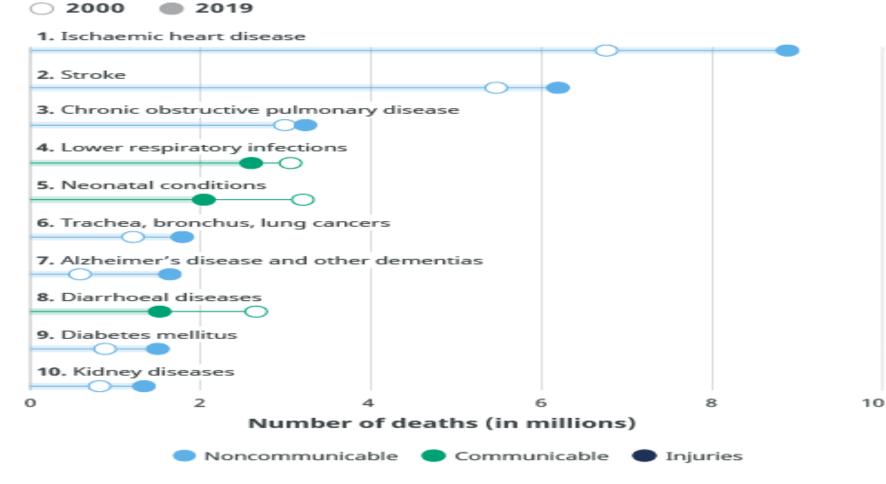
Patterson, JK et al. Challenges in classification and assignment of causes of stillbirths in low- and lower middle-income countries. Seminars in Perinatology 43(5): 308-314 https://doi.org/10.1053/j.semperi.2019.03.021

### Early neonatal deaths

- Neonatal deaths account for half of all <5 child mortality
- Early neonatal deaths account for 75% of neonatal deaths

#### **Neonatal deaths globally**

#### Leading causes of death globally



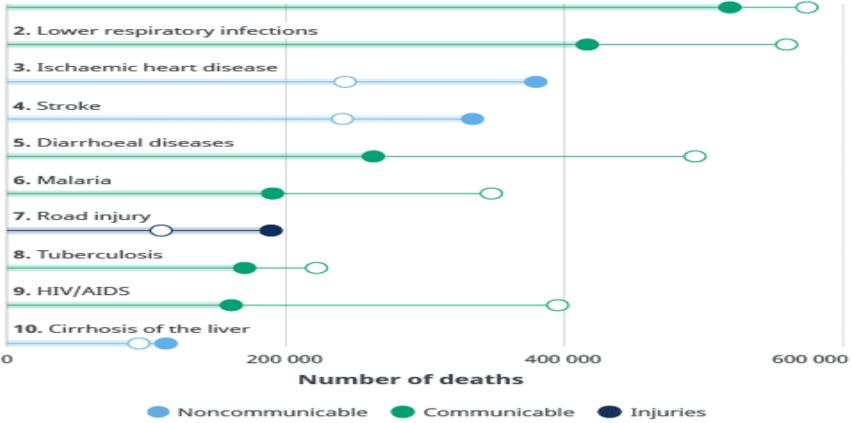
Source: WHO Global Health Estimates.

#### **Neonatal deaths in LICs**

#### Leading causes of death in low-income countries

#### 🔾 2000 🛛 🔘 2019

#### Neonatal conditions



Source: WHO Global Health Estimates. Note: World Bank 2020 income classification.

#### **Neonatal deaths in LMICs**

#### Leading causes of death in lower-middle-income countries

- Ischaemic heart disease Stroke Neonatal conditions 4. Chronic obstructive pulmonary disease Lower respiratory infections Diarrhoeal diseases Tuberculosis Cirrhosis of the liver Diabetes mellitus Road injury 0 2 з Number of deaths (in millions) Noncommunicable Communicable Injuries

4

Source: WHO Global Health Estimates. Note: World Bank 2020 income classification.

- Child Morbidity and Mortality 12<sup>th</sup> Annual Report, 2021:
  - 41% admissions in the neonatal period
  - 46% of all childhood deaths
    - Infections
    - Birth asphyxia

- Pregnant women 13,944
  - Booked 12,220 (88%)
  - Unbooked 1,112 (8%)
  - Referred 612 (4%)
- Babies delivered 14,141

#### Infants

	A	В	С			D	Е	F	G	Н
	Total	Live Births	Total Stillbirths	MSB	FSB	SBR <u>C×1000</u> A	No. NND 1 <sup>st</sup> Wk	NNDR <u>E×1000</u> B	PND C+E	PNDR <u>C+E×1000</u> A
						$\frown$				$\frown$
Booked	12,408	12,210	198	136	62	16.0	104	8.5	302	24.3
Unbooked	1,112	1,063	49	23	26	46.1	33	31.0	82	73.7
Referred	621	571	50	36	14	80.5	9	15.8	59	95.0
TOTAL (ALL BIRTHS)	14,141	13,844	297	195	102	21.0	146	10.5	443	31.3

Low birth weight

8.4%

	A Total	B Live Births	C Total Stillbirths	MSB	FSB	D SBR <u>C×1000</u> A	E No. NND 1 <sup>st</sup> Wk	F NNDR <u>E×1000</u> B	G PND C+E	H PNDR <u>C+E×1000</u> A
LOW BIRTH WEIGHT 500-999g	94	38	56	38	18	595.7	36	947.4	92	978.7
1000- 1499 g		76 888	54 74	43 46	11 28	415.4 76.9	18 45	236.8 50.7	72 119	553.8 123.7
TOTAL LBW	1186	1002	184	127	57	155.1	99	98.8	283	238.6

- Method of delivery:
- Spontaneous vertex 88.3% Breech 0.8% Vacuum extraction 5.3% - Caesarean sections 5.1% • Emergencies 90.6% – Fetal compromise 33.8% - CPD/failure to progress 18.1% Malpresentation 15.8% Induction of labour 6.5%
  - Postmaturity
  - Hypertensive disorders

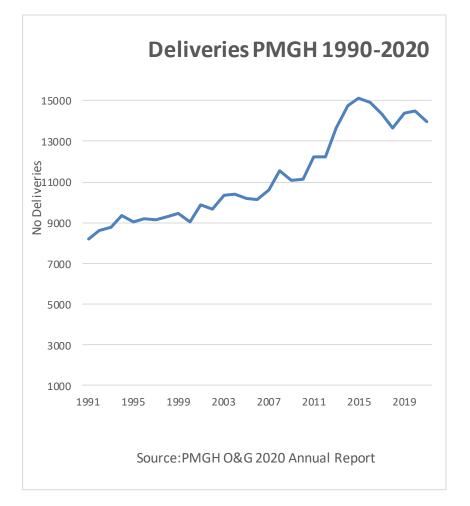
- Antenatal complications:
  - Total anaemia
    - Hb 8-9.9g% 25%
    - Hb <8g% 10.5%
  - Hypertensive disorders 7.5%

35.5% (total tests: 8702)

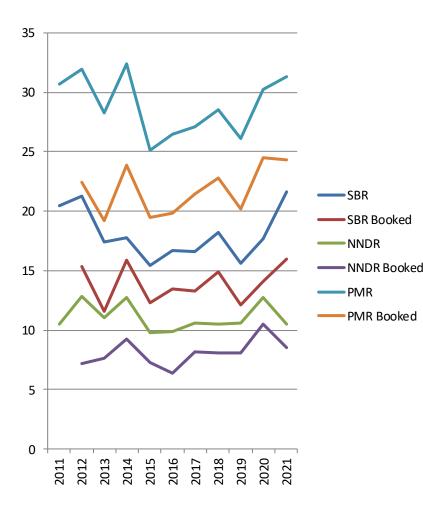
- Antenatal serology for all women delivering at PMGH:
- HIV (97.2% tested)

– Overall HIV pos	2.7%			
• ANC	2.8%			
<ul> <li>Labour ward</li> </ul>	2.5%			
– New attendees	3.1%			
Syphilis (92.4% t	2 00/			
– Overall syphilis	2.0%			
<ul> <li>ANC</li> </ul>	2.0%			
<ul> <li>Labour ward</li> </ul>	2.5%			
– New attendees	3.1%			

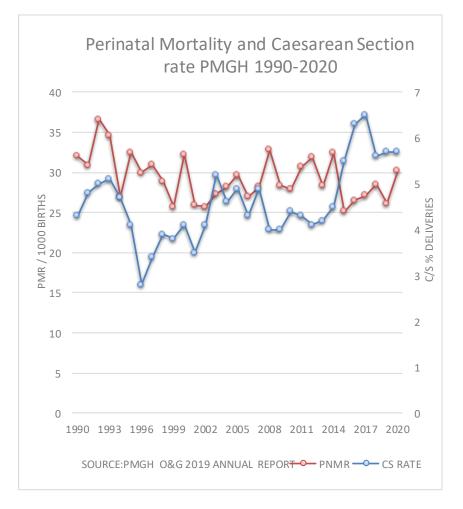
• Hepatitis B no data yet



- Marie Stopes supported Implant program 2015
- In 2021:
  - 5,084 implants inserted
     (36% of women
     delivering at PMGH)
  - 1,376 tubal ligations (10% of women delivering at PMGH) performed postpartum or at CS



- Unbooked downward trend to 6.6% in 2019;
   spiked 8% in 2020 & 2021
- KMC, EENC , EmONC introduced ~ 2012-2015



 CS rate above 5% tends to coincide with improved perinatal mortality rate

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
ANC HIV	1.4	0.77	0.94	1.6	1.0	1.3	1.24	1.84	1.78	1.3	3.1
ANC SYPHILIS	3.7	3.5	1.5	2.4	2.1	2.7	2.8	3.2	2.2	2.6	3.1

Sharp spike in 2021 due to:

?? Less bookings due to COVID-19 scale downs and emphasis on high-risk antenatal care only

#### Improving our perinatal mortality

- We need Paediatric assistance:
  - To lobby PHAs and liaise with O&G colleagues to ensure all ANCs are participating in the PPTCT program
  - To remember to include mother when focusing on baby, esp at WBCs (FP, nutrition, breast-feeding, HIV care, etc)
  - To make FP available in WBCs and Paed wards (with O&G/midwifery support)

### Improving our perinatal mortality

- Auditing our practice
  - Factors contributing to perinatal morbidity and mortality (adequate antenatal care, EENC, KMC, EmONC training, use of partograph, looking out for danger signs, etc)
  - Standardising reporting for obstetric data (PHR standard)