Kaur, Jiwanjot.: Birthing Our Babies. In: Our Lives Our Health Edited by Dr. Malini Karkal. Co-ordination Unit. World Conference on Women - Beijing "95". Aug 1995. p.191.

Birthing Our Babies

Jiwanjot Kaur

A lady in yellow suit entered the house to see the newly wed bride and the bride was tactfully instructed by the grand lady of the house to leave the place, so as to avoid the shadow of the lady. The visitor was sent back without giving a chance to interact with bride. Poor lady also left silently. What was wrong with her?

She was married for 10 years and she had lost six pregnancies during this period and had no live issue. If the shadow of such a lady had fallen on the bride, it would have been bad omen for the bride's future fertility. It is believed, that, the unlucky lady is in a grip of some bad soul. Her family has tried many "ojha's" to break the grip of bad soul over her, but to no effect. She conceives, but it aborts or the foetus dies, or she has a prematurely delivers and child dies during birth. She is unable to understand and is helpless, torn physically, emotionally and psychologically due to social contempt towards her.

This is not the only example. Such cases are scattered all over the country, in urban as well as in rural areas, more so in remote areas, among illiterate and poor populations. Is there no way out? Has science helped us to understand the misery of such women? Yes, we have added a lot to our knowledge to reduce this misery and this knowledge must be disseminated for the benefit of suffered women and their families. Let us discuss, in brief, what are the causes for 'bad obstetrical histories', that are known to us and how they can be prevented.

What is Bad Obstetrical History?

When a woman looses three consecutive pregnancies and has no live issue, it is called a case of bad obstetrical history. Now-a-days, losses of two pregnancies are considered as a case of bad obstetrical history.

I. Causes of Bad Obstetrical History

Early age or late age can create problems during pregnancy and during delivery. Early pregnancies are very common in India and it is observed that 50 per cent of the mothers are younger than 19 years.

II. Rh Incompatibility

Human blood is grouped into four groups namely A, B, AB and O. Alongwith this, there is one more factor in blood called Rhesus factor, referred as Rh factor. In some persons, this factor is present and such individuals have blood that called Rh +ve. In others, Rh factor is absent and their blood is known as Rh -ve blood. In India, 5 per cent to 10 per cent population is said to have Rh -ve.

What are the implications of this blood grouping for a pregnant woman? If an Rh -ve woman is married to a RH +ve man, her child may be acquiring either Rh +ve group of the father or Rh -ve group of the mother. If blood group of the child, corresponds to that of the mother, no problem develops. But, if the blood group of the child, corresponds to its father's, then the woman is carrying in her womb a child with blood which is incompatible with her own blood and the case is known as a case of Rh incompatibility. As blood group of the foetus cannot be known before its birth, all the women having Rh -ve blood married to Rh +ve men are considered as cases of Rh incompatibility.

Nature has provided a beautiful barrier of placenta, which not only nourishes the foetus but also attempts to prevent unwanted harmful substances from interacting with the foetus, as well as mixing of blood of the mother and the foetus. This system though wonderful is not fool proof. Sometimes, few, blood cells cross the placental barrier before delivery and sensitize mother's blood. During delivery, when placenta separates, there are chances of mixing of some blood causing sensitization of mother which means that mother's body has reacted to save her own life by way of producing antibodies against Rh +ve blood. If sensitized during pregnancy, these anti-bodies may react with the foetal blood and destroy it. If the antibodies are more in number, the foetus will die in the uterus. If sensitized during the labour, the first child will have no problem, but during the next pregnancy the uterus may reject the foetus and the woman may have an abortion or an intrauterine death of the next foetus. It is reported that such sensitization in first pregnancies is around 10 per cent per cent whereas it is 20 per cent in subsequent pregnancies. This sensitization, results in severe haemolytic (affecting blood) disease in the new born causing jaundice.

Can it be prevented ?

If, blood group of the woman is tested before or during pregnancy, the cases of Rh compatibility can be known. If so, the woman can also be tested during pregnancy for sensitization. If the test is positive i.e. if antibodies are developed, care in a well equipped institution is necessary, to save the child. If during pregnancy mother is not sensitized, then after delivery child is tested for its blood group. If child is Rh +ve then the mother is given injection named Anti-D (costing about Rs.500) preferably within six hours of delivery or maximum upto 72 hours of delivery. It is, therefore, advisable that women know their blood groups, especially if they are Rh -ve, so that necessary precautions can be taken during pregnancy and delivery.

III. Infections

A. Venereal Diseases (Sexually Transmitted Diseases)

Diseases like Syphilis or Gonorrhoea are transmitted by sexual contact and either partner, the husband or the wife, can be infected from the other during sexual contact. Most often, it is found that the male partner gets infected, by sexual contact from infected women and suffers from symptoms. He may transmit this infection to his wife. As she has no symptoms at early stages, she may not go for treatment, but, when the woman, becomes pregnant, she may experience repeated abortions.

These infections can be detected by blood examination called V.D.R.L. test. If the test is positive, full course of treatment for 2 months is required, under the supervision of a doctor. To avoid recurrence, both partners need treatment for complete cure. Outside sexual contact must be stopped, to avoid re-infection.

B. Toxoplasmosis

This infection is caused by an organism called toxoplasma. Apparently, the woman seems healthy but during pregnancy abortion occurs. Presence of the organism can be detected by blood test and can be treated.

C. Rubella

This is a virus and if mother gets infection during first three months of her pregnancy the foetus may develop an abnormality, and may even die leading to abortion. If the mother is infected in first three months of pregnancy sonography should be done to assure that the foetus is normal. If the foetus shows abnormality, medical termination of the pregnancy is advised.

D. Chalamydia

This organism causing infection can also be detected by blood test and treated. Rubella and Chlamydia, fortunately, are not very common in India.

IV. Diabetes

Another important cause of repeated abortions and intra-uterine death, is presence of diabetes in the mother. A woman having no diabetes can develop diabetes during pregnancy. So all women need testing for diabetes during pregnancy. If urine sugar is found positive then blood sugar examination is needed and the woman should be hospitalised and treated under the supervision of a doctor. After controlling diabetes a live baby can be delivered.

V. Pregnancy induced Hypertension

A woman can become hypertensive during pregnancy. Alongwith this, if oedema (swelling) or albumin in urine is found, the condition is called pre-eclamptic toxaemia. This can be controlled at early stage, but if left uncontrolled, the woman can go in for eclampsia and develop fits or convulsions. This condition not only kids the foetus in the womb, but is also dangerous to the mother's life. This condition is more common in the first pregnancy and in India 3 per cent to 10 per cent of all pregnant women are reported to suffer.

After delivery, blood pressure comes, to normal but in 20 per cent of the cases, it remains high and the woman may become hypertensive. When pregnancy develops in a woman already having hypertension, it usually does not give rise to fits as in the cases of pre-eclamptic toxaemia but in such cases of chronic (old) hypertension,' foetus may not grow properly and intrauterine death or death of the foetus during delivery is more

common. In some intractable cases, even high medication fails to control hypertension, and, each successive pregnancy blood pressure increases affecting kidneys of the mother. In such cases, advice to stop further pregnancies, is necessary.

VI. Anaemia (Deficiency of blood haemoglobin)

This condition is responsible indirectly for giving rise to pre-term deliveries and low birth-weight babies. Anaemia may prove to be fatal to the mother, as well as to the foetus. Over 60 per cent of Indian women are reported to be anaemic. So attention to anaemia is very much needed. Proper diet and treatment with iron, is advised to all pregnant women. Pregnancy is known to aggravate anaemia.

VII. Tetanus

Deaths among new born, on 6th to 8th days of birth, usually due to tetanus infection and specially when the umbilical cord is cut by unclean hands and infccted instruments, is fairly common. This can be prevented, by giving 2 doses of injection tetanus toxoid to the mother, at 6th and 7th months of the pregnancy. To prevent tetanus in the child, 2nd injection must be given, at least 4'weeks before delivery. It is important, that, the instruments used to cut the chord, is properly sterilised before use. Since large numbers of deliveries are attended by untrained persons, special attention to this is essential.

Some other Causes for High Risk Pregnancies

These are not recurrent causes, but when present, pose danger to either the foetus or the mother or to both. So these causes must be noted to avoid mishap.

(A) Abnormal Position of the Foetus

If the head of the foetus is at the opening of the uterus it is called normal pregnancy. If feet are at the opening it is called breech (ULTA BACHA), if transverse (TEDA BACHA), if face or brow of the child be at the opening, such pregnancies are risky for the foetus and in some cases for the mother too; specially in cases of Teda Bacha and Brow presentation. The foetus keeps moving around and upto 8th month of the pregnancy position can change so there is no need to worry. But, if in the 8th month, position is abnormal as detected by sonography, there is a need for consultation with Gynaecologist.

(B) Pregnancy with Bleeding

If there is bleeding during pregnancy and without pain, it indicates that placenta is below the foetus. In such cases, there is risk to both the foetus and the mother. The woman should be shifted immediately to a hospital that has facilities for caesarean operation. Operation may not be always necessary, but if needed, the hospital can provide necessary help.

(C) Twin Pregnancy

If a woman is carrying two children in her womb, she should have hospital delivery since there can be added risks.

(D) Hydramnios

The foetus is surrounded by water and it protects the foetus. This water is known as amniotic fluid. If the amniotic fluid is more in quantity it is called hydramnios. Such deliveries are associated with abnormal babies and more bleeding for the mother. Such women should be encouraged to have hospital deliveries.

(E) All First Deliveries

In all first deliveries pelvis (birth canal) is under trial and difficulty may arise at any stage during the delivery. It is truly said that after the first delivery the woman has a new birth. This phrase indicates that first delivery may be associated with risk to the life of the woman. So seeing such risks, risks of pre-eclamptic toxaeamia and Rh incompatibility, all first pregnancies are advised hospital deliveries.

(F) Previous Major Operation

If the first delivery was by caesarean operation, women are advised to go to hospital for the subsequent deliveries, as there is a risk of rupture of operation scar during the labour.

(G) Pregnancy with some tumour

Pregnancy with some tumour has a risk to the life of the mother.

(H) Pregnancy associated with illness.

Pregnancy associated with illness in mother like anaemia, heart diseases, kidney diseases, asthma, polio affected mother may indicate risk to the life of the mother and must be advised medical supervision.

So We Conclude

1. A pregnant woman must go for antenatal care, during pregnancy i.e. from fourth month she should get regular check-up from a gynaecologist, even if she may appear to be perfectly healthy. If regular check-up is not possible, at least four visits must be given in first pregnancy and atleast two visits in subsequent pregnancies. It is observed that the women, who go for antenatal check-up, do not follow the advice given to them. Follow up is essential, to avoid problems, for the mother and the child.

2. The woman must get 2 doses, at monthly intervals in 6th and 7th month of pregnancy, of tetanus vaccine.

3. The woman should get her haemoglobin and urine examination done, regularly so as to know if she is anaemic and if she has a risk of developing toxaemia. Detection can help in treating the problems.

4. The woman should get her blood pressure checked during pregnancy. In first pregnancy, she should get her pelvis examination done at 8 1/2 months of pregnancy, to know whether she can deliver normally. If needed, care can be taken to provide hospital delivery.

5. If the mother has lost previous pregnancy, she should get detailed investigation done and regular check-up is required.

High Risk Pregnancies-Causes At A Glance

RH	Incompatibility
Infections	Syphilis
	Toxoplasmosis
	Rubella
	Chlamydia
	Tetanus
Diabetes	
Hypertension	Pre-eclamptic toxaemia
Anaemia	
Malpresentation	Breech (Ulta Bacha)
Complicated	Twins
	Hydramnios
	Pregnancy with tumor
	Previous Caesarean Operation
	Pregnancy with Bleeding
Illness of Mother with Pregnancy	Anaemia
	Heart Disease
	Asthama
	Kidney Diseases
	T.B.