

## Obstetrics in the Tropics

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## KEY POINTS

- Based on data from 2005, the average lifetime risk of dying from complications related to pregnancy or child-birth increases 300-fold and the lifetime risk of women dying due to pregnancy-related issues increases up to 1000-fold in the least developed countries.<sup>1</sup> Maternal deaths could be mostly preventable with the well-known prevention or management solutions, which can be implemented when there is an accessible, equitable and basically functional health system.
- In the rural tropics, pregnant women are just as susceptible to the common infections observed in pregnancy in developed countries, e.g. pyelonephritis. However, in the tropics, there are many more challenging infections, e.g. malaria, TB, syphilis, HIV, etc. that need to be diagnosed and treated with effective medicines.
- In tropical countries, cultural and socioeconomic issues commonly have more impact on women in pregnancy. In developing countries, many women do not have access to services or the capacity to control their fertility, which can lead to unplanned and inappropriately timed pregnancies which can sometimes be life-threatening. High-resource settings support planned caesarean section for breech presentation and post-term induction but caesarean section may be less safe in low-resource settings. Caesarean section increases the risks for pathological placental conditions and the risk of uterine rupture or dehiscence in the next pregnancy. Hence, a different risk–benefit assessment due to restricted access and finance in low-resource settings is required.
- Tropical infections in pregnant women require prompt treatment. In severe disease, the aim of treatment is to save the life of the mother and prevent functional disability. Life-saving presumptive treatments should not be withheld because of an inability to obtain rapid results to diagnostic tests or for fear of fetal compromise.
- Constructive and well-timed antenatal visits provide a window of opportunity to identify high-risk pregnancies, optimize the woman's health and to assist in delivery planning and postpartum family planning, before the woman goes into labour.
- Access to safe delivery and planning for expected and unexpected events is associated with reduced maternal and neonatal death. Waiting rooms can be ideal for rural or difficult-to-access areas; however, the resources required to provide food and care during this period are usually the main constraints on their effective use.
- Staff who train and practice emergency obstetric care in clean facilities with simple but working equipment, will provide better maternal and neonatal outcomes than home-birthing women, even when there is a health worker in attendance, because of the difficulties in transferring women to referral facilities if complications arise.
- Neonatal survival is closely linked with antenatal, peripartum and postnatal care. Correct resuscitation and appropriate use of antibiotics will greatly increase neonatal survival. The prospect of improved neonatal survival is one of the most important advocacy tools for encouraging women to come to facilities for a supervised birth.
- Maternal health care starts before pregnancy begins and strengthening pre-pregnancy counselling (in developing countries this should take place in the community and in part, a component in the primary school curricula), post-abortion care and family planning, will impact significantly on maternal and neonatal mortality and morbidity.
- Promising 'low-tech' interventions for pregnant women in developing countries include use of the partograph, with continuous support in labour, symphysiotomy, therapeutic manoeuvres for shoulder dystocia, improved management of intra-amniotic infections and vacuum extraction to assist vaginal delivery comes.<sup>2</sup>

## Introduction

This chapter cannot attempt to provide all the obstetric or perinatal knowledge that is needed to work in the tropics. The Millennium Development Goals have led to a wealth of freely available online materials addressing maternal and infant mortality and health, many of which are referred to at: [http://www.who.int/topics/maternal\\_health/en/](http://www.who.int/topics/maternal_health/en/) (Table 79.1).<sup>3</sup>

This chapter highlights the common pitfalls related to obstetrics in the tropics and provides readers with the core

approaches to providing effective maternity care at each level to reduce maternal and perinatal mortality and morbidity.

## Geographic Distribution of Obstetrics Indicators in the Tropics

It is generally accepted that high maternal mortality is the dominant problem in reproductive health in most places in developing countries. The solutions to problems relating to