MEDICO LEGAL ASPECTS OF MATERNAL DEATHS
OF OBSTETRICAL ORIGIN

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Abstract:
Understanding the extent of maternal deaths especially those due to medicolegal causes as homicide, suicide, accidents, illegal abortion and medical malpractice in women of childbearing age, may lead to improved identification of preventable problems that contribute to maternal morbidity and mortality. Maternal death due to unnatural (medicolegal) causes i.e. deaths due to violence, sudden and unexpected deaths, deaths due to medical malpractice and, in particular, those due to trauma- are increasing and forming the main causes of the maternal deaths. Maternal deaths due to natural causes i.e. direct or indirect obstetrical causes are decreasing nowadays, as a result of rapid progress in the methods of diagnosis and treatment of the various medical conditions affecting women during pregnancy, delivery and puerperium. Medical malpractice represented an important cause of the maternal deaths, especially with the development of the medical care standards. Because of this, if an accident happens the obstetrician more than any other doctor perhaps can find himself in the courts. To avoid this he has to know very well the causes of maternal mortality in order to avoid them as far as possible.

Introduction:
Maternal death is death of a woman during pregnancy, labor or as a consequence of pregnancy or within 1 year of delivery or abortion. Direct maternal deaths, which resulted from obstetric complications of the pregnant state either from interventions, omissions, incorrect treatment or from a chain of events resulting from any of the above. Indirect maternal deaths, which resulted from a previous existing disease or disease that developed during pregnancy and was not due to direct obstetric causes, but which were aggravated by physiologic effects of pregnancy. Fortuitous (coincidental = pregnancy-associated) maternal deaths, which occur during pregnancy or the puerperium from any causes not directly related to the pregnancy or its complications or its management. (Keeling & Gray, 2003).
Information about unnatural death as a component of maternal mortality is incomplete and these deaths are likely to be underestimated due to a combination of factors. These deaths may be regarded as fortuitous deaths in some regions and largely ignored. As maternal deaths from both direct and indirect causes decline because of better provision of health care, before and during pregnancy, unnatural deaths comprise an increasing proportion of maternal deaths. It is important to look at unnatural deaths more critically as some would be better considered to be due to indirect rather than fortuitous causes and many are likely to be avoidable (Krulewitch et al., 2001).

Subjects and methods:

This study based on the postmortem autopsy reports of maternal deaths of obstetrical origin i.e. during pregnancy, delivery and puerperium or from their complications that had been received at morgue of Zenhom - Ministry of Justice during the period from 1980 to 1990.

The collected data were be statistically analyzed as regard age, marital status (married or not), pregnancy stage (at which women died), causes of maternal deaths, mode (or mechanism) of maternal deaths, manner of maternal deaths, type of maternal deaths (according to the WHO classifications of maternal deaths), autopsy findings of maternal deaths, percentage of these cases in relation to the total number of deaths during the studied period.

for about 11.0 % of the total maternal deaths. This highlights the role of abortion and its complications as a cause of maternal deaths especially in the developing countries like Egypt as abortion is illegal except for limited situations. The maternal deaths as a result of abortion range between 60.000 and 100.000 per year with the majority of these in the developing countries (Bernstein & Rosenfield, 1998).

In the present study, the role of the medical malpractice as an important cause of the maternal deaths can not be ignored, as of 135 studied cases, 14 cases were claimed to be malpractice and represented about 10.3 %. Brown (1993) stated that there had been a noticeable increase in the number of obstetrical and gynecological medical malpractice cases. Developments in medical care standards have increased the patients’ expectations from their physicians.

According to the present study, the distribution of causes of 14 medical malpractice maternal deaths was as follows: uterine atony (4

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cases = 28.5%), eclampsia (3 cases = 21.4%), surgical shock (3 cases = 21.4%), rupture uterus (2 cases = 14.2%), anesthetic complications and therapeutic abortion (one case for each = 7.1%). In a retrospective study carried out by Buken et al. (2004) from 1990 to 2000, there were 636 cases of medical malpractice. It was established that 16.82% (n = 107) were due to obstetrical and gynecological medical malpractice. Among these cases, the primary cause of maternal death was hemorrhage, and the primary causes of hemorrhage were uterine rupture, uterine atony, eclampsia and retained placental fragments.

References:
Singh S.; Wig N.; Chaudhary D.; et al. (1997): Changing pattern of acute poisoning in adults: Experience of a large North–West