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International Journal of Pregnancy & Child Birth

Case Report

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A rare case of neck avulsion & decapitation in a case of preterm breech delivery attempted by local "Dai" in rural India!

Abstract

Rural India is devoid of appropriate infrastructure for antenatal care & catering the women during their parturition (labor). The preterm delivery rate is high & complications associated with preterm are obviously high the preterm delivery with malpresentations of fetus if conducted by 'untrained Dai' can invite disasters! we are practicing with a private hospital in rural part of Maharashtra (India). We came across the following case in 2008.

Keywords: neck avulsion, abdominal rescue operation, mortality, malpresentations

Volume 4 Issue 3 - 2018

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Received: June 03, 2017 | **Published:** June 08, 2018

Case summary

It was a c/o G2P1L1 with 28 wks of pregnancy with preterm breech delivery attempted at home & the after-coming head retained In-utero due to avulsion of neck & along with obstetrical hemorrhage. The patient G2P1L1 with 28 wks of pregnancy was working in fields when she went into labor. he local ' Dai" who was the one attended her at that time tried to help her by helping to deliver the fetus. In order to relieve her of the pain, the attendant, the untrained Dai tried to pull out the breech fetus & applied excessive force for delivering out the obstructed after-coming head of the breech. The resultant force applied without appropriate technique caused the avulsion of fetal neck & the head left retained in-utero. The broken neck & the trunk was delivered out! Thus decapitation of fetus was made.[1] The head was retained in-utero. The patient started bleeding profusely. The people gathered around her brought her to our hospital. Her abdominal rescue operation was done.Her internal Os (mouth of womb) was closed & she was bleeding profusely hence the decision of abdominal operation to deliver the head out along with the placenta was made.[2] The operation was done under regional anesthesia & three pints of blood transfusion were given to the patient. The patient recovered satisfactorily & subsequently discharged.

Case discussion

A case of G2P1L1 with 28 weeks of pregnancy with acute obstetrical hemorrhage & pain in abdomen was brought carrying in hammock made out of bed linen The relatives upon interrogation revealed the history. The neonate was examined. It had only trunk with avulsed neck & was soaked in lake of blood. The patients general condition on examination was moderate. She was conscious co-operative & well oriented in time place & person. She had severe pallor. Her hemodynamic condition was borderline with pulse rate of 130/m her BP was 90/60mm hg. She was febrile with 101F temp & Spo2 of 92% with normal respiratory & cardiovascular functions. On per abdominal examination of patient the uterus was 24 wks size. On per speculum examination the profuse bleeding with passage of clots noted.[3] The gentle digital pelvic examination could find the external cervical Os patulous & internal cervical Os closed. In the view of profuse bleeding & closed cervical internal Os the decision of abdominal rescue operation for the patient was taken. The abdominal rescue operation similar to the lower segment LSCS was done. The after-coming fetal head delivered out. The placenta delivered out. A retro-placental clot of the size of a fist noted. Post operative vigilant monitoring was done.

The interpretation& conclusion justified by results of study

Preterm birth occurs in about 11% of the pregnancies .varying from 5 to 12 % & accounts for majority of neonatal deaths & nearly one half of all congenital neurological disability. The NICU(NEONATAL INTENSIVE CARE UNIT) facilities have improved now a days. The neonate having the weight of 1000 to 1500gms has ten times greater chance of survival than what was in 1960. The malpresentations among pregnancy accounts for 3 to 4%. The meticulous antenatal care, anticipating & correcting the possible complications can reduce the mortality & morbidity of neonate & mother. In this particular patient appropriate antenatal care & timely hospital deliver would have prevented this near miss mortality. The National Rural Health Mission (NRHM) has improved the scenario in India to a great extent but still we have long way to go, vis –a –vis, preventing maternal & neonatal mortality.

The purpose of this case study was through light on rare cause of preterm neonatal death well before a fare trial of neonatal management could have been catered. The heath is not merely a subject matter of hospitals & healthcare professionals but it is a subject matter of social justice. This mishap with the unfortunate lady should compel the healthcare system of developing countries to introspect. The pregnant women in tribal areas in INDIA are not keen on visiting antenatal clinics run by government. The apathy towards regular antenatal visits into further progression of antecedent risk factors leading to preterm labor. The vigilant team of ASHA (accreditated social healthcare activists) appointed by the government in each & every remote place was the need of hour. These healthcare activists should be vigilant & motivate antenatal mothers for timely antenatal visit & hospital delivery.

Acknowledgements

None.

Conflict of interest

Authors declare that there is no conflict of interest.

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2. Williams textbook of obstetrics, 23rd ed.
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