

Obstetric sepsis in a tertiary centre: A retrospective review of incidence, etiology and outcome

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ABSTRACT

Introduction: Maternal sepsis is a rising and significant cause of maternal morbidity and mortality, affecting 4.7 per 10,000 live births in the UK. More than 50% of morbidity and mortality are associated with co-morbidities such as diabetes and renal disease. However, there is paucity of local epidemiological data on obstetric sepsis. **Objectives:** To ascertain the local demographic data on incidence, aetiology, and outcomes of obstetric sepsis in Hospital Sultanah Bahiyah (HSB). **Methods:** This is a retrospective review of obstetric sepsis cases admitted to intensive care unit (ICU) HSB between 2017 and 2019. All obstetric cases that fulfilled the definition of sepsis by the 'Third Internal Consensus Definitions for Sepsis and Septic Shock Task Force 2016' were included. **Results:** There were 36 cases of obstetric sepsis, 24 antenatal, 1 intrapartum and 11 postpartum patients, admitted to ICU HSB between 2017 and 2019, with 2 mortality reported. Incidence was increasing in trend, from 7.3 cases per 10,000 deliveries in 2017, to 9.4 and 14.1 cases per 10,000 deliveries in 2018 and 2019 respectively. The majority of patients were multiparous, age between 25-30 years old (63.9%). Co-morbidities such as diabetes mellitus and bronchial asthma affects 11 (30.6%) and 6 (16.7%) patients respectively. Respiratory tract (47.2%) and urinary tract (19.4%) infections were the commonest cause. Gram negative bacilli was the predominant bacterial pathogen isolated. 10 (40.0%) cases were delivered during the admission, with all babies required NICU admission for presumed sepsis. 2 of the babies had positive cultures of *Escherichia coli*. **Conclusion:** Rising local incidence of obstetric sepsis highlights the importance of early recognition and treatment of sepsis.

A rare occurrence of spontaneous umbilical cord haematoma: A case report

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ABSTRACT

Introduction: A rare complication of delivery, spontaneous umbilical cord haematoma (SUCH) is highly associated with perinatal mortality as it causes fetal distress and stillbirth. Perinatal loss rate is about 50% and its incidence in live births is approximately one in 11,000 pregnancies. **Case Description:** A 23-year-old G1P0 @ 32 weeks gestation was referred from a district hospital with complaints of reduced fetal movement for 2 days and a suspicious cardiotocograph (CTG) pattern. She was obese with a BMI of 35 kg/m². Her admission CTG showed a pathological pattern. A bedside sonography showed presence of fetal heart activity with no fetal movement observed, a cystic hygroma over fetal neck, an absent end-diastolic flow of fetal umbilical artery Doppler and oligohydramnios. An emergency caesarean section was done, and an umbilical cord haematoma was seen. The baby survived without major complications and is still under follow up. **Discussion:** Umbilical cord hematoma contributing to the clinical presentation described is a rare occurrence. Every case that occurs should be recorded to add to the body of knowledge regarding the predisposing factors, prenatal diagnosis, and clinical management of this condition.