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INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH

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A Woman from an urban underprivileged area conducting her own delivery – A case report

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Conflict of Interest: None Declared
Sources of Support: There were no external sources of funding for the study.

Introduction
An important thrust area of the Reproductive and Child Health Programme is to encourage deliveries in proper hygienic conditions under the supervision of trained health care provider since it is recognized that such obstetric care during delivery is critical for the reduction of maternal and neonatal mortality. However, the National Family Health Survey-3 reports that in Urban India only 67.5% of all births take place in a health care facility while 32.3% of all births take place at home. Also, only 73.5% of all births are assisted by a skilled provider (Doctor/ANM/Nurse/Midwife/LHV/other health personnel) while the remaining 26.2% of the births are assisted by traditional birth attendants (20%) and friends/relatives (5.8%). A total of 0.3% of all births in urban areas is not assisted at all.

This case report describes a woman who conducts her own deliveries without any assistance despite residing in a city with all the facilities available for an institutional delivery within her reach.
Case Content

(Note: Names have been changed in order to maintain confidentiality)

Family characteristics: Mrs. Rajamma aged 38 years and Mr. Hanumanthappa aged 40 years have been consanguinely married (3<sup>rd</sup> degree consanguinity) for the past 20 years. Theirs is a nuclear family with eight living children (four boys and four girls) belonging to the upper-lower class according to modified Kuppuswamy’s socio-economic classification<sup>iv</sup>. They are Adi-kannadigas belonging to Hindu religion, residing in a one room house in AK Colony, an underprivileged locality in Adugodi, Bangalore. Both of them have studied up to seventh standard. Mrs. Rajamma is a homemaker while her husband is a carpenter. Mrs. Rajamma is the index case in this case report.

Obstetric History: Mrs. Rajamma is a grand-multipara with an obstetric score of P<sub>8</sub>L<sub>8</sub>A<sub>2</sub>D<sub>1</sub> (with one twin pregnancy). Mrs. Rajamma married in the year 1992 when she was 18 years of age and conceived for the first time, a year later (1993). She registered at a Government health care facility and received regular antenatal care. She underwent a full term normal delivery and delivered a male baby at the same health facility (1993). The child is now 19 years old, is apparently healthy and works in a factory. Mrs. Rajamma refused to use any contraception because she was afraid to use contraception and the couple wanted another child. A year later (1994), she conceived for the second time, but had a spontaneous abortion at 5<sup>th</sup> month of pregnancy.

Six months later (1995) she became pregnant for the third time; she registered, received regular antenatal care and underwent a full term normal delivery at the same Government health care facility (1996). It was a male baby that is now 16 years old, is apparently healthy and is going to school. Her obstetrician recommended her to undergo sterilization procedure but she did not undergo surgery due to the fear associated with the surgery. The couple was advised to use condom to prevent further child birth but the couple did not like the ‘feel of a condom while having sexual intercourse’ and hence they decided not to use it. Two years after her second delivery, she conceived for the fourth time but she had a spontaneous abortion at 5<sup>th</sup> month of pregnancy.

A year later (1999), she conceived for the fifth time. She registered, received regular antenatal care and underwent a full term normal delivery at the same Government health care facility. It was a female baby. The baby is now 13 years old and has mental retardation and epilepsy which is not under control since she is not on any treatment currently. Mrs.
Rajamma did not accept any contraception despite being consistently insisted by the Link Workers and Auxiliary Nurse Midwife (ANM) of nearby Government Urban Health Center, Adugodi.

She conceived for sixth time (2001) and it was a twin pregnancy. This time, she decided not to approach any health care facility since the doctors and other health personnel will again speak to her about using contraception, especially tubectomy. Since the ANMs were visiting her regularly, she underwent antenatal checkups at her home, but the required investigations and immunizations were not done.

When labor pains began at full term, she decided to go through with labor without any assistance. She requested her neighbour to get her a blade from a nearby medical shop. She prepared a paste by mixing green chillies and castor oil and ate it to speed up the process of delivery (Castor oil is known to induce labor) and also to reduce the feeling of labor pains. She then went into the bathroom attached to their house where she waited till she actually delivered the twins. She then cut the umbilical cord herself with the blade. Delivered the placenta and disposed of into the sanitary latrine attached to the house. She then wiped the babies and initiated breast feeding in an hour after delivery. She did not call her husband or anyone for help, as she felt it was not necessary and she did not want to disturb anyone. The two babies born were females and are now 11 years old, apparently healthy and study in a nearby Government School.

The ANMs and Link workers of Government Urban Health Center, Adugodi were surprised and shocked to know about this lady and informed the Medical officer of the centre. By this time she had 5 living children. The entire health team at the Government Urban Health Centre could not coax her to undergo sterilization or accept any form of contraception!!!

After this incident, she has conceived four times (seventh, eighth, ninth & tenth pregnancies) and has delivered all her children successfully conducting the delivery by herself using the same method. The outcome of her seventh pregnancy was a female baby that died after one day due to unknown reasons. The outcomes of her eighth, ninth and tenth pregnancies were two males and one female baby who are currently of eight, five and three years of age and apparently healthy.

Breast feeding was initiated within an hour of delivery for all the children delivered by Mrs. Rajamma. All of them were exclusively breast fed until 6 months of age and were given
complementary feeds after 6 months. All children have been immunized appropriately for their age and in accordance with the National Immunization Schedule.

**Current Status:** Mrs. Rajamma, now 38 yrs of age and Mr. Hanumanthappa, now 40 yrs of age have a total of 8 living children. They are not practicing any form of contraception even now. Mrs. Rajamma feels that now that she has grown old, she may not conceive further and hence, there is no need for any contraception. Her husband also shares her opinions!

**Conclusion**

We conclude by saying that despite improving the infrastructure and coverage of RCH program, there is still a greater need to sensitize the people on the importance of small family, need for family planning and inclusion of male participation in it and importance of institutional delivery. We need to question, at what levels has the Reproductive and Child Health Program (RCH program) / Family Planning measures have failed in this case. Certainly, cases like Mrs. Rajamma are a major challenge to our health care delivery system. There is a need to take a careful look at the problem in the whole of the state and country as Mrs. Rajamma may be a smaller reflection of a bigger problem!

**Acknowledgements**

We sincerely acknowledge Dr. P Ganesh Kumar and Dr. R Balaji, Assistant Professors, Department of Community Medicine, SRM Medical College and Research Institute, Tamilnadu for reviewing the paper and making meaningful contributions.

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