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IMPACT OF MISCARRIAGES AND STILLBIRTHS ON THE WOMEN: ROLE OF THE HEALTH SECTOR

SPONTAN DÜŞÜKLERİN VE ÖLÜ DOĞUMLARIN KADINLAR ÜZERİNDEKİ ETKİSİ: SAĞLIK SEKTÖRÜNÜN ROLÜ

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Abstract

Miscarriage (spontaneous abortion) and stillbirths have been regarded as one of the most common reasons for losing a baby during the period of pregnancy. From the societal perspective, losing a baby in pregnancy either through miscarriage or stillbirth has been acknowledged as a taboo and usually associated with stigma and shame. Acknowledging the magnitude of the problem and the impact on the quality of life of the pregnant women, a number of interventions have been recommended comprising of enhancing access to the available care and services, ensuring continuity of care through midwives and exploring the scope of delivery of community care as well. In conclusion, miscarriages and stillbirths are preventable to a significant extent and the need of the hour is to offer socio-culturally relevant, respectful and dignified care of the pregnant women, regardless of the settings to ensure that it no more continues to remain a social stigma.

Keywords: *Spontaneous abortion, stillbirth, women*

Öz

Spontan düşükler ve ölü doğumlar, gebelik dönemi bebek ölümlerinin en yaygın nedenlerindendir. Toplumsal açıdan bakıldığında, gebeliğin düşük veya ölü doğum yoluyla sona ermesi bir tabu olarak kabul edilmekte ve genellikle damgalanma ve utanç ile ilişkilendirilmektedir. Sorunun büyüklüğü ve gebe kadınların yaşam kalitesi üzerindeki etkileri göz önünde bulundurularak, mevcut doğum öncesi bakım ve hizmetlere erişimin artırılmasını, ebe yoluyla bakımın sürekliliğini sağlamayı ve doğumu kapsamına alacak şekilde toplumun sağlık düzeyinin yükselmesini içeren bir dizi uygulama önerilmiştir. Sonuç olarak, düşükler ve ölü doğumlar büyük ölçüde önlenebilir niteliktedir. Günümüzde hamile kadınlara sosyokültürel bileşenleri olan, saygılı ve onurlu doğum öncesi bakım hizmeti sunulması ile birlikte düşükler ve ölü doğumlar sosyal bir damgalama olarak kadın sağlığına etkili bir faktör olarak var olmayacaktır.

Anahtar Kelimeler: *Spontan abortus, ölü doğum, kadın*

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Introduction

Miscarriage (spontaneous abortion) and stillbirths have been regarded as one of the most common reasons for losing a baby during the period of pregnancy.[1] Global estimates suggest that 13% of the pregnant women on an average experience miscarriage while more than 2.5 million babies are stillborn each year (Figure 1).[1,2]

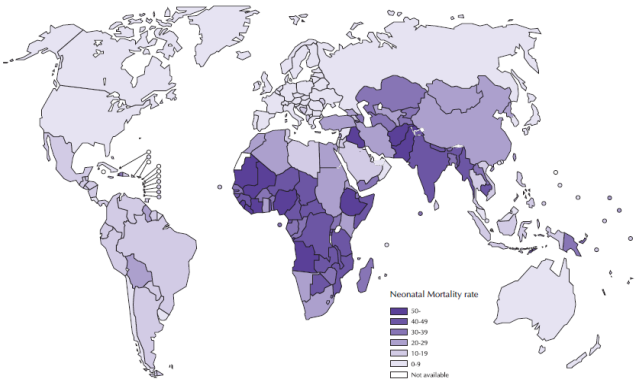

Figure 1. Neonatal mortality rates (2000)

These are alarming estimates and it is important to note that the reported estimates are just the tip of the iceberg. The figures for stillbirths are underreported due to various reasons, such as the following:

1. There are no precise estimates of stillbirths in delivery conducted at home or in most of the low and middle income nations
2. Stillbirths of female children are not reported to health authorities.[1] Moreover, almost 98% of stillbirths are reported in low and middle-income nations, and that provision of better quality of care during pregnancy and childbirth could decrease stillbirths more than 20% worldwide (Table 1).[3,4]

Predisposing factors in miscarriages and stillbirths

A wide range of factors have been attributed to the predisposition of miscarriage, including fetal anomalies, age of pregnant women, infections, smoking, stress, etc.[2-5]

Likewise, adolescent mothers and women subjected to female genital mutilation are more prone to the risk of stillborn due to associated complications.[5] At the same time, unavailability of quality-assured essential health care to women due to under resourced facilities, inadequate staff, or inaccessibility have also been identified as the key factors in determining the incidence of miscarriage or stillbirths.[6]

Consequences of miscarriage and stillbirths

From the societal perspective, losing a baby in pregnancy either through miscarriage or stillbirth has been acknowledged as a taboo and usually associated with stigma and shame.[7] In fact, the women who has lost their babies either are made to feel that they should stay silent or become silent about their grief regardless of their cultural and educational status.[8] In addition, these women often do not receive the desired and respectful care, which inevitably make a negative impact on their mental health.[1] The combination of all these factors takes quite a toll on women to such an extent that they develop mental illnesses of varying degrees and duration.[7,8]

Table 1. Major causes for miscarriage and stillbirths

Major causes for miscarriage	• Chromosomal abnormalities • Thyroid disorders • Diabetes • Poor lifestyle (e.g. Drug abuse, alcohol use during pregnancy, and smoking) • Uterine abnormalities including septum or polyps, or cervical incompetence • Blood clotting disorders • Immunological disorders
Major causes for stillbirths	• Maternal diseases (e.g. hypertension, cardiovascular diseases, diabetes, anemia, tuberculosis) • Pelvic diseases (e.g. uterine myomas, ovarian tumors, endometriosis • Blood incompatibilities • Toxemias pregnancy, antepartum hemorrhage • Anatomical defects uterine anomalies, incompetent cervix • Malnutrition • Congenital defects • Advanced maternal age • Birth injuries, asphyxia, prolonged labor, obstetric complications

Role of Health Sector

Acknowledging the magnitude of the problem and the impact on the quality of life of the pregnant women, a number of interventions have been recommended comprising of enhancing access to available care and services, ensuring continuity of care through midwives, and exploring the scope of delivery of community care.[1,5-8] In addition, strengthening of therapeutic services for acquired infections during pregnancy, monitoring of fetal heart rate, and providing labour surveillance can play an important role in reducing the number of stillbirths.[6,7]

Moreover, discouraging or eliminating the practice of female genital mutilation will also be a significant step in not only minimizing the damage to girls' sexual and reproductive health, but also improving the pregnancy outcomes.[1] Further, the delivery of emotional and psychosocial support is bound to influence the pregnancy experience of women.[6] Also, the health care staff can empathize with affected parents and provide them with desired information to help them to cope with their loss.[9]

In conclusion, miscarriages and stillbirths are preventable to a significant extent and the need of the hour is to offer socioculturally relevant, respectful and dignified care pregnant women, regardless of the setting to ensure that they no more continue to remain a social stigma.

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Conflict of Interest

None declared

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Author Contribution

SRS: conception or design of the work, drafting of the work, literature review, approval of the final version of the manuscript, and agreed for all aspects of the work; PSS: contributed in the literature review, revision of the manuscript for important intellectual content, approval of the final version of the manuscript, and agreed for all aspects of the work.

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