របាយការណ៍កង្វះខាតការពិនិត្យផ្ទៃពោះមុនសម្រាល

លោកស្រីវេជ្ជបណ្ឌិត អ៊ុង មុនីរស្មី

ប្រធានផ្នែកពិគ្រោះជំងឺក្រៅ មជ្ឈមណ្ឌលជាតិគាំពារមាតា និងទារក

CASE SUMMARY: Maternal death

- **Patient Profile: 38-year-old woman • G3P1 • Obese • 5 ANC visits • 42+5 Weeks Gestational Age • Admitted 27/03/2025 at 9:00 AM at HC.**

Time	Event
17:00	**Labor pain 5×/10 min; spontaneous rupture of membranes 40 min later**
17:16	**Delivery — girl, 3,200g. Apgar 6/7/10 (10 min resuscitation required)**
17:22	**Placental delivery. Grade 3 perineal tear identified**
17:32	**PPH onset. Management: IV fluids, uterine massage, oxytocin. Decision to transfer**
Pre transfer	**Vital signs: BP 103/87 mmHg, Pulse 49 bpm — signs of severe hemorrhagic shock**
18:30	**DEATH during transport to referral hospital**

CASE SUMMARY: NEONATAL DEATH

⚠ Newborn discharged shortly after birth while mother was critically ill — formula fed at home

Time	Event
17:16	**Birth — Apgar 6/7/10, resuscitation ~10 min. Then discharged to family (formula-fed)**
20:00 27 Mars	**Returned with cyanosis — airway obstruction from formula feeding. Aspiration, IV, antibiotics. Improved.**
6:50 28 March	**Deterioration: cyanosis, lethargy, SpO_2 90%. Decision to transfer to Battambang Provincial Hospital**
7:15	**Coma, SpO_2 72%. CPR performed for 25 minutes (O_2 at 1 L/min only)**
7:40	**NEONATAL DEATH — exact time unclear in documentation**

KEYS FINDING

5 ANC visits: 0 risk identified

Despite completing 5 Antenatal Care visits, critical high-risk conditions were not identified, not documented, and not acted upon — directly contributing to ***a preventable maternal death and a preventable neonatal death.***

2 Death preventable	5 ANC **No risk plan**	8+ Risk factors missed

Missing ANC components

1

No Risk Stratification

Advanced age (**38**), **obesity**, G3P1, post-term **42+5 WGA**, possible GDM — none flagged or acted upon across 5 visits

2

Wrong Delivery Facility

High-risk pregnancy delivered at HC. Should have been referred to **CEmONC hospital**.

3

No Birth Plan Documented

No record of birth plan, planned delivery location, emergency transport contacts

4

GDM Screening Not Performed

Obesity + advanced age + post-term pregnancy = high GDM risk. No OGTT or glucose screening documented at any of the 5 ANC visits

Missing ANC components

1	**No Weight Monitoring** Patient severely obese — weight not measured at admission. BMI should be calculated at first ANC visit and tracked every visit. Obesity → GDM, macrosomia, PPH risk.
2	**Post-Term Not Managed** No documented induction plan or fetal wellbeing monitoring for a 42+5 WGA pregnancy. Induction standard at 41 weeks.
3	**No Breastfeeding / Newborn Counseling** No ANC education on breastfeeding initiation, newborn danger signs, or formula contraindication. Newborn was formula-fed at home → aspiration → neonatal death.
4	**No Danger Signs Counseling** reduced fetal movement, leaking fluid, severe bleeding, headache, or instructions on when/where to seek care.

Summary: ANC Gaps and Priority Actions

ANC Gap Identified	Priority
No risk stratification despite multiple risk factors	**CRITICAL**
No referral plan for high-risk delivery location	**CRITICAL**
Delivery allowed at BEmONC for high-risk case	**CRITICAL**
Weight not recorded at any ANC visit	**HIGH**
No written birth plan documented	**HIGH**
GDM screening not performed	**HIGH**
No breastfeeding / newborn danger sign counseling	**HIGH**
Post-term pregnancy not managed (no induction plan)	**HIGH**
Neonatal assessment at birth inadequate	**HIGH**
Newborn discharged while mother critically ill	**HIGH**

CONCLUSION

Every ANC Visit is an Opportunity to Save a Life.

- Identify every high-risk pregnancy from the first visit
- Refer every high-risk case to the appropriate facility
- Document every birth plan — before 36 weeks
- Never discharge a newborn from a critically ill mother

This case represents a tragic but ***largely preventable double death*** *in which* ***failures in ANC quality played a central and modifiable role****. Despite 5 ANC visits, the risk profile was not recognized. The patient was not referred to an appropriate delivery facility. The newborn was not protected.*