



របាយការណ៍កង្វះខាតការពិនិត្យផ្ទៃពោះមុនសម្រាល

លោកស្រីវេជ្ជបណ្ឌិត អ៊ឹង មុនីរស្មី
ប្រធានផ្នែកពិគ្រោះជំងឺក្រៅ មជ្ឈមណ្ឌលជាតិ
គាំពារមាតា 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.

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

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, SpO₂ 90%. Decision to transfer to Battambang Provincial Hospital

7:15

Coma, SpO₂ 72%. CPR performed for 25 minutes (O₂ 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.