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LETTER

Survival Status and Predictors of Mortality Among Women with Uterine Rupture at Public Hospitals of Eastern Ethiopia [Letter]

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Dear editor

We have read a paper by Addisu Alemu et al on Survival Status and Predictors of Mortality Among Women with Uterine Rupture at Public Hospitals of Eastern Ethiopia.[1] This study provides up-to-date information regarding uterine rupture which is a dangerous complication of labor and a cause of death one in thirteen maternal deaths with this complication. In addition, uterine rupture has also become one of the most challenging maternal health problems and has become a world concern for many years.[2]

The study conducted by Addisu Alemu et al aimed to assess the survival status and predictors of maternal mortality with uterine rupture and found that about ten percent of women with uterine rupture had died and the average recovery time for women with uterine rupture ranged from 7 to 11 days.[1] According to researchers, one of the causes of maternal death due to uterine rupture is the lack of Antenatal Care (ANC) visits for pregnant women. However, there are several other factors that we need to be aware of, namely prolonged and obstructed labour, lack of knowledge of birth attendants in using partographs, distance to complete delivery referral centers and other complications during pregnancy, one of which is gestational hypertension.[2] But the most important thing that needs attention is how birth attendants can prevent delays in treating uterine rupture patients who are significant contributors to maternal mortality and morbidity.[3]

The study conducted by Alemu et al was a retrospective cohort study of women with uterine rupture in a public hospital and was followed for 11 years.[1] However, uterine rupture in this study has not been classified into complete uterine rupture (CUR) and partial uterine rupture (PUR) types because there is a clear difference between complete uterine rupture and partial uterine rupture including the risk factors that cause it. Trial of labor after cesarean delivery (TOLAC) is the only independent risk factor for complete uterine rupture, while elective repeat cesarean delivery (ERCD) is only one of the factors for partial uterine rupture.[4] We also want to share an interesting case related to uterine rupture, namely a mother who experienced repeated post-traumatic uterine rupture followed by a live birth without complications even though extensive myometrial damage had occurred, this is an interesting case that could be of concern to future researchers.[5]

In conclusion, we really appreciate the results obtained by the researchers that the factors causing the high maternal mortality due to uterine rupture are due to not attending ANC, not having formal education, lack of visits to health centers, and inadequate care at night.[1] Therefore, it is necessary to improve management performance in the referral system for uterine rupture patients by improving the delivery referral system and communication between health-care facilities as well as access to the involvement of prenatal nurses in helping reduce the risk of uterine rupture in birthing mothers.[3]

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Disclosure

All the authors report no other conflict of interest in this communication.

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