

# Maternal Mortality Audit in Delhi: Further Perspectives

Sir,

The article by Singla *et al.* demystifies the causes of maternal deaths in a tertiary care hospital in Delhi through a retrospective audit.<sup>[1]</sup> The following comments are with regard to the author's conclusion and recommendations.

1. The authors have concluded that the much higher maternal mortality rate observed in their study was due to it being a tertiary referral facility. However, the migration status of the women was not reported. The states of UP and Bihar contribute to almost half of the total maternal death burden of India and also constitute the most populous bloc of migrants to Delhi. More than three-fourth of the women did not receive antenatal care in the Singla (2017) study. Exploring the migration pathway in the women who migrated during the course of their pregnancy would have allowed identifying the deficiencies in the health systems of their residence states
2. The authors have advocated a liberal approach to antibiotic access as an effective strategy for reducing maternal deaths due to sepsis. Nevertheless, such a generalized policy approach is in contradiction to the current WHO guidelines (2015) for prevention and treatment of maternal peripartum infections. Instead, the WHO recommends promoting judicious use of antibiotics while treating puerperal infections to prevent antibiotic resistance.<sup>[2]</sup> Furthermore, the possibility of delayed initiation of antibiotic therapy resulting in puerperal sepsis is more likely to occur due to the delay in seeking care rather than antibiotic scarcity itself except in the most resource-constrained settings. Situationally, a liberal antibiotic policy for treating peripartum infections and preventing maternal deaths was originally suggested for African nations that maintained strict regulations for dispensing of antibiotics.<sup>[3]</sup> This situation is largely in variance to that in India where over the counter availability of antibiotics through private pharmacies is a long-standing ubiquitous phenomenon.

## Financial support and sponsorship

Nil.

## Conflicts of interest

There are no conflicts of interest.

**Saurav Basu**

Department of Community Medicine, Maulana Azad Medical College,  
New Delhi, India

**Address for correspondence:** Dr. Saurav Basu,  
Department of Community Medicine, Maulana Azad Medical College,  
New Delhi, India.  
E-mail: saurav.basu.mph@gmail.com

## REFERENCES

1. Singla A, Rajaram S, Mehta S, Radhakrishnan G. A ten year audit of maternal mortality: Millennium development still a distant goal. *Indian J Community Med* 2017;42:102-6.
2. WHO. WHO Recommendations for Prevention and Treatment of Maternal Peripartum Infections. Geneva: World Health Organization; 2015.
3. Costello A, Azad K, Barnett S. An alternative strategy to reduce maternal mortality. *Lancet* 2006;368:1477-9.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

### Access this article online

#### Quick Response Code:



#### Website:

www.ijcm.org.in

#### DOI:

10.4103/ijcm.IJCM\_258\_17

**How to cite this article:** Basu S. Maternal mortality audit in Delhi: Further perspectives. *Indian J Community Med* 2018;43:243.

**Received:** 06-10-17, **Accepted:** 10-05-18

© 2018 Indian Journal of Community Medicine | Published by Wolters Kluwer - Medknow