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Case Study: High-Risk Pregnancy and Medical Decisions

Lata's Story

Lata was 24 years old and lived with her husband and in-laws in a remote village. Her husband was a day laborer and the family's sole wage-earner. She had been married for three years, and had suffered a stillbirth one year earlier. She had become pregnant again, and her pregnancy was considered high-risk because she was physically small and had anemia and pregnancy-induced hypertension.

Lata had regular antenatal check-ups at the primary health center. Because of her high-risk status and her previous stillbirth, the health officer was worried about her, and he advised her to deliver at the district hospital. Lata did not think her husband would pay for this, however, and so she decided to deliver at home instead. A local private doctor attended her delivery, which was very painful and resulted in another stillbirth.

After the birth Lata developed profuse bleeding, and she was brought to the primary health center with a retained placenta. The medical officer managed to remove the placenta, but Lata had lost a dangerous amount of blood and was in a state of shock. Blood transfusion facilities were not available at the health center. The nearest hospital was more than 40 km away, and there was no transportation available. Lata's pulse and blood pressure dropped rapidly. The health officer tried very hard but could not save her life.

Questions for Students

What were some of the causes of Lata's death? What should she have done differently? Since her husband was the family's sole wage-earner, what should he have done to make sure that Lata could receive the treatment she needed? What should her family have done differently? What should the health officials have done differently?

Tutor's Notes

What went wrong?

- High-risk pregnancy
- Not heeding to doctor's advice despite early identification of high risk status
- Severe anemia
- Delay in reaching the health facility
- Lack of blood transfusion facility at the primary health center
- Lack of emergency transportation at the primary health center

Discussion: Though she was identified as high-risk early in her pregnancy, Lata did not follow her doctor's advice to deliver at the hospital because she did not think her family could afford it. Her husband, the family's sole wage-earner, did not offer to pay for Lata to be able to deliver at the hospital. Delay in reaching the health center could also have been avoided had the private doctor been able to recognize the complication earlier. The biggest impediment was the lack of blood transfusion facilities at the health center. This is a story that reflects many other examples of mothers who die needlessly from similar circumstances due to lack of blood transfusion facilities and lack of emergency transportation, which often go hand in hand.