

OBSTETRIC OUTCOMES OF THE INDIGENIOUS POPULATION IN MALAYSIAN TERTIARY HOSPITALS. A CASE COHORT STUDY FROM NATIONAL OBSTETRICS REGISTRY

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Property that matters to believe

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Introduction

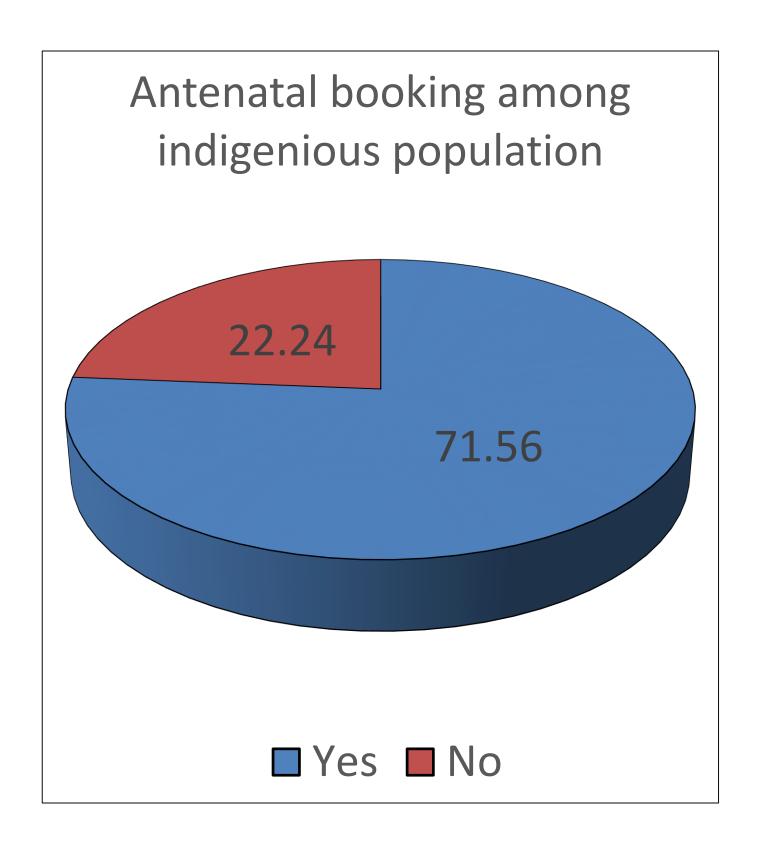
Malaysia is a multiracial country made up of 54.9% Malay, 24.5% Chinese, 11.9% indigenous, 7.4% Indian and 1.3% of other groups. This paper is to see the maternal and fetal outcomes in the Malaysian indigenous population.

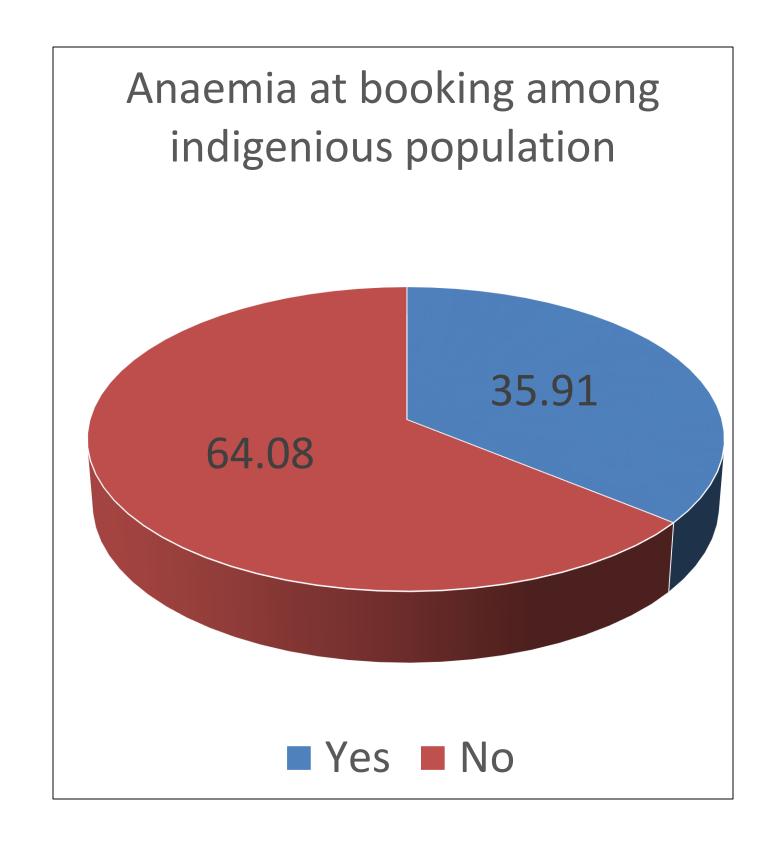
Methods and Materials

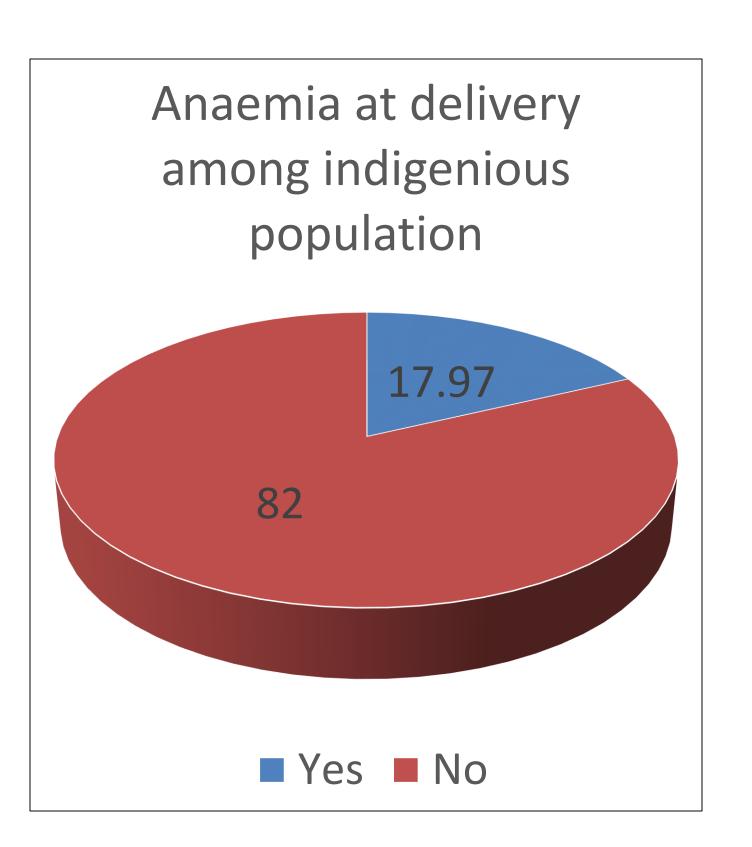
This is a retrospective cohort study over a 3 year period from 1st January 2010 to 31st December 2012. Data was obtained from the National Obstetrics Registry, Malaysia. It is an online data base that captures obstetric data from 14 tertiary hospitals which represents approximately one third of the deliveries in Malaysia. Statistical analysis performed using STATA 11.0.Simple logistic regression was used to access maternal and fetal outcomes. P value< 0.05 was taken as the cut off value of significance

Results

There were a total of 391110 deliveries in the study period of which the indigenous population accounted for 10.6% of these deliveries. The mean age of pregnancy in this population was 27.4 years. 22.2 % of patients never had antenatal follow up.36% of them were anaemic at booking and 18% were anaemic at the time of delivery.7 maternal deaths in these women during the study period. Incidence of co morbid like diabetes, hypertension and heart disease was low in this population. Risk of eclampsia in this group was low however without antenatal care there was a 1.49x higher risk of eclampsia (95%CI: 0.92-2.41) in the indigenous population compared to the non-indigenous. The risk of a low birth baby was 1.40 x higher and a 2.09x risk of a poor Apgar score at 5 mins (95%: 1.95-2.25).







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References

1. Confidential enquiry into maternal death 2009 -2011.

Conclusions

Indigenous women should be encouraged to attend antenatal clinics. Those without antenatal care had a higher risk poor Apgar score at 1 mins, preterm delivery and anaemia at booking. From our data we cannot conclude % of maternal mortality however from the CEMD has shown that unbooked cases was a factor contributing to maternal mortality particularly in the Bajau and Murut.

Apgar							
Score 1					Odd		p-value
min	<7		>7		ratio	95% CI	
	n	%		%			
Care							< 0.001
	. — — —						
Yes	1753	89.6	27541	71.2	1.00		
. y ,						(0.15,	
No	105	5.4	8779	22.7		0.23)	
					Odd		p-value
Preterm	Yes	0.4	No	0.4	ratio	95% CI	
	n	%	n	%			
Antenatal							<0.001
Care	0065	00.4	07004	70.5	4 00		
Yes	2365	88.1	27284	70.5	1.00	10.00	
	400	- 4	0040		0.05	(0.08,	
No	199	7.4	9013	23.3		0.09)	
Anaemia at					Odd	050/ 01	p-value
Delivery	Yes	0.4	No	0.4	ratio	95% CI	
	n	%	n	%			
Antenatal							< 0.001
Care	7224	07.4	42672	F 2	1 00		
Yes	7231	97.1	12672	53	1.00		
	150	2	0766	20.0	0.02	(0.03,	
No	150	2	8766	36.6	0.02	0.04)	
Low birth	Voc		No		044	OE0/ CI	n valua
	Yes	0/	No	%	Odd	95% CI	p-value
weight	n	%	n	70	ratio		
(<2500) Antenatal							0.642
Care							0.042
Yes	5818	71.2	23831	71 7			
	2010	, 1.2	2303I	, 1 .,	1.00		
No	1828	22.4	7384	22.2	1.00	(0.96,	
	1020	<i>LL</i> . T	, 504		1.01	1.08)	
					1.01	1.00	