

Critical Links In The Process Of Maternal Care In The Jurisdiction 03 Center, Chilpancingo, Mexico

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ABSTRACT

Introduction: Analyze maternal mortality through the critical links in the sanitary condition of jurisdiction 03 central region, to realize what is wrong with the attention that is given to pregnant women, in order to achieve reduction in maternal deaths, it is necessary to ensure quality care and a range of measures which are: expand coverage, increase institutional delivery, improving road infrastructure, reformulation of the training of midwives, staff training in intercultural and human development, sufficient, timely and consistent technologies with the health needs of the population, in order to comply with the procedures and interventions during the prenatal control. **Objective:** Analyze maternal mortality through the methodology of critical links. **Methodology:** A quantitative research study was performed, where 100% of maternal deaths in 2013 were analyzed, in the sanitary jurisdiction 03 central región Chilpancingo, based on the content of maternal death records received by the various health institutions, 4 variables were studied: preventive program, reference, 2nd level of attention and delivery, such records vary in content according to the institution of origin and the particularities of each case. Results: preventive program, the tetanus toxoid vaccine should be administered during the gestational period, however it was found that from the 8 maternal deaths only 2 received the vaccine and 6 do not, 62.5% of users did not have sufficient information and 37.5% was well informed, prenatal care, it was found that 85.5% of women who died had prenatal care, Reference, only 37.5% of women's deaths were referenced. In the 2nd level attention, 37.5% were received without wearing a reference. Delivery: the failure occurs in the care of specialists with 83.3% followed by complications during childbirth with 66.6%, postpartum / newborn, from the 8 cases analyzed there were 5 maternal deaths who died in the postpartum period corresponding to 100%. **Discussion:** In the research conducted in sanitary jurisdiction 03 central, we found that maternal mortality occurs for different reasons as noted by WHO, in terms of prevention programs in antenatal care and family planning there is insufficient information for users, On the other hand there is a women's census program of childbearing age where 50% of women were recognized, and the other not, we also found that most women did not get tetanus toxoid vaccination. About references from hospital to 2nd level there were patients who did not accept, other users that had to be attended by specialists during labor neither they did, regarding postpartum, they did not attend to their queries, it caused them complications that led them to their death. **Conclusion:** With the analysis of the methodology of critical links we could notice that attention to the pregnant woman has faults among which are: Preventive programs: the toxoid vaccination with 75%. Prenatal control, laboratory examination, complications during pregnancy and detection of risk factors with 50% each. Reference to 62.5%. Postnatal care / RN: 5 deaths occurred in the postpartum period equivalent to 100%.

Keywords: Critical Links, interculturalism, institutional delivery, postpartum.

Introduction

Most maternal deaths can be prevented through skilled attention to childbirth and access to emergency obstetric care. In sub-Saharan Africa, where high maternal mortality are recorded, less than 50% of women are attended to during childbirth by qualified personnel (midwives, nurses or doctors). In developing countries, the percentage of women attending at least four antenatal visits during pregnancy ranges from 56% for women in rural areas and 72% for urban areas. Women who do not receive the necessary controls, lose the opportunity to detect problems and receive appropriate care and treatment, especially vaccines and prevention of maternal-infant transmission of HIV / AIDS.

Four main causes are responsible for maternal deaths: severe bleeding, infections, unsafe abortions, hypertensive disorders of pregnancy (pre-eclampsia and eclampsia) and obstructed labor. Postpartum hemorrhage unattended in a healthy woman can kill her in two hours. Almost all of these deaths are preventable.

In Mexico, must be attended to as a priority the issue of the 100 most marginalized municipalities, in which are predominantly native people and where the risk of maternal mortality is three times higher than in the rest of the country. In the case of the native municipalities with high and very high levels of marginalization and geographical isolation, the risk

of maternal death in the rural area is nine times greater than in the cities.

The risk of dying from pregnancy in Guerrero is twice than the national average and five times higher than pregnant women in Nuevo León. The states with the most serious problems of maternal mortality are Chiapas, Chihuahua, Guerrero, Nayarit and Oaxaca, which have numbers of maternal mortality rate higher than 80 per 100,000 live births. The attention of native women pregnancy should prioritize their health, eliminating the risk factors linked to their social, economic or cultural background, so it is necessary to know further the cultural practices within native communities that cause maternal death or that help to have successful pregnancies and deliveries.

Objetives / Purpose of the study Goal

To analyze maternal mortality through the methodology of critical links. Analyze each of the critical links to know where it has failed.

Methodology

A qualitative research study was performed where 100% of maternal deaths in 2013 were analyzed, it was carried out in the sanitary Jurisdiction 03 Center Chilpancingo based on the contents of the records of maternal death sent by the different health institutions, such records vary in content according to the institution of origin and the particularities of each case. The analysis integrates the documents of each maternal death as indicated by epidemiological surveillance protocol, the purpose of the analysis method is to regulate health services, which will detect individual case studies, the magnitude and distribution of these failures of maternal care throughout the health system. Likewise, it will help to redesign the interconnection of medical units at each level and within the municipal and national health system.

Result/Findings

In the research conducted in the sanitary jurisdiction 03 central, it was found that maternal mortality occurs by different causes as indicated by WHO (World Health Organization), in terms of prevention programs in antenatal care and family planning there is insufficient information for pregnant women, on the other hand, there is a women's census program of childbearing age where 50% of women were recognized, and the others were not, also we found that in Td vaccination most women did not applied the vaccine, regarding references to 2nd level hospital there were patients that did not accept, others who had to be treated by specialists during labor did not accept, as to postpartum they did not attend to their queries and the reviews, these complications caused them their death.

Conclusion

The analysis was performed based on the content of the 8 clinical records of maternal death sent by the various health institutions to the jurisdiction 03 central in the period January

to December 2013, these records varied in content according to the institution of origin and the particularities of each case.

The record of death sent by the institutions is in the majority of cases integrated by death certificate, clinical summary, confidential questionnaire of maternal death, verbal autopsy links in the process of care for women in some cases, dependent variability the institution where maternal death occurred.

With the analysis of the methodology of critical links we could notice that care for the pregnant woman has faults among which are: Preventive programs: the toxoid vaccination with 75% . prenatal control, laboratory examination, complications during pregnancy and detection of risk factors with 50% each. Reference to 62.5%. Postnatal care / RN: 5 deaths occurred in the postpartum period equivalent to 100%.

As we can see maternal mortality is and will remain a national public health issue, although it is not an easy task and there are many areas of work that must be dedicate in a integral and interdisciplinary manner.

Recommendations for Further studies

Conduct an intensive search for pregnant women and identify groups of most reproductive risk for counseling and family planning counseling in postpartum and post-abortion, also make a monitoring, evaluation and monitoring for timely reference.

Adapting health services according to socio-cultural characteristics and the creation of a traditional delivery room to be attended by trained midwives in the community.

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