SEVERE MATERNAL COMPLICATIONS IN ICU
JAHUN CEmONC1, Nigeria

OBJECTIVE
Describe the clinical presentation, evolution, diagnosis, severity and the outcomes of patients admitted to the maternal ICU.

METHODS
A prospective observational study on routinely created medical records.
Study population: all patients admitted to the ICU of Jahun Maternity from October 2022 to October 2023

PRELIMINARY RESULTS
1857 women were included
• Age range 14 - 51 years old [median 24]
• 34.5% were primigravida (first time pregnancy) [median age 18yrs ]
The most frequent diagnosis in the ICU includes*:
• Hypertensive disorder in pregnancy (Hypertension in pregnancy, pre-eclampsia, eclampsia, HELLP syndrome)
• Anemia
• Malaria
• Hemorrhage
• Sepsis

ANEMIA
27.6 %
(N = 381)

MALARIA
34.7 %
(N = 478)

(PRE)ECLAMPSIA
8.4 %
(N = 116)
3.8 %
(N = 52)
11.7 %
(N = 161)
7.9 %
(N = 101)
5.9 %
(N = 81)

*Current analysis are based on diagnosis assigned by medical doctors, which will be cross validated with clinical presentation variables in the further analysis

Maternal mortality remains extremely high in Nigeria

Most of the maternal mortality is preventable
• 99% of preventable maternal deaths occur in low- and middle-income countries
• Global estimates for causes of maternal mortality 2003–2009:
  - other direct (19%)
  - abortion complications (9%)
  - sepsis (11%)
  - haemorrhage (27%)
  - indirect (27%)

Quality data are lacking in most needed area
• "Less than two fifths of all countries have a complete civil registration system with accurate attribution of the cause of death...In 2011, only two of the 49 UN least developed countries had over 50% coverage of death registration". (Strategies toward ending preventable maternal mortality (EPMMM)
• Up till today, sporadic studies reported estimation of maternal mortality in Northern Nigeria, which were much higher than the latest national statistics and lack information on the major causes*.

MSF supported unit
• MSF has supported one CEmONC1 since 2008, and four satellite BEmONCs2
• In 2023, 10150 obstetric admissions were registered in CEmONC1, and 957 deliveries were assisted in BEmONCs2
• A 15 beds ICU unit provides hourly monitoring, transfusion, fluid & medical resuscitation to patients with severe complications in CEmONC1.
• Current surveillance system (DHSII) of MSF allows only one primary diagnosis registered for each patient regardless of the complexity of clinical presentation among the most critical cases.