Maternal morbidity: the lifelong experience of survivors

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The Series on maternal health in the perinatal period and beyond explores the effects of traumatic childbirth on women's health and wellbeing, with particular attention to its medium-term and long-term consequences. I found some of the concepts very interesting and thought-provoking. Efforts to reduce maternal mortality consume all resources, so morbidity issues never gain priority. From my experience, I agree that the conventional assignment of the first 6 weeks of the postnatal period as the puerperium narrows the clinical focus to the immediate consequences of childbirth, and the delayed effects are often neglected. Extending the postpartum period beyond 6 weeks, to 1 year or more, is an idea that I strongly support.

While reading this Series, I recalled my birthing experience, which is worthy of being shared in this Comment. During my first pregnancy, I used to work in a well equipped tertiary care hospital in Bangladesh as a Clinical Assistant in the department of obstetrics and gynaecology. As I was working in the same hospital where my delivery was done, the reader might assume that my birthing experience was smooth. But the reality was not so. Although my delivery was conducted by one of the senior obstetricians, I did not feel reassured or safe, because I didn't find the attitude of the doctors and labour room staff to be patient-friendly and sympathetic at that moment. Even at the height of my contractions, I could hear the chit-chat and laughter of my colleagues. For me, as for many other women, the feeling of not being seen or heard was a negative delivery experience.[1] My baby was delivered with the aid of an episiotomy. But, after a while, the senior colleague who had delivered my baby passed me over to a junior doctor and went away, leaving the job half done. This transition made me feel insecure. The rest of the care, including the repair of the episiotomy was done by that junior doctor. This episiotomy made my life a hell during the next couple of years. The wound got infected and disrupted, followed by multiple sinus formation. Every couple of days, the wound would swell up and collect pus. All conventional measures failed to solve the issue. Even surgical excision of the tracts followed by regular dressing could not cure my wound. For more than 15 years, I had to bear the excruciating perineal pain, which hampered my work, sleep, daily activities, and personal life. Such perineal trauma is known to disrupt the parent–child relationship.[2] From my story, I learned that a woman is at her most vulnerable state on the labour table. This fact is true for every single woman, irrespective of her background, social position, or environment. At that moment, she can best be helped with compassionate care and empathy. Even a minor surgical intervention, such as an episiotomy, can have dreadful complications.[3] No intervention should be applied unless clearly indicated. The long-term consequences of labour are diverse and should be addressed through a multidisciplinary approach; in my case, I had to seek help from a general surgeon.

In this Series, several recommendations have been made to address the issues of maternal morbidity and mortality.[4] In my opinion, the most important recommendation is to raise awareness among policymakers about the consequences of labour and long-term morbidities, ensuring that these consequences are understood and prioritised at the level of policy making and implementation. To raise awareness of childbirth-related morbidity, robust evidence generation, through epidemiological research, is important. In addition, establishing evidence-based guidelines, particularly ones adapted to low-income and middle-income countries will be beneficial. Some conditions are more common in resource-poor settings, such as female genital fistula. The most effective way to address such complications is through preventive efforts, increasing community awareness and ensuring timely availability of optimal obstetric care.[5,6] At the same time, meticulous postpartum care must be ensured for early diagnosis and management of obstetric conditions when they do occur.

In our society, the joy of having a newborn is cherished by everyone, but the pain, physical exertion, psychological trauma, and other sequelae of pregnancy and labour are borne by the mother alone. Not having familial and social support causes delays in care seeking and increases suffering. I was fortunate to have the utmost support from my family, friends, and colleagues, which helped me successfully overcome my traumatic birth experience. However, most women are not fortunate enough to have such a support system. Awareness about the immediate and remote

complications of labour and related morbidities should be spread in the community. This change will help the eventual growth of support systems for women. More research, similar to that of this Series, is needed to prioritise this neglected issue and to create better solutions.

I declare no competing interests.

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1 Henriksen L, Grimsrud E, Schei B, Lukasse M. Factors related to a negative birth experience—a mixed methods study. *Midwifery* 2017; **51:** 33–39.
2 Bick Obe D, Hall J, Keighley MRB. The impact of severe perineal trauma on a woman's relationship with her child: a hidden consequence. *Midwifery* 2022; **108:** 103323.
3 Nassar AH, Visser GHA, Ayres-de-Campos D, Rane A, Gupta S. FIGO Statement: restrictive use rather than routine use of episiotomy. *Int J Gynecol Obstet* 2019; **146:** 17–19.
4 Vogel JP, Jung J, Lavin T, et al. Neglected medium-term and long-term consequences of labour and childbirth: a systematic analysis of the burden, recommended practices, and a way forward. *Lancet Glob Health* 2023; published online Dec 6. https://doi.org/10.1016/S2214-109X(23)00454-0.
5 Rundasa DN, Wolde TF, Ayana KB, Worke AF. Awareness of obstetric fistula and associated factors among women in reproductive age group attending public hospitals in southwest Ethiopia, 2021. *Reprod Health* 2021; **18:** 1–7.
6 Miller S, Lester F, Webster M, Cowan B. Obstetric fistula: a preventable tragedy. *J Midwifery Womens Health* 2005; **50:** 286–94.