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Pregnancy-associated deaths in Canada: A 10-year retrospective study and overall review of maternal pathophysiology

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Pregnancy-related death is defined by the International Classification of Diseases, Tenth Revision (ICD-10) as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death. In the year 2000, a collaborative effort involving World Health Organization (WHO), UNICEF, and UNFPA estimated 230 maternal deaths in Canada. This averages 19 maternal deaths per 100,000 live births reported. Many pregnancy-associated deaths are not easily identified as such since the presence of a recent or current pregnancy may not be listed on the death certificate. Thus, the WHO estimates that in Canada, the maternal mortality is approximately 18/100,000 pregnancies. This is significantly higher than the goal set by the Canadian Department of Health and Human Services in Healthy People 2008, which sets the target for maternal mortality at less than 3.6/100,000 live births. The most common causes of maternal death vary somewhat from region to region in Canada. They include pulmonary thromboembolism, amniotic fluid embolism, primary postpartum uterine hemorrhage, infection, and complications of hypertension including preeclampsia and eclampsia. Pulmonary disease, complications of anesthesia, and cardiomyopathy also are significant contributors to maternal mortality in some populations. The death of a pregnant or recently pregnant individual poses a wide scope of challenges to the forensic pathologist and investigator. The pathologist must have a broad knowledge of the physiologic and biochemical changes that occur during pregnancy, as well as the clinical and pathological manifestation of these changes. Conditions that may be "benign" in the non-pregnant individual may be lethal in the puerperal period. In addition, it should be kept in mind that deaths during pregnancy may be due to unnatural causes. Accident, homicide, and suicide must be ruled out in each case. The authors reviewed all forensic cases referred for autopsy to the Forensic Section of the Medical University of Montreal from January 2000 through December 2010. All decedents listed as pregnant or postpartum were analyzed as to maternal age, race, past medical history, previous pregnancies and outcome, prenatal care, gestational age, fetal or neonatal outcome, location of delivery, placental findings, maternal autopsy findings, toxicology, cause of death, manner of death, and fetal or neonatal autopsy findings. The authors present this retrospective study to better determine the factors leading to maternal demise and discuss the autopsy/ancillary techniques useful in determining the cause of death in this challenging area.

Biography

El Akri Abdel hafid has completed his PhD in medicine at the age of 26 from Hassan II University and started his residency in surgery at CHU IBN ROCH University School of Medicine Morocco in 2009. He is currently preparing a PhD in Medico-legal expertise in surgery from Montreal University Canada after getting a DESS and a Master in Medico-legal expertise in surgery from Montreal University. He has published more than 24 research papers in several reputed journals.

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