

# Near death of a pregnant Somali woman due to neglected eclampsia

A.A. Rouzi, A.M. Almrstani

*Department of Obstetrics and Gynecology, King Abdulaziz University, Jeddah (Saudi Arabia)*

## Summary

**Purpose:** To report a case of cardiac arrest of a Somali woman in labor due to neglected eclampsia. **Materials and Methods:** A 16-year-old Somali primigravida was seen because of convulsions at 28 weeks gestation. She had two attacks of convulsions at home before coming to the hospital. She suffers from diabetes and is insulin-dependent. Her convulsions were controlled with diazepam. Vaginal examination showed a seven cm dilated cervix with high-breech. In the operating room, cardiac arrest occurred. **Results:** Cesarean section was performed during resuscitation. The patient's maternal condition improved and was diagnosed with pulmonary edema and diabetic ketoacidosis. She was admitted to the intensive care unit (ICU) then transferred to the postnatal ward. She was discharged home and is in good general condition. **Conclusion:** Inadequate or lack of antenatal care of Somali pregnant women due to many factors, including ignorance, can result in medical catastrophic situations as illustrated in the current case.

**Key words:** Eclampsia; Somali woman; Labor.

## Introduction

Antenatal care is defined as the care that a woman receives from healthcare professionals during pregnancy [1]. It is considered an important and effective method for preventing, detecting, and treating high-risk pregnancy by implementing maternal education, screening for abnormalities and complications, ongoing assessment, and care. In recent years, with the current international immigration patterns, concerns have been raised regarding the care of migrant obstetric populations. The amount of antenatal care these women receive is variable. This is reflected by the higher mortality and morbidity rates among immigrant women compared to non-immigrant women [2]. There is growing evidence that the risks are further increased among Somali immigrants [3]. The aim of this case report is to document a case of cardiac arrest of a Somali woman in labor due to neglected eclampsia.

## Materials and Methods

A 16-year-old Somali primigravida was seen in the emergency room because of convulsions at 28 weeks gestation. She was previously unregistered in the hospital. She had two convulsive attacks at home prior to coming to the hospital. She suffers from Type I diabetes mellitus and has been on insulin since childhood. On examination she was having convulsions and her vital signs were: pulse 120/minute, blood pressure 185/120 mm Hg, respiratory rate 30/min, and afebrile. Her convulsions were controlled intravenously with 5 mg of diazepam. Abdominal examination revealed a 28-week single viable breech presentation. Vaginal examination showed a seven cm dilated cervix. The decision was made to perform an emergency Cesarean section. In the operating room, before commencing the Cesarean section under general anesthesia, cardiac arrest occurred. Resuscitation was then performed.

## Results

Cesarean section was performed during resuscitation. The outcome was 1,000 gram boy with Apgar score of 7, 8, and 10 at one, five, and ten minutes. The maternal condition improved and was transferred to the Intensive Care Unit (ICU) where she was diagnosed to have pulmonary edema and diabetic ketoacidosis which were treated accordingly. She remained in the ICU for four days and was then transferred to the postnatal ward. She was discharged home in good general condition on the 10<sup>th</sup> postoperative day. The baby was also well.

## Discussion

Recent publications by Western health providers report peculiar experiences with Somali immigrants. The experience has been that Somali women are often hesitant to accept obstetric interventions, such as induction of labor or Cesarean delivery when indicated [3]. Somali women in the United States have expressed concerns that they fear Cesarean section and that healthcare providers prefer interventions, such as Cesarean delivery [4, 5]. There is substantial evidence that language barriers adversely affect access to healthcare, its quality, patient satisfaction, and health outcomes in all hospital services including obstetrics. Family members or friends are often used as informal interpreters in maternity care settings, although this arrangement can be unethical and potentially-implicated in clinical incidents because of the increased chances in misunderstanding medical words, hospital procedures, and facilities [6]. Therefore, proper translation by bilingual hospital workers is of paramount importance. Antenatal care services should be available for immigrant pregnant

Revised manuscript accepted for publication August 16, 2012

women. In the current center, medical care is free; however, some immigrant pregnant women do not register in the booking system and are not seen in the antenatal clinics during pregnancy. They present in the emergency room in labor. The hospital's policy is to accept them and admit them to the hospital. Inadequate or lack of antenatal care of Somali pregnant women due to many factors, including ignorance, can result in medical catastrophic situations as illustrated in the current case. Extra care should be given to educate this group of Somali pregnant women.

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Address reprint requests to:

A.A. ROUZI, M.D.

Department of Obstetrics and Gynecology

King Abdulaziz University

P.O. Box 80215

Jeddah, 21589 (Saudi Arabia)

e-mail: aarouzi@gmail.com