

A review of the literature of post-mortem caesarian sections showed that there are only rare cases of surviving healthy babies more than 10 minutes after cardiac arrest², the longest being 26 minutes³. It is felt that there is justification to operate regardless of the time interval if signs of fetal life are present.

All maternal deaths in Malaysia for the years 1991 and 1992 were studied. These deaths had been reported under the Confidential Enquiry system into maternal deaths established in Malaysia since 1990. A total of 548 deaths were reviewed. Only one attempt at post-mortem Caesarian section was noted.

The case was a 29-year-old primigravida at 34 weeks of amenorrhoea who was involved in a motor vehicle accident. The mother was clinically dead when brought to hospital but an attempt was made to deliver the fetus as the fetal heart was heard. On delivery, the baby was severely asphyxiated and succumbed soon after. The birth weight was not documented.

A review of the other cases reveals another 18 mothers who died from direct obstetric causes and were undelivered at the time of death. The maturity of the fetus at the time of death was above 36 weeks and the fetus was alive at the time of maternal death. Twelve of the cases died from amniotic fluid embolism, two due to severe pre-eclampsia and four from unspecified causes. It is interesting to note that the attending doctor did not attempt a post-mortem Caesarian section in these cases. It could not be discerned whether consent was refused in these cases.

A maternal death is a tragedy. In the short time that is available to salvage a live fetus, it is usually not possible to get an informed consent from the immediate family due to many reasons. The family may not be present and resuscitative attempts are usually focused on the mother. Socio-cultural factors will also need to be considered before a decision can be taken. The Catholic Church endorsed the use of post-mortem Caesarian section to provide baptism for the infant's soul. A child delivered at the time of maternal death could face rejection by the family.

All obstetricians will need to consider the performance of a post-mortem Caesarian section at some time. It

is obvious that this is an uncommon occurrence in Malaysia.

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Low Birth Weight Babies

Sir,

With reference to Dr. C.P. Chia's comments on the low birth weight babies paper published¹, it is unfortunate that he has failed to see the objective of the paper. The paper was an epidemiological study on the existing data available in Lundu District in Sarawak. The paper therefore, did not include association variables like maternal height, maternal weight and many other variables associated with low birth weight, although it is a well known fact that these factors are associated with birth weight of babies. The paper also did not study the gestation age as it was not the intention of the paper.

Secondly his naive comment that antenatal care does not affect birth weight shows his inexperience. The author carried out a regression analysis and looked at several factors which were associated with birth weight, and it was noticed that the weight of the mother, sex

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of the baby and the number of antenatal visits did have an association on the birth weight. On the basis of this the statement was made in the paper². It is however important to note that these were only a relationship if association and not cause and effect, therefore proper antenatal care which includes advise on nutrition and health does to a certain extent influence birth weight especially for rural mothers.

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