

Rupture of the Uterus

Pages with reference to book, From 58 To 58

Editor, I agree with the author that rupture of the uterus in an unscarred uterus carries a greater maternal and foetal mortality and morbidity. The main contributory factors in this group of patients as observed by Nusrat H. Khan are multiparity, relative CPD and malhandling by TBA's in attempts to deliver the patients. As working in a district where TEA's practices are very common I would like to add that bolus doses of oxytocics by TBA's are one of the main contributory factors in our area (Faisalabad). TBA's are known to administer bolus doses of oxytocics in multipara without thinking twice as they think "she has done it before she will do it this time" but unfortunately practice never makes a woman perfect in child bearing rather with each subsequent child birth she is prone to more complications. I wonder if discouraging TBA practice would decrease the incidence and catastrophic consequences of rupture uterus specially in unscarred group.

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Reference

1. Khan, N.H. Rupture of the uterus. J.Pak.Med.Assoc., 1993;43: 174-75.