EDITORIAL

Preterm Labor and Preeclampsia: Time to Make Good News

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The maternal mortality rate (MMR) in Indonesia is still experiencing stagnancy, while the deadline to reach the Millennium Development Goal is getting closer. Although it is difficult to estimate MMR at district level (sometime even at provincial level), the CBS (Central Bureau of Statistics) estimate that the MMR at 34 districts in South Sumatra, West Java, West Kalimantan, and NTT. The ratio varies from 266 in Sumba Barat (NTT) to 561 in Ciamis (West Java).[1]

Meanwhile, the infant mortality rate (IMR) in Indonesia still exceeds that of other Association of Southeast Asian Nations (ASEAN) countries: it is 4.6 times higher than in Malaysia, 1.3 times than the Philippines and 1.8 times than Thailand.[2] The variation of IMR between each province is wide. In the 2010 report the IMR was 74 per 1,000 in NTB and 20 per 1,000 in Yogyakarta.[2]

The wide range of number in each area showed us that it is possible to prevent maternal and infant death and reduce it even lower. In order to make our move, we have to start at the heart of the problem. We have to ask ourselves: what is the most common cause of maternal and infant mortality in Indonesia that we could help to prevent?

The major causes of maternal death are hemorrhage (28%), eclampsia (24%), sepsis (11%), abortion complication (6%), obstructed labor (5%), and others (26%).[1] Those complications were proven to not get a proper treatment, as most of them had not received quality care.

Meanwhile, preterm delivery is also a major problem in the field of obstetric and perinatology due to the high incidence of infant morbidity and mortality. Globally, prematurity is the leading cause of newborn deaths and now is the second leading cause of death after pneumonia in children under the age of five.[2] Prematurity is also as the most important risk factor for neurologic disorder and infant developmental disorder. In Indonesia, the incidence rate of prematurity is 15.5%, one of the highest in the world.[2]

Not all preterm births are a result of the same cause, and their pathophysiology is rarely just an early onset of term labor. Subclinical infection is found to be present in the amniotic fluid, placenta, and membranes of many babies delivered after premature labor, but this is not the case for infants delivered early for medical indications.[3] This raises hope that if these conditions could be recognized, treatment could perhaps ameliorate the infection, thus reducing preterm births. One of our articles by Drisma et al tries to determine whether the type of bacteria found in amniotic membrane is associated with preterm delivery. In this issue, Damanik et al also discussed the effect of periodontal disease, including periodontal infection, in the incidence of preterm birth.

There were several potential clinical markers to predict preterm delivery. Cervical length was one of the independent marker of preterm birth.[4] One of our article by Ekaputri et al stated that there was significant relationship between the cervical length and the incidence of preterm labor. Thus, they suggest that cervical length assessment with transvaginal scan should be used as routine procedure to predict the chance of preterm delivery in patients with threatened preterm labor.

Further researches give evidence that the cause of preterm labor is multifactorial. Aditya et al discussed that various causes of psychosocial stress, including problem with in laws foreclosure on a mortgage or loan, change in residence, and major change in living conditions, as the risk factors for preterm delivery.

The management of preeclampsia and eclampsia have met with both successes and failures. Labor process in pregnancy with preeclampsia or eclampsia requires special care compared to normal labor. In this issue, Dianty et al identified several factors that could cause longer care at hospitals in eclampsia patients, while Khusen et al analyze risk factors, both clinical and laboratory findings, associated with maternal mortality from severe preeclampsia and eclampsia.

All in all, we in Indonesian Journal of Obstetrics and Gynecology tries to do our part by giving the most current researches and findings in the most relevant topics of today to every obstetrician and gynecologist all over Indonesia. We thanked all of the authors of this issue and encourage others to submit their articles. We hope by doing so, we help the goals to make excellent service for maternal and infant health available everywhere and even out the rate of both maternal and infant mortality.

References

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