

HEALTH SERVICES IN BAHRAIN

State of Bahrain Ministry of Health The Central Maternity Hospital Department of Obstetrics and Gynaecology Annual Statistical Report For 1981

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INTRODUCTION

The purpose of this presentation is to outline the overall description of the activity, expansion and development of services in this field. It is also to enable us to oversee this complex activity as a whole entity and outline a balance of our assets and failure.

GENERAL REMARKS

Expansion in the year 1981 has marked a further step in the availability, development and refinement of Institutional, Maternity and Gynaecological services in the State of Bahrain.

In addition to the establishment of Antenatal Clinics in almost all the 14 Health Centres which provided a near total coverage for all target population since new perinatal trends are emerging namely in the provisions of Family Planning, and Maternal Child Health Services in the periphery.

The percentage of Hospital Delivery continued to rise and traditional home confinement to decline to unprecedented level. It is estimated that 90% of all Bahraini women now deliver in the Hospitals.

The perinatal outcome and prematurity rate are the lowest in the entire Middle Eastern area. To understand the implications of this advancement one has to look into the high risk population we are dealing with. The problem of ignorance (female illiteracy rate of 55%*), prevalence of sickle cell haemoglobinopathy among all maternity admissions is (7.4%**) not to mention local tradition which highly influences the maternal health.

Having mentioned the above factors, the improvement in the quality, of Obstetrics was remarkable with reduction of the maternal mortality rate by 50% in 1981. All the deaths that have occurred in

* Recent study by the Council of Youth & Sports.

** Annual Report (Dept. of OB./GYN. 1981).

this Department were either due to terminal cancer cases or due to serious medical condition which have pre-existed pregnancy namely sickle cell disease and major heart conditions.

In the occasion of International Year of the Handicapped Children, new screening tests have been introduced for the prenatal diagnosis of major handicaps like mental deficiency, risk of congenital cataract and cardiac abnormalities.

Screening against German Measles, became a routine test. Screening for prenatal diagnosis of neural tube abnormalities (Alpha-feto-protein) is also available. Serum, placental lactogen assay have also been introduced and last but not least hormonal assays with their much needed use for the diagnostic of at risk pregnancy is another step in the scientific assessment of unborn children.

The Public Health Department is currently studying the introduction of neonatal screening against P.K.U. (A congenital disease which can be treated easily if it is diagnosed in the first 2 - 3 days after delivery. If the baby is not treated he is certain to develop serious mental deficiency).

The only issue which has not been resolved yet is if we will ever be able to advise the termination of pregnancy on the strength of the newly available tests. Fortunate to know the same issue has been discussed in the neighbouring country — Kuwait and as far as we know an abortion bill has been passed by the National Assembly, i.e. if there is any strong doubt that the pregnancy may result in deformed or handicapped child.

GYNAECOLOGY

There has been a marginal rise in the Gynaecological operations performed in the year 1981. Ward 44 seems to be the most efficient ward in the Salmaniya Medical Centre, with an average hospital stay of two days. Ward 45 covered major cases, and mainstream gynaecology for the year 1981. No dramatic changes in the pattern of operations with the exception of the introduction of surgical laparoscopy. Operations such as ovarian biopsy, ventrosuspension, coagulation of endometriotic nodules, sterilization and aspiration of small ovarian cysts are all possible by the Laparoscope with an average hospital stay of 8 hours.

Two Microsurgical operations of the tubes were performed using the Steroscopic (Zeiss OPMI - 7) Binocular Microscope from the E.N.T. Department. The first operation was recanalization of tube in a case of previous sterilization, the other was terminal salpingostomy in a patient with bilateral hydrosalpinx. Comprehensive Microsurgical services would be introduced later this year as most of the equipments, surgical microscope and electric micro-coagulation machines are on order. Once it is opened it will be the first of its kind in the Gulf region.

Family Planning have gained tremendous respect and consideration in the new programme provided by the U.N.D.P. in collaboration with the Ministry of Health and the Family Planning Association. Several postnatal clinics will be opened in the Health Centres.

Two seminars of Family Planning were held in the College of Health Sciences. A training course for the Midwives was also arranged by the Family Planning Association.

New Appointments & Postgraduate Training

The Civil Service Bureau approved six Consultants post for the Department of Obstetrics & Gynaecology. There are still two vacant posts which we hope to be filled before the end of the year. The process of recruiting doctors has been long and tedious and it seems that an average of 6 - 7 months is necessary for the replacement for any vacancy.

Representatives from the Department have attended the following Conferences and Training Courses :

I. ARAB BOARD

1. Hospital recognition visit to Sudan, Senna, Yemen, Saudi Arabia, Bahrain and Kuwait.
2. Scientific Council for Obstetrics & Gynaecology in Jeddah.
3. The High Council for the Arab Board for Medical Specializations.

II. FAMILY PLANNING

1. The International Congress for Family Planning in the 1980's, Jakarta.
2. Two Family Planning Workshops in Bahrain.
3. **Publications :** 12 articles in the local press discussing historical, medico-legal, clinical and planning problems of Family Planning.
4. A scientific paper on study of "Fertility and Mortality in Bahrain (1942 - 1980)" — published.

III. AFFILIATION

1. Invitation of the Chairman to be a Board Member for the International Scientific Academy of Population.
2. A special study for spontaneous abortion in the Gulf to be sponsored by Wayne State University Michigan, U.S.A.
3. A Clinical trial on Trichovac Vaccine. Protocols supplied by the Company.
4. A progressive study on Dysmenorrhea.
In collaboration with the Health Centres Directorate.
5. Survey on Laparoscopy procedure in Salmaniya Medical Centre.

IV. TRAINING COURSES

1. A course in Microsurgery in the Academisch Zeikenhuis Hospital, the Catholic University of Leuven, Belgium.
2. The VIII Asian & Oceanic Congress of Obstetrics and Gynaecology Melbourne, Australia.

The following courses were also held for the benefit of the doctors of the Department and outlying Health Centres.

1. The last part of training of the F.I.C.U. Nurses.
2. Perinatal Mortality Conferences — monthly.
3. Journal Club Meeting — monthly.
4. Maternal Mortality Conferences — when necessary.
5. Morning Reports.
6. Scientific Lectures every week in the Lecture Room, Central Maternity Hospital.

I. NUMBER OF BEDS BY THE END OF THE YEAR

A. Labour Room	15 beds
B. Antenatal & Postnatal	91 beds
C. Private Rooms	18 rooms
	<hr/>
Total	124 beds
	<hr/>
D. Special Care Baby Nursery Cots	40
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Jidhafs Maternity Hospital

A. Labour Room	8 beds
B. Antenatal & Postnatal	22 beds
C. Private Rooms	5 rooms

Total	<u>35 beds</u>
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D. Special Care Baby Nursery Cots	<u>8</u>
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Salmaniya Medical Centre

A. Private Rooms	12 beds
B. Abortion Beds	18 beds
C. Gynaecological Beds	14 beds

Total	<u>44 beds</u>
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II. OUT-PATIENT CLINICS

	<u>1980</u>	<u>1981</u>
A. Total No. of Antenatal Visits	10,814	11,926
B. Total No. of Gynaecological Visits	10,867	14,901
C. Total No. of Family Planning Visits	1,626	1,254
Total	<u>23,307</u>	<u>28,081</u>

III. ADMISSIONS

	<u>1980</u>	<u>1981</u>
A. Central Maternity Hospital	7,934	7,479
B. Jidhafs Maternity Hospital	342	2,004
C. Gynaec. Admissions (S.M.C.)	2,707	2,753
D. Day Case Unit (S.M.C.)	657	565
Total	<u>11,640</u>	<u>12,801</u>

IV. MORTALITY FOR THE DEPARTMENT
(Gynaecology & Obstetrics)

<u>8</u>	<u>7</u>
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V. TOTAL NUMBER OF DELIVERIES
(C.M. Hospital & J.M. Hospital)

<u>6,782</u>	<u>* 7,563</u>
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* Twins were counted as two births, but a single delivery.

VI. SURGICAL OPERATIONS
The Department of Obstetrics & Gynaecology

	<u>1980</u>	<u>1981</u>
* Total No. of Major Surgical Operations	468	575
** Total No. of Minor Surgical Operations	2,163	2,646
Laparoscopies	109	74

VII. DELIVERIES FOR ALL BAHRAIN

	<u>1980</u>	<u>1981</u>
Central Maternity Hospital	6,475	5,699
Jidhafs Maternity Hospital	307	1,864
Sitra Maternity Hospital	606	600
Western Region Hospital	386	378
Raffa Maternity Hospital	362	316
Bahrain Defence Hospital	364	511
American Mission Hospital	187	182
Awali Hospital	45	47
International Hospital	98	196
Registered Home Deliveries	1,105	889
Grand Total	<u>9,935</u>	<u>10,682</u>

**VIII. ANALYSIS (C.M. Hospital, J.M. Hospital and other
Three District Hospitals)**

	<u>1980</u>	<u>1981</u>
No. of Twins	sets — 80	sets — 88
No. of Fresh Stillbirths	58	40
No. of Intrauterine Deaths	53	55
* No. of Premature Births	706	722
No. of Perinatal Deaths	69	64
No. of Reported Maternal Deaths	5	2
 Perinatal Mortality Rate for Hospital Services :	 <u>22.12%</u>	 <u>17.86%</u>

This is the number of I.U.Ds. Fresh Stillbirths and infant deaths in the first week of life per 1000 live and stillbirths.

* The majors include :

Tuboplasties & Repairs of fistule
Hysterectomy
Laparotomy
Pelvic Floor Repair
Caesarean Sections
Abdominal Sterilizations.

** Minors include :

Shirodhkar Stitches, Instrumental Deliveries, Manual removal of placenta, Exploration of uterus and examination under general anaesthesia.

All Gynaecological biopsies, D & Cs, Evacuation, Cauterizations, Vaginal cysts. Amputation or Conization of Cervix, Perineal Repairs, Cystoscopies and coil insertion or removal under general anaesthesia.

* Babies weighing 2500 gms and under.

IX. ABANDONED BABIES

1980	1981
3	6

X. MULTIPLE PREGNANCIES

No. of Twins

88 Rate : 0.98%

XI. PREMATURITY : C.M. Hospital Special Care Baby Unit
(Covering all Government Hospitals)

	1980	1981
Rate	706 8.6%	722 8.11%

XII. STILLBIRTHS

	C.M.H.	J.M.H.	Sitra	W.R.*	Raffa	Total
Total Stillbirths and I.U.Ds.	71	16	2	4	2	95
Abortion	14	1	1	1	—	17
Total Live Births	5,658	1,847	597	373	314	8,789
Total Births	5,743	1,864	600	378	316	8,901

	1980	1981
Rate of stillbirths in C.M. Hospital	14/1000	12/1000
For all Hospitals	13/1000	10/1000

XIII. AVERAGE STAY OF PATIENTS

Maternity	4 days
Gynaecology	5 days

* Western Region

**XIV. DETAILS OF DELIVERIES IN THE CENTRAL MATERNITY HOSPITAL
AND JIDHAFS MATERNITY HOSPITAL**

	1980	1981
1. Caesarean Sections	260	321
2. Caesarean Hysterectomy	1	1
3. Ruptured Uterus	5	2
4. Forceps Delivery	348	467
5. Vacuum Extraction	19	41
6. Manual Removal of Placenta	26	42
7. Antepartum Haemorrhage	39	39
8. Postpartum Haemorrhage	22	47
9. Face, Face to Pubis and Brow presentation	68	79
10. Breech Presentation	200	208
11. Cord Presentation & Prolapse	15	12
12. Eclampsia	14	8
13. Sterilizations	130	157
14. Postmaturity	70	461
15. Postnatal Exploration	—	12
16. P.E.T. (Pre-eclampsia)	171	306
17. Hydraminous	9	41
18. Diabetes	33	63
19. Heart Disease	8	14
20. Bronchial Asthma	17	36
21. Anaemia (hb 9.0 gms% and below)	45	108
22. Sickle Cell Trait	258	506
23. Sickle Cell Disease	32	42
24. Sickle Cell Disease with raised Hb F	—	12
25. Sickle Cell SS	—	2
26. Thalassemia Minor	—	1
27. Thalassemia Major	—	0
28. Perineal Repair		
A. Episiotomies	2,433	3,006
B. Tears	713	1,006

**XV. INFANT MORTALITY (C.M. Hospital, J.M. Hospital and
Other Three District Hospitals)**

	1980	1981
Infant Mortality, below 7 days (Perinatal Death) — 7.2/1000 L.B.*	69	64
Infant Mortality, below 1 month (Neonatal Death) — 1.3/1000 L.B.	14	12
Infant Mortality from 1 - 12 months (Post-Neonatal Deaths)	5	5**

* Live Birth

** We don't have any official datas except the reports of study conducted by the Council of Youths & Sports and UNICEF in which the figure quoted is 35/1000.

XVI. ANALYSIS OF HOSPITAL STILLBIRTHS : (C.M. Hospital)

Factors	S.B.	S.B.	Total
	Admitted I.U.D.	Admitted Living	
1. Less than 1 kg.	3	1	4
2. Less than 1 - 2 kgs.	18	7	25
3. Less than 2.0 - 2.5 kgs.	6	5	11
4. More than 2.5 kgs.	10	21	31
Total	37	34	71

Abortions : 14

Causes :

		Rate
1. Cong Malformation	10	14%
2. Toxaemia	4	5.6%
3. A. P. H.	6	8.4%
4. Cord Associates	4	5.6%
5. Prolonged Second Stage	2	2.8%
6. Postmaturity	4	5.6%
7. Premature Births	18	25.3%
8. Accidental Haemorrhage	2	2.8%
9. Twins Delivery	4	5.6%
10. Ruptured Uterus	1	1.4%
11. Unknown causes	8	11.2%
12. Maternal Disease (Diabetics : 2, Sickling : 6)	8	11.2%

XVII. ANALYSIS OF MATERNAL MORTALITIES

Two Cases : Both died in the Central Maternity Hospital.

- | | | |
|--------------|----------------|---------------|
| 1. Mrs. P.A. | I.P. No. 2935 | Indian |
| Booked Case | Age : 23 years | Primigravida. |

A known case of Primary Pulmonary Hypertension with right ventricular hypertrophy. During the antenatal care she attended both the Medical Department and Salmaniya Antenatal Clinic. At 33 weeks patient was admitted because of persistent cough and intra-uterine growth retardation. She was found to be in early failure. A week later she went into premature labour of a fresh stillborn baby. Twenty minutes after the completion of 3rd stage patient went into shock and expired a few minutes later.

Diagnosis : Pulmonary Embolism Secondary to Primary Pulmonary Hypertension with right Ventricular Hypertrophy. Postmortum was refused.

- | | | |
|------------------|----------------|---------------|
| 2. Mrs. Z.A.R.R. | I.P. No. 2625 | Bahraini |
| Booked Case | Age : 22 years | Primigravida. |

A known sickler with raised Hb F was transferred from Jidhafs Maternity Hospital to Central Maternity Hospital in active labour at term + 14 days with a Hb of 7.0 gms%. There was no evidence of cardiac failure on admission. Four hours later she had a normal vaginal delivery of a live baby. Two hours after an uneventful delivery the patient became restless, dyspnoeic, cyanotic, her condition deteriorated rapidly and she expired four hours later. The cause of death was cardiogenic shock probably following Pulmonary Embolism. Postmortum was refused.

One Case : Died in the Salmaniya Medical Centre.

Mrs. K.K.M.
Age : 30 years

I.P. No. 117003
F. II

Saudi
Expired on : 23.8.81.

A seriously ill, illiterate pregnant woman at the 26th week of gestation was brought from Saudi Arabia to Bahrain for hospitalization. No previous medical history or records were available. On admission the patient was complaining from continuous vomiting, headache and backache. Within 2 hours of admission patient collapsed and died. The impression was that it may have due to C.V.A. Post-mortum refused.

**XVIII. CONGENITAL MALFORMATION FOR INFANT BORN IN
THE CENTRAL MATERNITY HOSPITAL,
Jidhafs Maternity Hospital and other Three District Hospitals**

	<u>1980</u>	<u>1981</u>
1. Neural Tube :		
Anencephaly	17	5
Spinabifida Cystica	2	5
Occulta	1	0
Encephalocele Occipital	2	1
Hydrocephalus	1	2
Total	<u>23</u>	<u>13</u>
 2. Congenital Heart Diseases :		
Cyanotic	3	7
Acyanotic	2	13
Dextrocardia	—	2
Total	<u>5</u>	<u>22</u>
 3. Gastro-Intestinal :		
Hare Lip, Palate	4	6
Choanal Atresia (bilateral)	—	1
Oesophageal Atresia with T.E. Fistula	1	1
Intestinal Obstruction	1	2
Diaphragmatic Hernia	1	2
Eventration	—	1
Exomphalos Minor	1	2
Imperforate Anus	1	1
Hirschprung's Disease	1	1
Ant. Web of Glottis	—	1
Total	<u>10</u>	<u>18</u>

	1980	1981
4. Genito-Urinary :		
Undescended Testes	4	14
Hypospadias	4	22
Ambiguous Genitalia	1	1
Cong. Hydrocele	—	2
Post Urethral Vulve Obstruction with Hydronephrosis	—	1
Total	9	40
5. General Syndrome :		
Down's Syndrome	8	11
Trisomy E.	3	1
Trisomy D.	1	1
Piere Robins Syndrome	2	1
Total	14	15
General Syndrome :		
Progeria	1	—
Adductor Paralysis of the Vocal Cord	—	1
Cong. lobar emphysema	1	—
Carpenter Syndrome	0	1
Holt oram Syndrome	0	1
Treacher Colin's Syndrome	0	1
Hallerman's Strief Syndrome	0	1
Vater Association	0	1
Hypoglosia — Hypodactilia Syndrome	0	1
Corelia delange Syndrome	0	1
Zellweger Syndrome	0	2
Total	16	26
6. Musculo-Skeletal :		
Genu Recorvatum	0	1
Phocomelia	1	0
Polydactyly	3	8
Talipes	6	22
Syndactyly	2	0
Osteogenesis Imperfecta	1	1
Cong. Amputation of both Upper limbs	0	1
Miscellaneous	5	0
Prune Belly Syndrome	2	0
Achondrogenesis Syndrome	0	2
Thanatophoric Dwarfism	0	2
Total	20	37
7. Skin :		
Collodion (CIE)	2	1
Deformed left ear pinna	1	—
Pre-auricular skin Tag	0	1
Total	3	2

8. Eye :

Corneal Opacity	0	1
	—	1
Grand Total	86	159

Rate of Congenital Abnormalities : 1.78%.

XIX. GYNAECOLOGY AND ABORTION CASES

Abortions :	1980	1981
A. Threatened Abortions	473 cases	447 cases
B. Missed Abortions	160 cases	110 cases
C. Complete & Incomplete Abortions	881 cases	929 cases
D. Delayed Period & DUB	223 cases	246 cases
E. Shirodkar's Suture	21 cases	27 cases

Gynaecological Complications encountered during the 1st half of Pregnancy :

A. Ovarian Cyst	3	4
B. Molar Degeneration	16	17
C. Acute Vulvo Vaginitis	2	0
D. Incompetance of the Internal Cervical OS	17	27
E. Correction of Retrovated Gravid Uterus	2	0

Medical problems encountered in the 1st half of Pregnancy and required Hospital admissions :

A. Hyperemesis Gravidarum	119	113
B. Diabetes Mellitus	23	19
C. Essential Hypertension	23	22
D. Rheumatic Heart Disease	4	2
E. Chronic Nephritis	0	1
F. Sickle Cell Disease	6	18
G. Sickel Cell Trait with other Complications	86	21
H. Other Anaemias	19	19
I. Backache of Orthopedic and non Orthopedic origin	4	7
J. Deep Venous Thrombosis	2	0
K. Renal Diseases :		
— Urinary Tract Infections	53	80
— Haematuria	3	0
— Renal Colic	1	1
L. Haematemesis	1	0
M. Broncheal Asthma	4	5
N. Gastroenteritis	1	6
O. Hepatitis	1	2
P. Malaria	0	1
Q. Enteric Fever	2	1
R. Infective Hepatitis	1	0
S. Termination of Pregnancy under Medical grounds	2	2
T. Miscellaneous	13	28

XX. GYNAECOLOGICAL ONCOLOGY

Diagnosed :

	1980	1981
1. Carcinoma of the Cervix		
Ca - in - Situ	0	3
Invasive Ca of Cervix	4	4
2. Endometrial Carcinoma	2	0
3. Ovarian Carcinoma	4	4
4. Sarcoma	0	1
5. Pelvic Malignancy of undetermined origin	0	1
Cases :	10	13

Deaths :

1. Mrs. F.M.M.
Expired on 13.2.81
— Ca Cervix.
2. Mrs. L.H.A.
Expired on 20.3.81
— Adenocarcinoma.
Ovary with Secondaries
3. Mrs. A.M.A.
Expired on 4.12.81
— Ca Ovary
4. Z.I.
Expired on 13.6.81
— Abdominal Malignancy Hysterectomy done.

XXI. GYNAECOLOGICAL SURGERY

1. Radical Vulvectomy	0	0
2. Vaginal Hysterectomy combined with Pelvic floor repair	4	5
3. Abdominal Hysterectomy	31	39
4. Appendicectomy with Gynaec. Operations	13	8
5. Hysterotomy	0	1
6. Myomectomy	8	5
7. Pelvic Floor Repair	16	7
8. Vaginoplasty	0	1
9. Repair and Sterilization	0	1
10. Ovarian Cystectomy	0	14
11. Laparotomies :		
A. Ectopic Pregnancies	22	19
B. Salpingolysis	5	3
C. Ventrosuspension	6	6
D. Repair of Urethro-Vaginal Fistula	1	1
E. Repair of Anovaginal Fistula	0	1
F. Sterilizations (including P.P.S.)*	109	188
G. Exploratory Laparotomy	0	2
H. Laprotomy & Salpingo-oophorectomy	0	2

* P.P.S. — Postpartum Sterilization

	1980	1981
I. Laparotomy & Ovarian Cystectomy	0	16
G. Laparotomy & Removal of IUCD	0	1
K. Laparotomy & Repair of Perforated Uterus	0	2
12. Laparoscopies : (include : Exploration, Sterilization and Ventrosuspension)	109	74
13. Operation on Cervix :		
A. Amputation	6	1
B. Conization	0	6
C. Biopsy	13	9
D. Cauterizations	158	185
E. Repair	1	1
F. Polypectomy	28	19
G. Shriodkar's Suture	21	27
14. Miscellaneous :		
A. Repair of vulva/trauma (mainly among Children)	6	16
B. Marsupialization of Bartholin Cysts)	13	5
C. Drainage of Bartholin Abscess	0	8
D. Diagnostic Curettage and Patency Test (Infertility)	232	246
E. Resection of Vaginal Septum	0	1
F. Resuture of Episiotomy	7	4
G. Excision of Vaginal Cyst	0	2
H. Hymenectomy	0	5
I. Loop Removal under G.A.	0	1

**STATISTICS ON SICKLE CELL HAEMOGLOBINOPATHY
(C.M. Hospital & J.M. Hospital)**

Total number of Sicklers — 563 Rate :7.4%

— 7.4% of all admissions in the Hospital are Sicklers.

10 % of all Sicklers have sickle cell disease (SS, S & F).

This small group was responsible for about 50% of maternal death in 1981.

TABLE No. I

Maternal Deaths in Bahrain	1979	1980	1981
Maternal Deaths in Bahrain	4	5	2
Total Births	9,935	10,359	10,726
Maternal Mortality :			
— Obstetric	2	4	2
— Associated	2	1	0
Maternal Mortality Rate per 100,000	38	50	18

TABLE No. II

Percentage of Home Deliveries	1979	1980	1981
Total No. of Births	9,935	10,359	10,726
Hospital Births	8,830	8,669	9,837
Home Births	1,105	1,690	889
Percentage of Home Births	11.12%	16.3%	8.2%

TABLE No. III

Percentage of Sicklers among all Admissions at C.M.H. & J.M.H.				
	1980	Rate	1981	Rate
Total No. of all Admissions	7,934		7,607	
Total No. of all Sickle Cell Positive & Trait Patients	290	3.6%	563	7.4%
Total No. of Sickle Cell Disease Patients	32	0.4%	56	0.74%
Maternal Mortality rate/100,000	2	690	1	178
Perinatal Mortality per 1000	7	24%	6	10%

**XXII. STATISTICAL COMPARISON BETWEEN 1974, 1975, 1976, 1977, 1978,
1979, 1980 AND 1981**

CENTRAL MATERNITY HOSPITAL AND JIDHAFA'S MATERNITY HOSPITAL

Details	1974	1975	1976	1977	1978	1979	1980	1981
Total Admission	4,624	5,750	7,114	7,206	7,491	8,187	8,276	9,483
Total Deliveries	4,064	5,612	5,691	5,694	6,265	6,805	6,782	7,563
Total Normal Deliveries	3,778	4,302	5,284	5,223	5,625	5,926	5,863	6,491
Total Live Births	4,022	4,575	5,600	5,583	6,162	6,687	6,666	7,505
Total Stillbirths	69	76	79	77	101	52	48	36
Total I.U.D.	20	48	45	57	50	66	50	51
Perinatal and Neonatal Deaths	—	71	49	66	80	73	83	62
Eclampsia	—	8	22	14	8	10	14	8
Twins (Sets)	50	65	87	71	66	81	66	88
Triplets	—	1	1	1	3	3	0	0
Maternal Deaths	5	4	3	6	4	4	5	2
No. of Beds	125	125	125	125	133	133	169	159

State of Bahrain Ministry of Health Department of Obstetrics and Gynaecology

C.M. HOSPITAL AND J.M. HOSPITAL

I. HOSPITAL MORTALITY

2 deaths occurred among 9483 cases admitted to Hospital during the year 1981. So the Hospital mortality rate was 0.21 per thousand admissions.

II. DEPARTMENTAL MATERNAL MORTALITY

Of the two deaths that occurred in the Central Maternity Hospital both were direct obstetric mortality cases.

During 1981 there were :

Deliveries	7,607
Abortions	845
Ectopic Pregnancies	19
	8,471
Total	8,471

So the Hospital maternal mortality in 1981 was 0.23 per thousand pregnancies.

III. BAHRAIN MATERNAL MORTALITIES

Out of the 9,412 deliveries controlled by State Medical Services during 1981, 7,607 took place in the C.M. Hospital and Jidhafs Maternity Hospital, 1,805 deliveries took place in the Maternity Centres and Bahrain Defence Force Hospital. Added to this number 1,314 deliveries took place in the houses or in the Private Hospitals, the American Mission and Awali Hospitals. Out of this above number nearly 60% were conducted in houses by traditional midwives.

So to make up the Bahrain maternal mortality rate in 1981 the three Hospital mortalities should be calculated against the total number of deliveries in Bahrain, added to the number of abortions and ectopic pregnancies that had been admitted to Hospital during the year.

Bahrain total deliveries (notified)	10,726
Abortions	845
Ectopic Pregnancies	19
	11,590
Total	11,590

So the Bahrain Maternal Mortality in 1981 was 26 per 100,000.

THE NURSING SITUATION IN THE CENTRAL MATERNITY HOSPITAL AND JIDHAFS MATERNITY HOSPITAL

The Central Maternity Hospital has a working capacity of :

A. Labour Room	15 beds — 3 delivery suites
B. Antenatal Ward	24 beds
C. Antenatal, Postnatal and High Dependency Ward	29 beds — 3 single beds
D. Postnatal Ward	35 beds — 3 single beds
E. Private Ward	12 — 3 beds
F. Special Care Baby Unit	40 cots.

There is also an Admission Room with two beds, Theatre and C.S.S.D. Supplies.

The Jidhafs Maternity Hospital :

A. Labour Room	8 beds
B. Antenatal & Postnatal	22 beds
C. Private Rooms	5 beds
D. Special Care Baby Unit	8 cots

Outlying Hospitals of Sitra, Raffa and Western Region with capacity of 12 beds each.

The establishment of staff are as follows :

A. Senior Nursing Officer	1
B. Nursing Officer for Labour Ward and General side	2
C. Ward Sisters for General Wards	15

There is one ward sister on each shift in the Labour Ward and Special Care Baby Unit. There is one Sister also on the general side every afternoon and a Night Sister covering the whole Hospital.

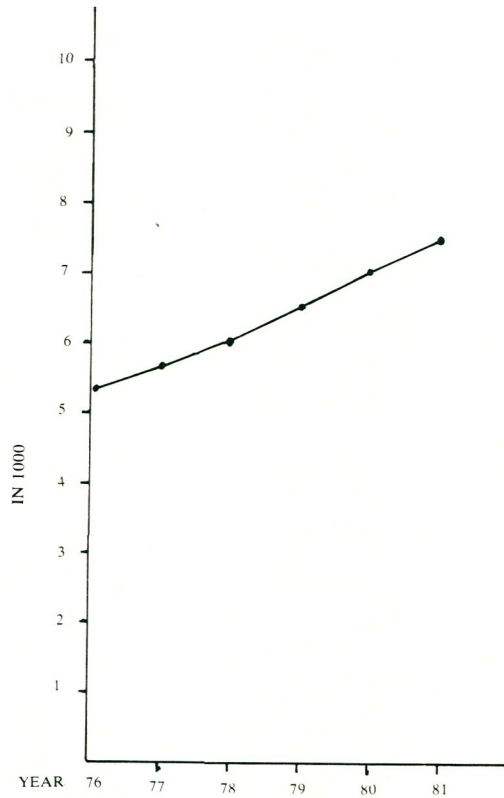
114 Staff Nurses and 2 Practical Trained Nurses are covering the Central Maternity Hospital and outlying Hospitals in a rotation of 6 months and there are 80 Auxillary Nurses who help and do the domestic work on the Wards.

During 1981, 7 Ward Clerks were employed.

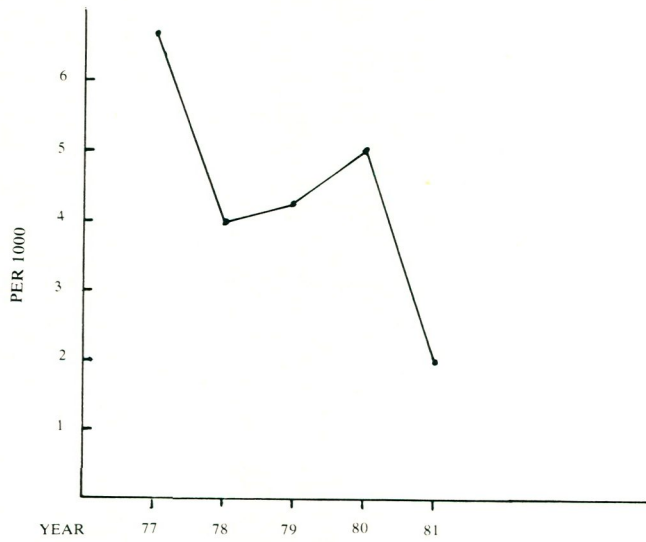
Jidhafs Maternity Hospital is covered by the following staff :

A. Ward Sister	2
B. Staff Nurses	21
C. Auxillary Nurses	9

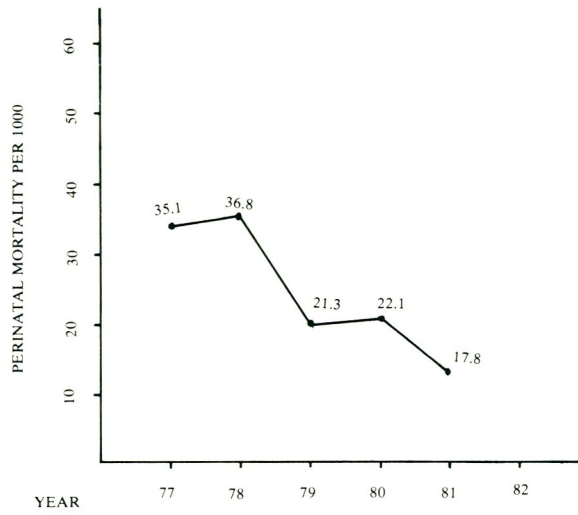
The Sisters and Nurses are covering the Hospital work schedule on rotation basis over 3 shifts.



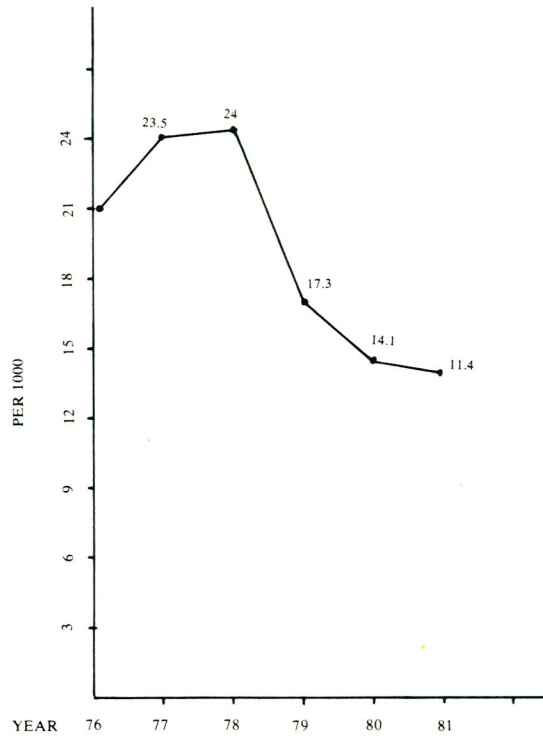
No. OF BIRTH (C.M.H. AND J.M.H.)



MATERNAL MORTALITY (1977 - 1981)



PERINATAL MORTALITY (1977 — 1981)



STILLBIRTH RATE PER 1000 IN ALL GOVERNMENT HOSPITALS : (1976 — 1981)

