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Praise for Newcastle hospital doctors after high risk, but successful childbirth from abdominal pregnancy

KWAZULU-NATAL Health MEC, Dr Sibongiseni Dhlomo, has congratulated the four doctors from Newcastle Provincial Hospital who were behind the safe delivery of a baby from a mother who had had a rare and dangerous abdominal pregnancy.

According to Dr Prem Naicker, who led the surgery team, the 28 year-old mother had been visiting Newcastle around the time of the Freedom Day holiday when she complained of lower abdominal pain, and was brought to the hospital on 28 April 2016.

The mother, who has declined to be interviewed or photographed, had been 32 weeks pregnant at the time, and had been honouring her Ante-natal clinic visits at a hospital in Gauteng prior to arriving in Newcastle. The doctors in Gauteng had not recognised that she had an abdominal pregnancy.

An ultrasound was performed at Newcastle hospital, and a diagnosis of abdominal pregnancy was suspected by the ultrasonographer and then confirmed by Dr Nonhlanhla Dlamini, the Head of the Obstetric Department. The fetus was still alive, and located behind the uterus, which was empty. The patient was in severe pain and was anaemic. There were concerns that the abdominal pregnancy had started bleeding internally, and that the fetus would not survive much longer. Dr Dlamini advised the patient that she would need emergency surgery the same night.

Four doctors had to perform a laparotomy - a surgical procedure involving a large incision through the abdominal wall to gain access into the abdominal cavity – which confirmed that, indeed, the unborn baby was in the abdomen, not in the uterus.

In a normal pregnancy, a sperm cell merges with the egg cell, and the resultant zygote moves through the fallopian tube to the uterus. An abdominal pregnancy occurs when a fertilized egg implants somewhere other than a woman's uterus.

Abdominal pregnancies are quite rare, occurring in about 1 in 10,000 pregnancies. When they do occur, they may end in death of the mother (usually from bleeding) in about 20% of the cases. Other causes of death in people with an abdominal pregnancy include anaemia, pulmonary embolus, coagulopathy, and infection. What is very unusual is for the abdominal pregnancy to end up as a live baby.

“The mother hadn’t been aware that she was carrying an abdominal pregnancy,” said Dr Naicker. “After the ultrasound showed that the pregnancy was outside the uterus, I was called in in the evening to do the surgery. We removed the baby. The baby was alive and well,

which is a very, very rare occurrence. The paediatrician was there, and everything was fine.

“Abdominal pregnancies are very difficult to diagnose, and sometimes everything appears to be normal. And then later on, the patient may present with abdominal pain. It’s always a very difficult operation because sometimes the placenta is stuck on the bowel, or the bowel is stuck on the placenta. But thanks to the Almighty, everything went well. It’s a good outcome. The hospital deserves the credit.”

The baby boy weighed in at 1,8kg and he and his mother were transferred to the intensive care unit for three days, and later to the post-natal ward. “Both baby and mother are doing well at this stage,” said Dr Naicker.

MEC Dhlomo, who is also the political champion of Amajuba District under which Newcastle Hospital falls, heaped praise on all the healthcare professionals involved in the operation.

“We wish to congratulate the doctors who were involved in this high risk medical operation. The fact that they pulled it off such a delicate procedure without incident is once again an example of the calibre of healthcare professionals that we have within the Department. They’re an inspiration, and we are extremely proud of them,” he said.

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