Comments on intrauterine fetal deaths (IUFDs)

Tragic figures with lowest prevalence at MTMH possibly reflecting positive effects of obstetric outreach in that county since 2019. Even there, some patients were referred with fetal distress to hospital but could not reach hospital in time due to poverty, poor roads (especially rainy season), lack of ambulance, lack of fuel, and drivers. Major problems such as age < 17, placenta praevia, severe preeclampsia, PROM, PPROM, unmanaged, breech, severe anaemia (for example Hb 3g/dl), prolonged obstructed labour in 2 cases with ruptured uterus, lack of materials, previous CS etc. Urgent need for obstetric outreach in all rural counties. Better roads, functioning ambulances and essential drugs and supplies. Mothers should go to hospital as soon as labour starts. Clinic staff need training in neonatal resuscitation (now started in 4 rural counties). Local press and radio need to provide information. CEmONC facilities in far-to-reach areas, such as Konobo in Grand Gedeh county, need urgent development.