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Dystocia risk score: A decision making tool to combat maternal mortality

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As a way to prevent maternal mortality and stillbirth, the dystocia risk score includes three components: A left column provides a list of eight characteristics to check for in the woman; an upper horizontal section provides a checklist of possible outcomes of the pregnancy itself: and a rectangular grid indicates the prognosis in three zones: a large red(dangerous), a medium-sized grey (doubtful) and a small blue (hopeful). The DRS is positive if there is at least one cross in the dangerous zone and/or two crosses in the doubtful zone (it indicates that the woman should be referred to a center specialized in obstetric emergency care); elsewhere, the DRS is negative. The validation test gives good results (sensitivity=83.61%, specificity=90.05%, positive predictive value=72.34%, and negative predictive value=94.04%). Its large-scale use would accelerate the identification of pregnant women with a high risk of dystocia. Their timely referral to specialized emergency obstetrics centers would increase the efficacy of care and reduce the levels of maternal mortality and stillbirth.

Biography

Papa Ndiaye is a gynecologist-obstetrician. He has a Master's degree in International Development and is a Professor of Public Health. After 12 years of practice in Senegalese maternities, he began academic carrier in 2003. Currently he is, cumulatively, Chief of the Public Health Section and Director of Cooperation and Research at Gaston Berger University. He is the author of over 50 publications mainly focused on sexual and reproductive health in various scientific journals.

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