Letter to the Editor

Wigglesworth's simplified classification of perinatal deaths

In response to Dr. Ishwar C. Verma's annotation on 'Estimating the preventable proportion of perinatal mortality' in May-June, 1986; 53: 323-325 issue of your journal,¹ I shall like to make the following comments on Wigglesworth's 'Simplified classification of perinatal deaths'.²

No doubt, this is a simple, practical and management oriented classification of perinatal deaths which can be used even in the absence of autopsy. However, in Indian context their B-5 category must be further expanded to specifically include deaths due to neonatal tetanus and neonatal sepsis in two further separate categories. This is essential since neonatal tetanus and neonatal sepsis contribute significantly to perinatal mortality in our country and they are essentially preventable conditions. Although both belong to infection group, yet it is important to categorise them separately since the epidemiological factors and other intervention strategies for the prevention of two conditions are quite different.

Difficulties in definitive clinical diagnosis of neonatal sepsis at home or in the health centre in the absence of laboratory investigations or autopsy are genuine, but in a gross sense, not insurmountable. Feeding difficulties or lethargy in a term baby in the absence of birth asphyxia or prematurity can be taken as indicator of sepsis. However, if the baby has asso-

ciated history of seizures or stiffness, then the diagnosis of tetanus should be made in preference to sepsis.

Hence the suggested modified classification of perinatal deaths is as follows:

A. Breakdown by birth weight in terms of 500 g between 1000-2500 g and taking normal birth weight babies as one category.

B. Broad classification of causes of death as below

(i) Normally formed macerated still birth. (ii) Congenitally malformed. (iii) Conditions associated with prematurity (in neonatal deaths only). (iv) Asphyxial conditions developing in labour. (v) Neonatal tetanus. (vi) Neonatal sepsis. (vii) Specific conditions other than above.

It is desirable that our pediatricians should write their experience after using this classification before it can be adopted on a wider scale with or without modifications.

O.N. Bhakoo

Professor of Pediatrics
Postgraduate Institute of
Medical Education &
Research, Chandigarh

References

1. Verma IC. Estimating the preventable proportion of perinatal mortality. *Indian J Pediatr* 1986; 53 : 323-325
2. Wigglesworth JS : Monitoring perinatal mortality, a pathophysiological approach. *Lancet* 1980; 11 : 684.