Factors influencing early perinatal mortality in a rural district hospital

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Abstract:

Early perinatal mortality (EPM) was prospectively analysed in a rural District Hospital during a 4 month period. 2,171 deliveries were recorded with an early perinatal mortality rate (EPMR) of 53/1000. Factors significantly influencing EPM included maternal age, education, marital and socio-economic status. Antenatal care, gestation at delivery, birthweight, pregnancy and labour complications were other significant factors. A maternal mortality rate of 2.8/1000 was also recorded. The study findings and possible lines of intervention are discussed. PIP: The examination of early perinatal mortality (between 28 weeks gestation and 1 week after birth) was conducted in the Machakos District Hospital in Kenya over a 4-month period. The hospital provides full gynecological and obstetric services and family planning. Out of 2171 deliveries recorded that early perinatal mortality rate (EPMR) was 53/1000 (114 losses). The maternal mortality rate was 2.7/1000 due to 3 ruptured uteri, 1 postpartum hemorrhage, 1 case of cerebral malaria, and 1 care of anesthetic complications. In the analysis of factors associated with EPMR, the findings showed that there was a statistically significant difference between married and single/separated status with regard to EPMR. Although not statistically significant, EPMR was lowest at a parity of 2. Maternal educational level and socioeconomic status had a statistically significant impact on EPMR. 70% of the mothers were in the low socioeconomic group, which had the highest rates of mortality. 5% of the birthing mothers did not receive prenatal care and contributed 22% of the perinatal mortality. There was also an unexpected number of perinatal deaths for mothers who had received prenatal car at a sub-district hospital. There was a very low EPMR (34/1000) for mothers without any complications, which constituted 81.4% of pregnancies. The highest EPMR of 315/1000 was found among those mothers with "threatened abortion." Malpresentation accounted for an EPMR of 242/1000, and prepartum hemorrhage, for an EPMR of 210/1000. 1.1% of mothers had a urinary tract infection, .1% had cardiac disease, and .1% had diabetes, but these complications were not associated with EPMR. 17% were premature births; 10% were births after 42 weeks. Mortality was highest among babies of less tan 28 weeks gestation. Among the 82% with the uncomplicated labor the EPMR was 10/1000. The 6% with prolonged labor had an EPMR of 177/1000. The highest EPMR was found among women with a ruptured uterus an cord collapse. The birth weight groups of 3000 to 3494 had the lowest EPMR. The recommendations pertained to improvements in the health care system