

**PREGNANCY OUTCOMES AMONG HUMAN IMMUNO-
DEFICIENCY SERO - POSITIVE AND SERO-NEGATIVE
MOTHERS DELIVERING IN PUMWANI MATERNITY
HOSPITAL IN NAIROBI, KENYA.**

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ABSTRACT

Globally, Human Immunodeficiency Virus (HIV) is a major cause of morbidity and mortality among women and children. As of 2011, approximately 34 million people had HIV worldwide. Of these, approximately 17.2 million were women and 3.4 million were less than 15 years old. The purpose of this study was to compare pregnancy outcomes in Human-immuno Deficiency Virus (HIV) sero-positive and negative mothers delivering at Pumwani Maternity Hospital. The hospital is located in Pumwani Division in Nairobi County and has a bed capacity of 350 and 150 cots, with an average of 60 deliveries per day. The objective of the study was to describe the pregnancy outcome among HIV sero-positive and negative mothers delivering in Pumwani Maternity Hospital, antenatal clinic attendance, gestation of the pregnancy at delivery, hemoglobin level, mode of delivery, body weight, and total blood loss following delivery; and determine the birth weight and apgar score of their babies. The methodology for the study was an analytical study design. Delivered consenting mothers satisfying inclusion criteria were interviewed by trained research assistants. Data collection tool was a researcher administered questionnaire that measured the independent, dependent and outcome variables of the study, namely; neonatal outcomes such as birth weight and apgar score; while maternal outcomes included antenatal clinic attendance, gestation of pregnancy at delivery, total blood loss, weight and mode of delivery. The data was entered in SPSS computer package version 10 and later analyzed and interpreted using inferential and descriptive statistics. Ethical approval for the study was sought from Kenyatta National Hospital (KNH)/University of Nairobi Ethics and Research Committee and the Medical Superintendent of Pumwani Maternity Hospital. 93 mothers were recruited for study. 20 were HIV sero-positive and 73 were negative. A pregnancy outcome was independently associated with HIV infection. Antenatal clinic attendance (OR=1 ; P= 0.99), gestation of pregnancy at delivery (OR=0.6; P=0.46), mode of delivery (OR= 2.8; P=0.05), total blood loss (OR=2.7; P=0.04), body mass index (chi=3.03; P=0.22), apgar score (OR=0.2; P=0.19), and birth-weight (OR=0.2, P=0.04). Results of the study revealed no significant differences in antenatal clinic attendance, gestation of pregnancy at delivery, body mass index, apgar score and birth-weight among the HIV sero-positive and negative group.

There was significant difference in the total blood loss among the sero-positive and negative group. The study established that there is no relationship between HIV sero-status and body mass index of a mother; nor between HIV sero-status of the mother and Apgar score and birth-weight of the baby. From the study results, it can be concluded that HIV sero-positive women are at a significantly higher risk of bleeding during delivery than the sero-negative mothers. The quality of antenatal care is a major determinant of pregnancy outcome for both the mother and her baby. The results of the study will be shared with peers, the hospital management and staff working in the study setting. The information generated will be important for programs designed to care for pregnant women, as well as inform the development of clinical practice guidelines.