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Assessment of the associated factors, management and complications of uterine rupture at Mizan-Tepi University Teaching Hospital, Mizan-Aman Town, Bench-Maji Zone, Snnprs, South West Ethiopia, 2016/17: A case control study

Yayehyirad Yemaneh
Mizan-Tepi University, Ethiopia

Background: Uterine rupture is tearing of the uterine wall during labor or delivery. Rupture of a previously unscarred uterus is usually a catastrophic event resulting in death of the baby, extensive damage to the uterus and sometimes even maternal death from blood loss. The overall incidence of uterine rupture is 1 in 2,000 deliveries. In developing countries, uterine rupture is more prevalent and is a serious problem.

Objective: To assess the associated factors, management and complications of uterine rupture in Mizan-Tepi University Teaching Hospital, Mizan-Aman town, Bench-Maji Zone, SNNPRS, South west Ethiopia, 2016/17.

Methodology: A hospital based unmatched multi-factorial case-control study was employed from 1st October - 30th October 2016. The required sample size gave us a total of 352 Delivery Charts by considering case to control ratio of 1:4, of these 71 were delivery charts with uterine rupture and 281 were delivery charts without uterine rupture were selected by using lottery method. Data was retrieved using pre-tested and structured data extraction format from operation notes, delivery registers and patients cards documented from 2013-2015 G.C. Using SPSS version 20 software, descriptive statistics ,bivariate and multivariate logistic regression analysis was done and p-value <0.2 and <0.05 were considered as significant during bivariate and Multivariate logistic regression analysis respectively. AOR with 95% CI was used to control for possible confounders and to interpret the result.

Result: From 1st January 2013 up to 31st December 2015, there were a total of 9878 deliveries from these 71 cases of uterine rupture were recorded giving an incidence of 1 in 139 Deliveries. Predisposing factors for uterine rupture were No antenatal care (AOR 4.08 95% CI 1.924-8.651), Labor Duration>18hrs (OR 2.769 95% CI 1.231-6.226), parity≥5 (AOR 6.16 95% CI 2.886-13.148), having obstructed labor (AOR 2.714 95% CI 1.228-5.720), no use of partograph (AOR 2.248, 95% CI 1.049-4.817). There were seven maternal deaths due to uterine rupture during the study period giving a mortality rate of ~0.07%.

Conclusion: Uterine rupture still remains one of the major causes of maternal and newborn morbidity and mortality. The prenatal mortality for both case and controls is high in Mizan-Tepi University Teaching Hospital.

Notes:

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