

3rd World Congress on

MIDWIFERY AND WOMEN'S HEALTH

November 13-14, 2017 | London, UK

Prevalence and associated factors of obstructed labour, and its outcome among mothers delivered at GIMBI public hospital, Wollega, western Ethiopia, 2015: Retrospective cross-sectional study

Daniel Shiferaw¹, Tefera Belachew² and Sileshi Toma³¹Mizan-Tepi University, Ethiopia²Jimma University, Ethiopia³UNICEF project implemented by Ethiopian midwife association, Ethiopia

Introduction: Obstructed labour is still a major cause of maternal morbidity and mortality and of adverse outcome for women and newborns in developing countries, mainly the problem caused by maternal pelvis or the fetus or both.

Methods: A retrospective cross-sectional study was carried out to assess the magnitude and associated factors of obstructed labour, and its fetal and maternal outcome among women delivered in Gimbi public hospital, Wollega, Western Ethiopia from February to March 2015. A total of 321 deliveries registered from 2012-2014 was reviewed. Single population proportion formula was used to determine sample size. The study participants were selected by systematic sampling technique. Bi-variable and multivariable logistic regression analyses were applied. Independent variables with $p < 0.05$ in multivariable logistic regression analysis were considered as predictors of obstructed labour.

Results: Prevalence of obstructed labour was 18.1% and the main causes were Cephalopelvic disproportion 61.3% followed by mal-presentation 27.1%. Risk of Obstructed labour was significantly associated with age, 15-19 year (AOR 11.22, 95% CI: 4.43-28.42), 25-29 year (AOR 1.23, 95% CI: 0.07-2.56); parity (nullipara) (AOR 24.96, 95% CI: 10.73- 56.85) and birth weight, 2.5-4kg, (AOR 4.76, 95% CI: 1.20-18.90). The major maternal complications were postpartum hemorrhage, ruptured uterus, and puerperal sepsis. From the total obstructed deliveries 45 (78.9%) of them were live birth and 13(21.1%) were still birth. Poor perinatal outcome including perinatal mortality was higher among obstructed deliveries. Prenatal complication was related with parity, and prolonged duration of labour. The perinatal mortality rate was 310 per 1000 total births for women who had obstructed labour and 42 per 1000 total births among women non obstructed group. Overall the perinatal mortality rate was 90 per 1000 total births.

Conclusion: The prevalence of obstructed labour was high. Age of the mother, parity and birth weight were significantly associated with obstructed labour. Birth preparedness and complication readiness also need to be addressed within the health system and the community level.

Notes: