

19<sup>th</sup> International Conference on  
**Gynecology, Obstetrics and Womens Health**

August 28-29, 2025 | Paris, France

**Factors associated with longer hospital stay following Caesarean section birth at a tertiary hospital in Eastern Uganda**

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Caesarean Section(C/S) is a lifesaving procedure for both the mother and the baby but it is associated with various post-operative complications and longer hospital stays. Prolonged Hospitalization after a Caesarean section can be stressful for both the healthcare providers and the mothers while also risking them acquiring hospital acquired infections. Factors related to longer hospital stays among mothers delivered by C/S have not been well explored. This study aimed to determine the factors associated with longer (> 4 days) hospital stay following Caesarean birth at Mbale Regional Referral Hospital. This was a retrospective cross-sectional study carried out at Mbale Regional Referral Hospital (MRRH) between December 2023 and May 2024 accessed in June 2024. A total of 536 patient files of women who underwent Caesarean section were randomly selected and reviewed. Data on social demographics, obstetric characteristics and other surgical details including outcomes was extracted and recorded using an online data collection tool. Descriptive analysis to summarise the data and logistic regression to identify factors associated with longer hospital stays were done, and P-values <0.05 significance level at a 95% confidence interval were considered. The mean hospital stay was 4.02 days (SD  $\pm$  2.87). Nearly half of the women (47.6%) were referred from other health facilities with most caesarean sections (70.9%) sanctioned by junior

house officers. Preoperative prophylactic antibiotics were administered in 85.4 % and spinal anaesthesia was used in 98.5% of the C-sections. In multivariable analysis, lack of a complete blood count, vaginal preparation, intravenous fluids before surgery and a patient undergoing general anaesthesia were significantly related to longer hospital stays. Multiple factors are associated with longer hospital stays at Mbale Regional Referral Hospital. Improvement of evidence-based practices such as the intravenous fluids, vaginal preparation and basic laboratory investigations before surgery and use of spinal anaesthesia can help to reduce hospital stay and its associated risks.

**Biography**

Tweheyo Ronald is a fourth year Bachelor of medicine and Bachelor of surgery (MBChB IV) at Busitema University, in Uganda. He is currently undertaking clinical training at Mbale regional referral hospital where he has developed strong interest in maternal and child health, health systems research and surgical outcomes. His academic work focuses on improving clinical practices through evidence –based research especially challenges faced in care delivery in low income settings. Ronald has authored and co-authored on topics including the utilisation of artificial intelligence in medical education, interprofessional collegiality and workplace abuse among healthcare workers and Zinner syndrome presenting with chronic pelvic pain and ejaculatory dysfunction. His current focus is on identifying modifiable factors contributing to prolonged hospital stays following Caesarean section births in Eastern Uganda.