

# FETAL AND MATERNAL OUTCOMES OF MOTHERS PRESENTING \_\_\_WITH OBSTRUCTED LABOUR AT PROVINCIAL GENERAL HOSPITAL\_KAKAMEGA.

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## BSTRACT

**Objective;** To determine the Maternal and Fetal outcomes in terms of Maternal and Fetal morbidity and mortality in mothers presenting with obstructed labour compared to other parturients undergoing emergency caesarian section at PGH Kakamega.

**Ratianale;** Obstructed labour is a major cause of maternal and perinatal morbidity and mortality accounting for an estimated 8% of maternal deaths [4].

This is an entirely preventable labour complication with improvement in comprehensive antenatal care, good and timely referral system and timely intervention (4)

There is limited data on studies in our set up that have been objectively done to determine the maternal and fetal outcomes of mothers with obstructed labour.

**Methodology;** This was hospital based prospective cohort study .The study area was PGH Kakamega Obstetric unit. The study was conducted between August 2008 and January 2009. The study group comprised of 135 mothers with obstructed labour while the comparison group also comprised of 135 mothers. Data collected was analyzed in SPSS version 15.0. Data analysis entailed the use of descriptive statistics such as frequency distributions and cross tabulations using the chi-square statistics.

**Results;** The study found that the prevalence of obstructed labour was 6.8%. Women with obstructed labour had low educational and socioeconomic status compared to the comparison group (p 0.032, 0.05).While 90% of mothers with obstructed labour had attended antenatal clinic only 49% had indented to deliver in hospital. Factors that contributed to the delay in presenting to hospital included; lack of funds (27%), husband or mother in-law refusal to give consent for hospital delivery (26%), lack of transport or ambulance at the primary and secondary level facility (17%). Obstructed labour was associated with significant maternal morbidities; ruptured uterus 6%, obstetric hysterectomy 5.2 %( p 0, 0015), uterine tears 14.8% (p 0.000), postpartum hemorrhage 14.9% (p 0.000), wound sepsis 43% (p 0.0001) and puerperal sepsis 26.7% (0.000).

Obstructed labour was also associated with significant fetal mortality and morbidities; stillborns 18.5% (p 0.0001), low Apgar score 30%, newborn unit admission 26.6% (p 0.0001) and neonatal sepsis 16.5% (p 0.0001).

**Conclusion;** There is need to improve the educational and socio-economic status of the women. Restructuring of M.C.H. Services should be done with particular attention to increasing community awareness on safe obstetric care, quality health talks to our antenatal clients on safe obstetric care, establishing a streamlined and effective referral system at the primary and secondary health care facilities and partnership with the community on the importance of safe obstetric care.