

MATERNAL MORTALITY AT KENYATTA NATIONAL HOSPITAL (NAIROBI, KENYA): 2000-2008

DR NYABOGA EDWARD OBURU, 2010.

ABSTRACT

Background

Developing countries account for majority(99%) of maternal deaths globally. These countries have committed themselves to reducing maternal mortality by three quarters by the year 2015, in line with the millennium development goals. This study intended to establish whether interventions towards achieving this goal in Kenya have influenced the pattern of maternal mortality at Kenyatta national hospital, the biggest referral hospital in Kenya.

Objectives

To describe the magnitude, causes, contributing factors and trends of maternal mortality at KNH for the 9 year period starting 1st January 2000 to 31st December 2008

Design

Analysis of maternal deaths

Setting

Kenyatta National Hospital (KNH)

Study population

All maternal deaths that occurred over the 9 year period starting 1st January 2000 to 31st December 2008

Methodology

The inpatient numbers and dates of deaths for all past cases of maternal deaths were obtained from the coding and indexing section of the records department; files were then retrieved from the secondary filing section. Patient files for maternal deaths that occurred during the study were obtained from respective departments. A questionnaire comprising both open and close-ended questions was then used to extract required information. Data was analyzed using statistical computer programmers - excel and SPSS.

Results

There were 1024 maternal deaths and 56,866 deliveries; MMR was therefore 1800/100,000 live births. Direct and indirect obstetric causes accounted for 54% and 29% of the deaths respectively. Overall, HIV (18.8%), abortion complications (14.9%), eclampsia (13.9%), puerperal sepsis (12.7%) and postpartum hemorrhage (5.1%) were the leading causes of maternal deaths. Over three-quarters of direct obstetric deaths were due to eclampsia, abortion, and puerperal sepsis in almost equal proportions. HIV accounted for most indirect obstetric deaths (64.4%), followed by anemia (16.1%), malaria (11.1%), and cardiac disease (6.4%). Mean age and mean parity at death were 26.61 years and 1.79 respectively. Decision to intervention intervals for emergency surgeries, blood transfusions and ICU admissions were within 2 hours for only 52%, 38% and 61% cases respectively

Conclusion

HIV has emerged as the leading cause of maternal mortality at KNH, surpassing all the traditional major causes of maternal deaths i.e. hemorrhage, abortion, puerperal sepsis and hypertensive disorders in pregnancy.

Sub optimal care was also a contributing factor to the maternal deaths

Majority of women who died were between 20-34 years, which is the peak of child bearing age in Kenyan women.

Recommendations

Periodic maternal mortality studies should be done to monitor emerging trends in maternal mortality causes, as well as evaluate effectiveness of interventions aimed at reducing maternal mortality.

Regular CMEs should be organized and SOPs on management of the major causes of maternal mortality formulated to ensure optimal patient care.