FACTORS ASSOCIATED WITH PRETERM BIRTH IN KNH

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ABSTRACT

Introduction: Preterm birth is an important cause of perinatal morbidity and mortality as well as increased cost of health care provision in our set-up. Preterm birth is the cause of at least 75% of neonatal deaths that are not attributable to congenital malformations, and causes long-term morbidity and disability for those who survive[1]. It is, therefore, important that risk factors be identified to help in preventive management of preterm birth in KNH.

Objective: To determine risk and outcome factors associated with spontaneous preterm birth among mothers delivering in KNH labour ward.

Design: This was a hospital-based comparative cross-sectional study.

Setting: Kenyatta National Hospital, Nairobi, Kenya.

Methods: Participants comprised of women delivering in KNH after spontaneous onset of labour. A structured, interviewer administered questionnaire was used to collect data. Data was collected over a three month period between June and August, 2009. There was no matching of the two groups.

Main Outcome Measures: Maternal risk characteristics and feto-maternal outcomes were compared between women who had preterm birth and those who delivered at term.

Study duration: 15th June and 29th August, 2009

Data analysis: this was done using SPSS version 13. Data entry was done into SPSS and data cleaning done by use of the questionnaires. Descriptive data was obtained and further analysis done. P-values, Odds ratios and 95% confidence intervals were calculated for the various variables under consideration.

Results: 200 women were recruited into the study, 101 in the preterm group and 99 in the term group. The prevalence of spontaneous preterm birth was 8.7%. There was no statistical difference between the two groups in socio-demographic characteristics. ANC attendance was 87.1% in the preterm group and 100% in the term group, which was

statistically significant, p-value<0.005. Nineteen percent of the preterm mothers presented with IUFD as compared to 2% in the term group, p-value <0.005, OR0.09[95%CI 0.01-0.42] . There was a significant difference between the two groups in terms of fetal outcomes. There was 100% mortality for infants born with a weight of less than 1000g.

Conclusion: Pregnant mothers should be encouraged to attend ANC, which may help in identifying and managing risk factors for preterm labour. There is need to develop cheap and simple biochemical markers to predict preterm labour.