

POST PARTUM HAEMORRHAGE AMONG WOMEN SEEN IN A TERTIARY HEALTH INSTITUTION IN PLATEAU STATE NIGERIA BETWEEN 2010 TO 2012

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ABSTRACT

The prevalence of postpartum haemorrhage (PPH) in Jos, plateau state has not been well documented in recent times. This study was conducted to determine the prevalence of PPH among women who were delivered of their babies in Plateau Specialist Hospital between 2010 and 2012. A retrospective study was adopted and 4552 files of women that delivered in the hospital were reviewed. Findings revealed that 65 women were diagnosed with PPH and was common among women between 25 and 34 years of age. Uterine laceration, uterine atony and retained products are the main causes of PPH in the study area. Further, the incidence of PPH was low as well as the overall prevalence in the three years considered. It was recommended that the current practices of active management be sustained and women between 25 and 34 years that come to deliver should be given special care.

KEYWORDS- Prevalence, Postpartum haemorrhage, Plateau State Specialist Hospital.

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INTRODUCTION

The reported cases of increase in maternal deaths around the world attributed to post-partum hemorrhage have been a great concern to many scholars and researchers.

According to World Health Organization (WHO) statistics, 25 percent of maternal deaths are due to post-partum hemorrhage, accounting for more than 100,000 maternal deaths per year (WHO, 2007).

Post-partum hemorrhage has been defined in various ways by which are either complementary to each other or a duplication of the same idea. Anderson, Smith and Etches (2007) defined post-partum hemorrhage as loss of blood in the post-partum period of more than 500mls. Simply put, it is excessive bleeding following the birth of a baby. They further posited that a loss of more than 500mls following vaginal delivery or more than 1000mls following caesarian delivery within 24 hours of delivery is termed early or primary post-partum hemorrhage, while losses after 24 hours of delivery is termed late or secondary post-partum hemorrhage.

Abouzahr (2003) estimated a global prevalence of 10.5% among women who had a live birth in year 2000. In another attempt Carroli (2008) found a global prevalence of post-partum hemorrhage of loss of blood greater than 500mls to be 6.09% and of PPH of loss of blood greater than 1000mls to be 1.66%. A web search literature on identifying Regional variation in the prevalence of post-partum has estimated a global prevalence of PPH to be 10.8% and of severe PPH to be 2.8% (Calvert, Thomas, Ronsmans, Wagner, Alder, 2012).



Ujah, Aisien, Mutahir, Vanderjagt, Glew & Uguru (2003), reported that specific studies on PPH in Nigeria are scanty but that the contribution of PPH to maternal death has been well documented and further study conducted by Balachandran, (1975) in Kaduna, Northern Nigeria had documented PPH as the most common cause of maternal mortality (25%). Anya & Anya (1999), at another study on trend in maternal mortality due to hemorrhage at the Federal Medical Centre in Umuahia, Nigeria reported that PPH had an incidence of 2.72% and with a case fatality rate of 3.25%. In the most recent report on PPH, Ijaiya, Aboyeji, Abubakar, (2003) gave an incidence of 4.5% for PPH in Ilorin, while Adewunmi (1986), in his study at Ibadan, opined that PPH contributed 18.7% to maternal mortality with a range of some risk factors such as maternal age of over 35years and grand multiparity.

Similarly, in another study on post-partum hemorrhage, Ajenifuja, Adepiti & Oguniyi (2010), opined that the exact incidence of PPH is difficult to determine due to the difficulty in accurately measuring the blood losses and that most studies quote figures ranging from 5% to 12% of vaginal deliveries. Their study found an incidence of 1.68% of total vaginal deliveries. The result, however, was relatively low compared to value given in other studies.

In a publication by JHIPIEGO in May 2006, the percentage of maternal mortality due to PPH in Indonesia has been given as 45% which is much higher in other parts of the world such as Sub-Saharan and West Africa with 25% and 27% respectively.

This study was conducted to determine the prevalence of PPH among women who were delivered of their babies in Plateau Specialist Hospital between 2010 and 2012.

RESEARCH METHODOLOGY

A retrospective survey design was adopted to determine the incidence and causes of post-partum hemorrhage in the Plateau State Specialist Hospital, Jos. This involves systematic collection of recorded data from 2010-2012 on deliveries in the hospital. The extracts from the recorded data will be; information on the age of the patient; number of deliveries in the hospital between 2010-2012; information on the causes of post-partum hemorrhage; information on the level of parity of patients who experienced post-partum hemorrhage; and information on the patient's ethnicity

The study population consisted of women of child bearing age (15-49 years) that were pregnant and came in for delivery in Plateau State Specialist Hospital within 2010-2012. All deliveries within 2010-2012 were included because the number of cases recorded is manageable and within the capability of the study for the set period of time without introducing any bias; the study is therefore a definitive one. Sample size was obtained by physical counting of post-partum hemorrhage related births following cataloging and separation by the Medical Records Department of Plateau State Specialist Hospital. Researcher employed services of co-researchers to carefully peruse the folders. Direct data collation was done by reading through the folders to get information. Total number of birth was 4,552.

The data was collected from the past records of the deliveries and the incidence of post-partum hemorrhage during the years 2010 to 2012. The instrument is most appropriate because all cases are recorded (records of deliveries and post-deliveries) and accurately kept giving room for the simplicity of data collection.

The data was analyzed using descriptive method such as percentage and frequency distribution.

Ethical clearance and approval were obtained from the Research Ethics Committee of the Plateau Specialist Hospital, Jos and data collected was used only for the research purpose with observance of anonymity and confidentiality of information.



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RESULTS

Table 1: Response of Retrospective Survey Design

Characteristic	Frequency (N=65)	Percentage (%)
Age		
15-24	16	24.6
25-34	35	53.8
35-44	12	18.5
45-54	2	3.1
Marital status		
Married	62	95.4
Single	2	3.1
Widowed	1	1.5
Educational level		
No formal education	18	27.7
Primary	5	7.7
Secondary	21	32.3
Tertiary	21	32.3
Tribe		
Igbo	5	7.7
Hausa	17	26.2
Yoruba	2	3.1
Berom	21	32.3
Others	20	30.8
Religion		
Christianity	42	64.6
Islam	23	35.4
Parity		
Primigravida (0-1)	20	30.8
Multipara (2-4)	22	33.8
Grand multipara (>5)	23	35.4
Causes		
Trauma (obstetric laceration)	17	26.2
Uterine atony	24	36.9
Coagulation defects	6	9.2
Retained products	16	24.6
Placenta praevia	2	3.1
Duration of stay in hospital (days)		
1-4	33	50.8
5-8	15	23.1
9-12	14	21.5
13-16	3	4.6

Table 1 shows the age, parity, causes of postpartum heamorrhage, duration of hospital stay, educational level, religion, tribe and marital status. This shows that the highest percentage of women with post-partum hemorrhage was between the age range 25-34 with a percentage of (53.8%), while the lowest percentage of women was between the age range 45-54 with a percentage of (3.5%).



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