Major Factors Contributing and Available Management Options To Late Vaginal Bleeding In Pregnant Women Attending Banadir Hospital

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Abstract

The Aim of the study is To identify major factors contributing to late vaginal bleeding in pregnant women attending Banadir hospital And specifically To identify socioeconomic risk factors associated with late vaginal bleeding in pregnant women and finally To find out the most appropriate management of late vaginal bleeding in pregnant women. *This study* was retrospective study was conducted at Banaadir hospital. The target population of this study was all 3rd-trimester pregnant women with bleeding attended in Banadir hospital from January to May 2019 The study used non probability sampling method. Our study finding placental abruption represented about 38% of all risk factors, followed by placenta previa which contributed about 30% of the causes followed by trauma 14%, uterine rupture 4% infections 8% and others 6%. 84% of study populations were low socioeconomic status, while 16% middle socioeconomic status. The study also finds out that 82% not attending antenatal care centers previously while 18% were visiting antenatal care centers. The study also revealed that 88% of study populations were multipara, the study also found the majority of mothers 32 (64.0%) were between the ages of 26-35 years old. 70% of all study population were managed surgical intervention (caesarean section), where 24% were managed medical treatment and remaining 6% were managed with conservative management. We conclude our study that Maternal morbidly and mortality could be prevented significantly if women and their families recognize pregnancy problems promptly and seek health care. Through this study we found that the risk of late vaginal bleeding was higher among women with less basic education, who belonged to the poorest family, who were older, had higher parity and who did not attend any antenatal care visits. We recommend to provide information, education and communication to pregnant mothers to increase their awareness. To the best of our knowledge, no studies have been conducted in Somalia to identify risk factors for late vaginal bleeding.

1.0 Background

Vaginal bleeding in the late stages of pregnancy is common. However, bleeding can be a warning sign among 3rd-trimester pregnant women. Late pregnancy bleeding occurs when placenta separates from the uterine wall and it is called placenta abruption, or when placenta sits low in the uterus partially or completely covers the opening of the birth canal and that is called placenta

Previa, there are some other causes like trauma, tumors, infections, and others. Many vaginal bleeding in the late pregnancy occurs after (>20 wk. Gestation and before birth). Vaginal bleeding is a common complication during pregnancy, which is observed in about 1/4 of pregnancies and in half of cases can lead to maternal and prenatal complications. If vaginal bleeding happens during pregnancy some adverse pregnancy outcomes, including perinatal mortality and morbidity, low birth weight and preterm delivery will be increased. Vaginal bleeding during 2^{nd} and 3^{rd} – trimester of pregnancy (The last 6 months of a 9 month 's pregnancy) involves concerns different from bleeding in the first three months of the pregnancy. Any bleeding during the second and third trimesters is abnormal. Bleeding from the vagina after 28th week of pregnancy is a true emergency. The bleeding can range from very mild to extremely brisk and may and may not be accompanied by abdominal pain. Hemorrhage (another word for bleeding) and its complications is the most common cause of death in over the world especially in sub- Sahara Africa.Vaginal bleeding is a common and alarming symptom during late pregnancy. (Michael D. Hnat, july 2005). It was pointed out that vaginal bleeding that occurs near the time of membrane rupture would likely be associated with increased risk of perinatal morbidity, especially during a shorter latency period to delivery. In Mumbai, India it was observed that higher percentage of death was caused by hemorrhage during pregnancy which leads to higher rates of anemia((Fernandes, march 2014).

The specific objectives which guided this research were:

1. To determine the major causes of late vaginal bleeding in pregnant women.
2. To identify socioeconomic risk factors associated with late vaginal bleeding in pregnant women.
3. To find out the available management provided to late vaginal bleeding of pregnant women at Banadir hospital.

2.0 Methodology

2.1 Research design and Study Site

This study adopted both qualitative & quantitative cross sectional approach using desk review Of secondary data from medical records for analyzing factors contributing to late vaginal bleeding conducted on January to May 2019 at Benadir hospital Wadajir district. Benadir Hospital is one of the largest hospitals in Mogadishu, it locates in Wadajir district, and Wadajir district lies in the south-west of Mogadishu.

2.2 Sampling and data collection procedure

During studying data collection period from Jan-May, we found that a number of population that was registered during study period was 150 respondents but 50 respondents of them was included in the study based on inclusion criteria while the rest was excluded our study.

The study was employ non-probability-sampling methods, which every one of the respondents was have equal opportunity to be selected that are Systematic Random Sampling method.

Before starting the study, the researcher was taken an introductory paper from jamhuriya university then the researcher see permission from the authority of the hospital, when was approved data collection team started to collect the data from hospital records.The data collection team took January to May to complete the data collection and was submitted to the researcher data collection sheet, consisted of age, address, gravida, parity. Gestational age and Factors contributing to late bleeding (placenta abruption, placenta Previa, vasa Previa and rupture of the uterus and others).

2.3 Data Collection Instrument

A questionnaire was used to collect data from hospital records using well designed data collection sheets. Data collection sheets consisted of: Age, Address, Gravida, Parity, Gestational age, and Factors contributing to late bleeding, socioeconomic factors associated with late vaginal bleeding, and appropriate management.

2.4 Data analysis

The researchers used frequencies and percentage distributions to analyze data then presented using text forms and tables which were designed with SPSS program (20.0). Item analysis used to determine age groups, parity, socio economic risk factors, and the factors of study.

2.5 Ethical consideration

The study "write the title" was conducted at Banadir hospital. Permission were obtained from the ethical review board of JUST and Banadir hospital administration to carry out the study.

2.6 Study Limitations

There were some limitations that faced by the researcher during the study, and they include: The cases admitted in Banadir hospital were confined only those cases that needed medical and/or surgical interventions or treatment that cannot be done outside of the hospital. Some of the interested groups that do not need hospitalization due their actual condition were not counted in the study as they were not registered in the hospital records.

3.0 Results

3.1 Respondents by age of the mother

Valid	Frequency	Percent(%)
15-25	13	26.0
26-35	32	64.0
36-45	5	10.0
Total	50	100.0

Table 3.1 Respondents by age of the mother

From Table 3.1 The majority of mothers 32 (64.0%) were between the age of 26-35,13 (26.1) were between the age of15-25, 5 (10.0%) were between the age of 36-45.

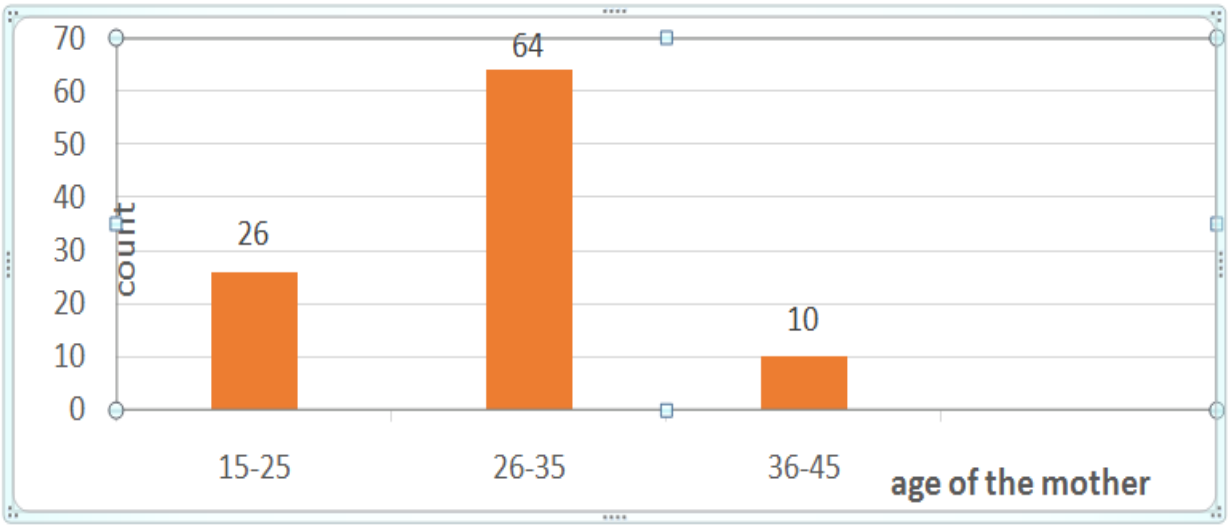

Figure 3.1 Age of the Mother

3.2 Parity Distribution

Valid	Frequency	Percent (%)
Nulliparous	6	12
Multipara	44	88
Total	50	100

Table 3.2 Parity distribution

From Table 3.2 The majority of the parity distribution 88% (44 cases) were multipara, where 12% (6 cases) were nulliparous.

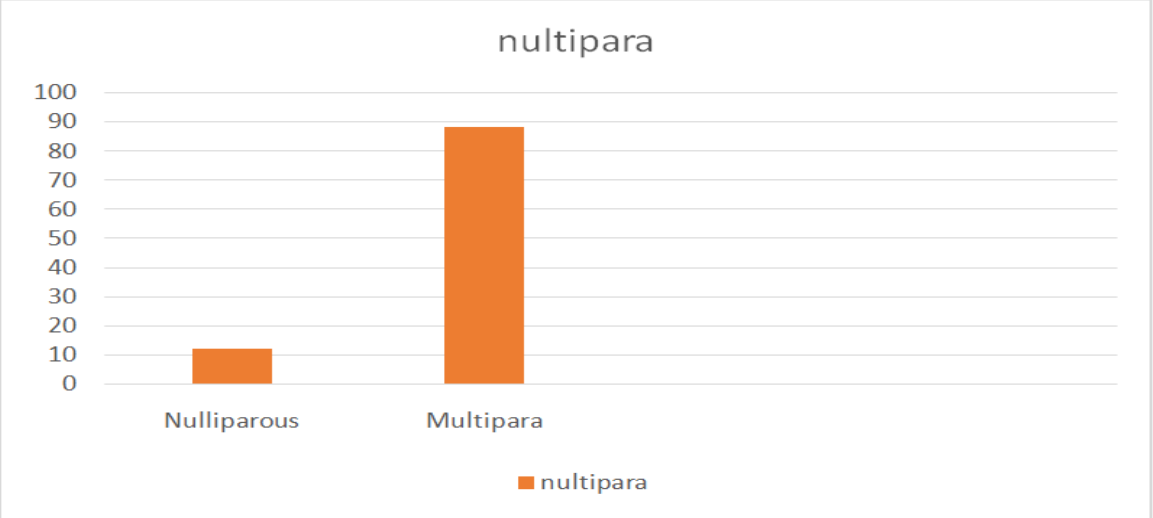

Figure 3.2 Parity Distribution

3.3 Gestational age group

Valid	Frequency	Percent (%)
6-7 months	10	20
8-9 months	40	80
Total	50	100

Table 3.3 Gestational Age

From Table 3.3 According to the gestational age is 80% (40 cases) were 8-9 months of gestational age, 20% (10 cases) were 6-7 months of gestational age.

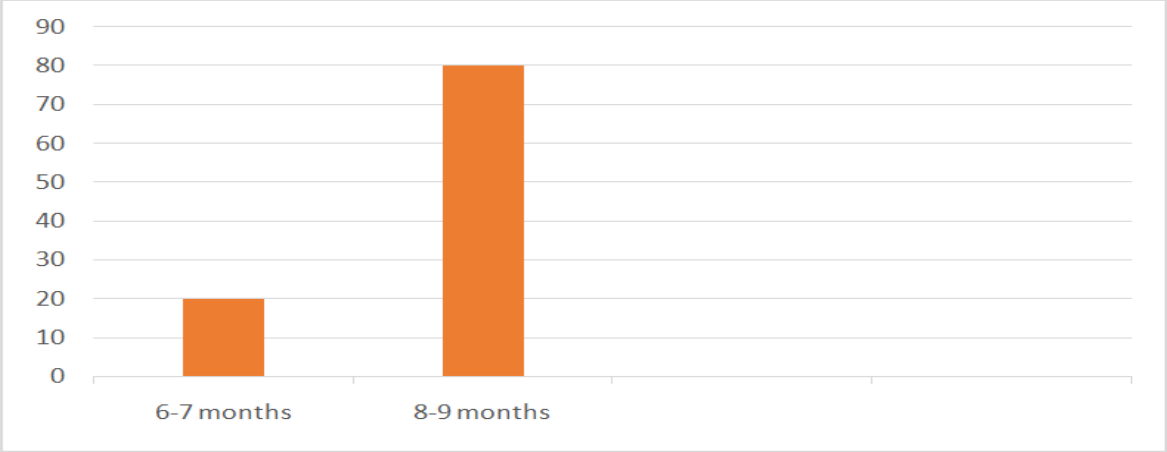

Figure 3.3: Gestational Age

3.4 Major Causes to Late Pregnancy Bleeding

Valid	Frequency	Percent (%)
Abruption Placenta	19	38.0
Placenta Previa	15	30.0
Uterine Rupture	2	4.0
Trauma	7	14.0
Infections	4	8.0
Other	3	6.0
Total	50	100.0

Table 3.4 Major Causes to Late Pregnancy Bleeding

From Table 3.4 The majority of causes to late pregnancy bleeding is placenta abruption which represent 19(38%) of all cases, followed by placenta Previa which represents 15(30%) and trauma 7 (14%), infections 4 (8%) and others 3 (6%)uterine rupture 4% each of all factors.

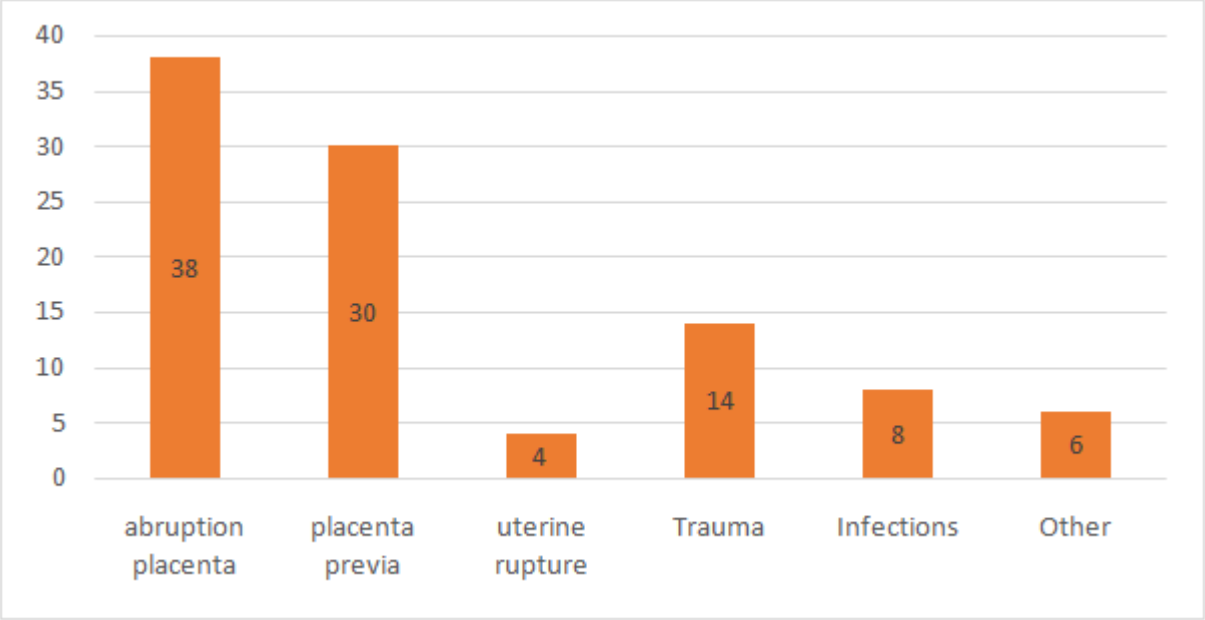

Figure 3.4: major causes of late pregnancy bleeding.

3.5 Previous antenatal care visits

Valid	Frequency	Percent (%)
Visited ANC	9	18
Not Visited ANC	41	82
Total	50	100.0

Table 3.5 Previous Antenatal Care Visits

From Table 3.5 More than half of study groups 41 (82%) were not attended antenatal care centers previously, the remaining 9 (18%) of study group were visiting antenatal care centers.Unfortunately most of the pregnant mothers who complained vaginal bleeding and

admitted in banadir hospital not visited antenatal care centers.

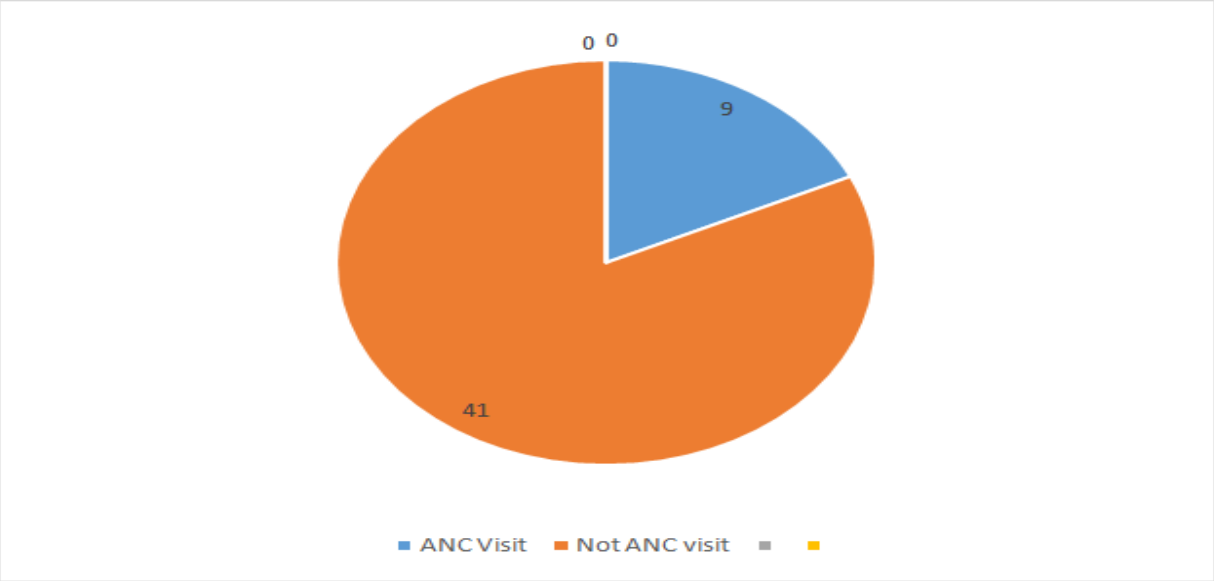

Figure 3.5: previous antenatal care visits.

3.6 Socio-economic

From table 3.6 Majority of the mother 42(84%) were low socioeconomic status (poor family), followed by 8 (16%) of the mother who were middle socioeconomic status.

Valid		Frequency	Percent
	low	42	84.0
	Middle	8	16.0
	Total	50	100.0

Table 4.6 socio-economic

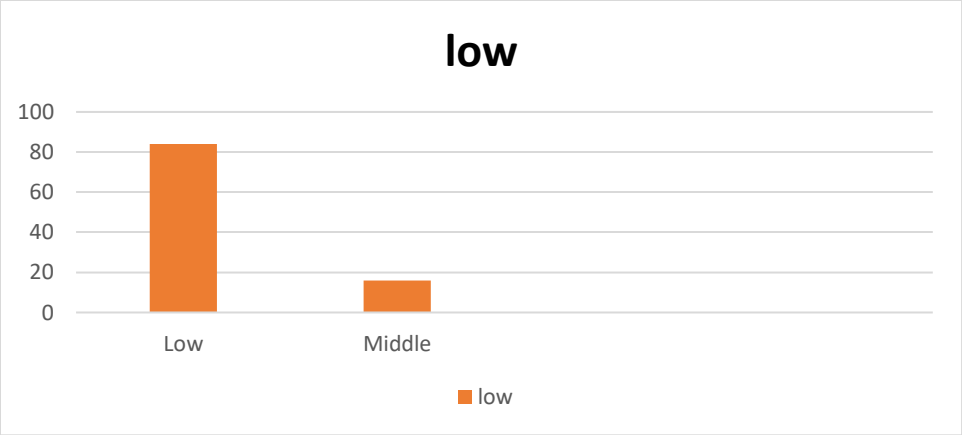

Figure 3.6 Socio-economic

3.7 Management to the late pregnancy bleeding

Valid	Frequency	Percent (%)
Surgery	35	70.0
Medical Treatment	12	24.0
Conservative Mgt	3	6.0
	50	100.0

Table 3.7 Management to Late Pregnancy Bleeding

From table 3.7 According to the management to late pregnancy bleeding 35 (70%) of the cases were managed surgical intervention, while 12 (24%) of the cases were managed medical treatment, and the remaining 3 (6%) were managed with conservative management

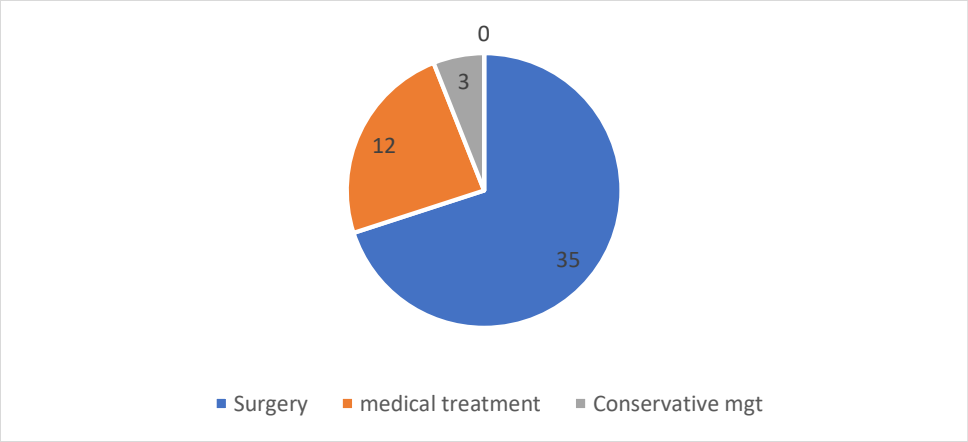

Figure 3.7 Management to Late Pregnancy Bleeding

4.0 Discussion

4.1 Demographic Characteristics of respondents

As the study founded the majority of mothers 32 (64.0%) were between the ages of 26-35,13 (26.1) were between the age of 15-25, 5 (10.0%) were between the age of 36-45. and According to parity distribution The study revealed that 88% of study populations were multipara, while 12% of study group were nulliparous and According to the gestational age 80% (40 cases) were 8-9 months of gestational age, 20% (10 cases) were 6-7 months of gestational age. The study also find out that 82% of study group were not attending antenatal care centers previously while 18% of the study population were visiting antenatal care centers.

The study shows that the age groups between (26-35 years old) represent the majority of the cases attended and admitted in Banadir hospital for the factors contributing late pregnancy bleeding and this study shows majority of the cases are multipara and their gestation age group was between 8-9months. Unfortunately, this study also shows most of the pregnant mothers who complained vaginal bleeding and admitted in banadir hospital not visited to the ANC.

The previous studies founded that the risk of late vaginal bleeding including placenta Previaincrease with age and risk is also more Parity, are carrying more than one fetus (WHO, Managing complication of pregnance and child birth, 2017).

While the other Previous study shows Approximately 50 percent of placental abruptions occur before 36 weeks' gestation, resulting in adverse outcomes secondary to prematurity (ELLEN SAKORNBUT, late pregnance bleeding, april 15 2007).

4.2 Major Causes to Late Pregnancy Bleeding of Respondents

The findings proved the leading factor that contributed late pregnancy bleeding to the cases admitted in Banadir hospital was placenta abruptions which represented 38% of all factors, followed by placenta prevue which represented 30%, trauma 14%, uterine rupture 4% infections 8% and others 6% each of all factors.Based on the analyses of chapter four the findings exposed that placenta abruption is the major cause that contributed late vaginal bleeding in all pregnant women admitted in Banadir hospital. In comparison to the literature shows that Abruption placenta is the most common life-threatening cause of bleeding during late pregnancy, accounting for about 30% of cases. It may occur at any time but is most common during the 3rd – trimester. While the Placenta previa accounts for about 20% of bleeding during late pregnancy and is second most common during the 3rd trimester (ELLEN SAKORNBUT, april 15 2007).

4.3 Socio-economic Characteristics of respondents

According to the socioeconomic risk factors associated with late vaginal bleeding among pregnant women the study was found that 84% of study populations were low socioeconomic status (poor family), while 16% of the interest group had middle socioeconomic status. Previous study in Ethiopia shows the most women in our country belong to the low socioeconomic class. It may not be because of ignorance that they

do not go to hospital, but because they cannot afford it. On the other hand, most of these women are ignorant about the consequences of vaginal bleeding. (Zerai Kassaye, 2005)

4.4 Management to Late Pregnancy Bleeding of Respondents

According to the analyses retrieved that 70% of all study population are managed surgical intervention (caesarian section), where 24% were managed medical treatment and remaining 6% were managed with conservative management. This study shows Most of the cases were managed surgery (caesarean section) and represented 70% of all cases. As the previous study results that Cesarean delivery is usually used for the women presented with late vaginal bleeding including placental abruption and placenta Previa (Heine, july 2018).

Other study shows A decision-to-delivery interval of 20 minutes or less resulted in improved neonatal outcomes in a case-control study of severe abruption (Sakornbut E1, April 2007).

5.0 Conclusion

Through this study we found that the risk of late vaginal bleeding was higher among women with less basic education, who belonged to the poorest family, who were older, had higher parity and who did not attend any antenatal care visits. Similarly, the risk of late vaginal bleeding was also increased for a woman who had previous cesarean delivery, previous placenta abruptions, the women with multiparty. Lack of antenatal care attendance, which had the strongest association with late vaginal bleeding in pregnant mothers, is a potentially modifiable risk factor, in that increasing the access to and availability of these services can be targeted. Antenatal care attendance provides an opportunity to screen for other potential risk Factors for antepartum stillbirth, as well as to provide counseling to women, and thus, helps to ensure a successful pregnancy outcome. Having realized the weaknesses in the health service in Somalia there is need for training health

workers providers in the concept of focused ANC, with specific emphasis on scheduling of visits, continuity of provider for each client, incorporating PMTCT and developing an Individual Birth Plan (IBP) to respond to existing knowledge gaps.

Inadequate action on social determinants of health. The conflict in Somalia has had negative impact on the social determinants of health resulting in political instability, population displacement, unemployment, weak health and educational institutions, environmental effects, gender disparity and food insecurity. Effects on the conflict stricken society include lack of social cohesion, fear and insecurity, distress and increasing levels of mental disorders due to social upheaval.

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