Factors Associated With Postpartum Hemorrhage Among Pregnant Women Banadir Hosbital

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Abstract

PPH is generally defined as blood loss greater than or equal to 500 ml within 24 hours after birth. It may result from failure of the uterus to contract adequately (atony), genital tract trauma (i.e. vaginal or cervical lacerations), uterine rupture, retained placental tissue, or maternal bleeding disorders. Uterine atony is the most common cause and consequently the leading cause of maternal mortality worldwide

The aim of this study where to investigate factors associated with postpartum hemorrhage among pregnant women in Banadir hospital Mogadishu Somalia the specific objectives of this study were. To determine factors associated with uterine atony, to identify main causes of retained placenta of postpartum hemorrhage, to assess traumatic effects during pregnant Banadir hospital Hodan district.

Methodology used a descriptive cross-sectional design and the study area is Banadir hospital Mogadishu Somalia a total 80 respondents was purposively selected from 80 respondents the data were collected using structured questionnaire, the data was compiled and analyzed by using SPSS version 20.

The result we found based on the respondents by the factors associated uterine atony as indicate that the (27.5%) of the respondents were said yes, while the relationship between retained placenta and postpartum hemorrhage of the respondents where (43.8%).

Keywords –*postpartum hemorrhage maternal mortality treatment medical and surgical.*

Background of study

PPH is generally defined as blood loss extra than or equal to 500 ml within 24 hours after birth, while severe state is blood loss more than or equal to 1000 ml within 24 hours. Most cases of injury and death due to PPH occur in the first 24 hours following delivery and these are regarded as primary whereas any irregular or extreme hemorrhage from the birth canal happening between 24 hours and 12 weeks postnatal is regarded as secondary PPH. It may result from failure of the uterus to contract adequately (atony), genital tract trauma (i.e. vaginal or cervical tears), uterine rupture, retained placental tissue, or motherly hemorrhage disorders. Uterine atony is the most common cause and consequently the leading cause of maternal death worldwide [1]

The leading cause of PPH is thought to be uterine atony - the failure of the uterus to contraction completely after delivery of the placenta. PPH resulting from uterine atony is a major preventable cause of maternal morbidity and mortality, especially in developing countries (B-Lynch et al., 2006). Injury and death due to PPH are mainly avoidable through trained care during childbirth. However, delays in classifying hemorrhage, delays in transferring the woman to the suitable point of care, and delays in getting the recommended treatment all contribute to high rates of maternal death and morbidity due to PPH. In several poor countries, women may give birth without any help. Alternatively, a relative, a member of the public, or a traditional birth attendant (TBA), often without

formal health training, may attend births occurring in the community. These females may not have access to interventions to either prevent or treat PPH [2]

Methodology

Research design:

This study was adopted cross sectional design study

Study area:

This study was conducted at Banadir hospital

Target population

The study was comprised patient with postpartum hemorrhage groups who sought care seeking from Banadir hospital and their residence in Mogadishu district

Sample size

The sample size using the solver n's formula.

$$n = \frac{N}{1 + n(e2)}$$

$$n = 100$$

$$n = ?$$

$$e = 0.05$$

$$n = \frac{100}{1 + 100(0.05)2}$$

$$n = \frac{100}{1 + 100(0.0025)}$$

$$n = \frac{100}{0.25}$$

$$n = \frac{100}{1.25}$$

$$n = 80$$

Sample procedure

The study was used purposive non probability sampling method was used.

Data collection & tools

Survey Questionnaires was used by collecting the data

Data analysis and interpretation

The researcher was employee descriptive statistics and frequencies table graph and mean rang analysis and the data was analyzed by using SPPS (20

Ethical considerations

The study concerns survival and development of the patients, the researcher were receive authorization letter from Jamahiriya university for science and technology and as well as Banadir hospital for them to be allowed that they can carry out the research

Limitations of the study

The limitation of this study includes poor resources for literature review and luck of internet access, delay of covid 19

Results

Table 4.6: Do you know risk factors of uterine atony?

DO you know risk factors of uterine atony?	Frequency	Percentage %
Yes	22	27.5%
NO	58	72.5%
Total	80	100.0

Respondent were asked DO you know risk factors of uterine Atony. And Replayed as follows 22(27.5%) were yes, and other rest follows as 58 (72.5) were no.

The figure below shows the above information graphically.

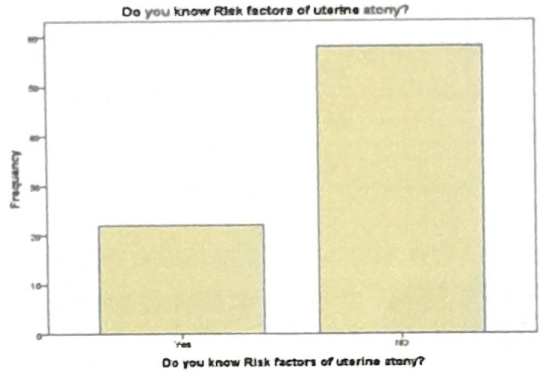

Figure 4.6: Do you know risk factors of uterine atony?

Table 4.8: Do you think that uterine atony can cause postpartum hemorrhage?

Do you think that uterine atony can cause postpartum hemorrhage?	**Frequency**	**Percent%**
Yes	33	41.3%
NO	47	58.8%
Total	80	100.0

The Respondent asked do you think that uterine atony can cause postpartum hemorrhage. And replayed as fallows 33(41.3%) were said yes and other follows 47(58.8%) were said no.

The figure below shows the above information graphically.

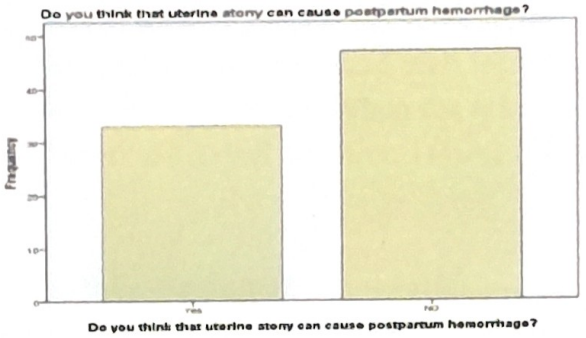

Figure 4.8: Do you think that uterine a tony can cause postpartum hemorrhage?

Table 4.10: Do you known status level of postpartum hemorrhage in Somali?

Do you know status level of postpartum hemorrhage in Somali?	Frequency	Percent%
Yes	54	67.5%
NO	26	32.5%
Total	80	100.0

Respondent asked do you know status level of postpartum hemorrhage in Somali were replied as follows 54(67.0%) were said yes and other rest as follows 26(32.5%) Were said no.

The figure below shows the above information graphically.

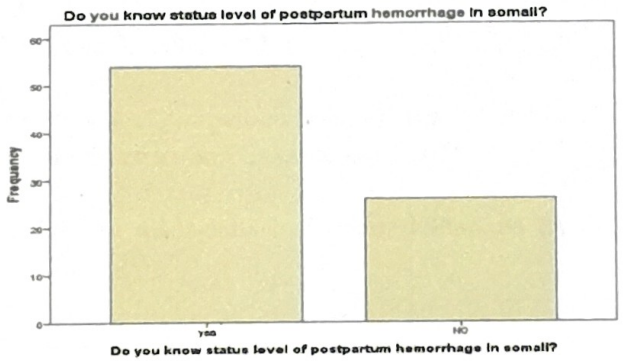

Figure4.10: Do you known status level of postpartum hemorrhage in Somali?

Conclusion

The result we found based on the respondents by the factors associated uterine atony as indicate that the (27.5%) of the respondents were yes, when the asked the question saying Do you thing that uterine atony can prevent (73.8%) of the respondents were yes, when asked the question saying(52.5%) of the respondents were medical and follows as (47.5%) of the respondents were surgical.

The result we found on Respondent asked IS the relationship between retained placenta and postpartum hemorrhage (43.8%) of the respondents were yes. When asked the question saying DO you think postpartum hemorrhage is serious disease (81.3%) of the respondents were yes.

The result we found based Respondent when asked the question saying genital tract trauma and other then episiotomy (15.0%) of the respondents were vaginal wall laceration. When the asked question saying (13.8%) of the respondents were cervical tear. When the asked question saying (16.3%) of the respondents were prenatal tear. When the asked question saying (55.0%) of the respondents were absent.

Recommendation

Based on feedings of this study the following are recommended.

- ✓ Postpartum family planning as essential component of both antenatal and postnatal care
- ✓ the use of uterotonics for the prevention of PPH during the third stage of labor.
- ✓ The use of bimanual uterine compression as temporizing for the treatment of PPH due to uterine atony.

Reference

[1] F. Ramadhani, Midwives' Competency for Implementation of Active Management of Third Stage of Labor in Dar es Salaam Municipal Hospitals, Tanzania. Masters thesis Midwives' competency for implementation of active, (2011) .

[2] N. Aflaifel, Postpartum haemorrhage: new insights from published trials and the development of novel management options. PQDT - UK & Ireland, April., 2015.

[3] M. H. Y. R. H. L. M. J. S. S. J. &. S. J. S. Kim, Clinical outcomes of prophylactic compression sutures for treatment of uterine atony during the cesarean delivery of twins., 2020.

[4] P. N. M. C. N. S. A. A. G. N. A. M. N. Y. C. H. M. &. M. Y. M. A. J. Shan, Uterine Atony: Management Strategies. Blood Transfusion in Clinical Practice, March., 2012.

[5] A. Weeks, The prevention and treatment of postpartum haemorrhage: What do we know, and where do we go to next? BJOG: An International Journal of Obstetrics and Gynaecology,, 2015.

[6] C. F. Grillo-Ardila, Prostaglandins for management of retained Placenta (A Systematic Review of Randomised Trials)., 2012.

[7] M. Endler, Characterizing Retained Placenta: Epidemiology and Pathophysiology of a Critical Obstetric Disorder. In Pediatric Research, 2016.

[8] S. M. Muda, Maintaining women's perineal integrity :, 2014.