

Management of Third Stage Labour in a Rural Ugandan Hospital

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Abstract : Background: The third stage of labour (TSL) can be complicated by Post-Partum Haemorrhage (PPH), which can have a significant impact on maternal mortality and morbidity. In Africa, 33.9% of maternal deaths are attributable to PPH1. In order to minimise this figure, current recommendations for the developing world are that all women have active management of the third stage of labour (AMTSL). The aim of this project was to examine TSL practice in a rural Ugandan Hospital, highlight any deviation from best practice and identify barriers to change in resource limited settings as part of a 4th year medical student External Student Selected Component field trip. Method: Five key elements from the current World Health Organisation (WHO) guidelines on AMTSL were used to develop an audit tool. All daytime vaginal deliveries over a two week period in July 2016 were audited. In addition to this, a retrospective comparison of PPH rates, between 2006 (when ubiquitous use of intramuscular oxytocin for management of TSL was introduced) and 2015 was performed. Results: Eight vaginal deliveries were observed; at all of which intramuscular oxytocin was administered and controlled cord traction used. Against WHO recommendation, all umbilical cords were clamped within one minute, and no infants received early skin-to-skin contact. In only one case was uterine massage performed after placental delivery. A retrospective comparison of data rates identified a 40% reduction in total number of PPHs from November 2006 to November 2015. Maternal deaths per delivery reduced from 2% to 0.5%. Discussion: Maternal mortality and PPH are still major issues in developing countries. Maternal mortality due to PPH can be reduced by good practices regarding TSL, but not all of these are used in low-resource settings. There is a notable difference in outcomes between the developed and developing world. At Kitovu Hospital, there has been a reduction in maternal mortality and number of PPHs following introduction of IM Oxytocin administration. In order to further improve these rates, staff education and further government funding is key.

Keywords : post-partum haemorrhage, PPH, third stage labour, Uganda

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