

Inpatient Neonatal Deaths in Rural Uganda: A Retrospective Comparative Mortality Study of Labour Ward versus Community Admissions

Authors : Najade Sheriff, Malaz Elsaddig, Kevin Jones

Abstract : Background: Death in the first month of life accounts for an increasing proportion of under-five mortality. Advancement to reduce this number is being made across the globe; however, progress is slowest in sub-Saharan Africa. Objectives: The study aims to identify differences between neonatal deaths of inpatient babies born in a hospital facility in rural Uganda to those of neonates admitted from the community and to explore whether they can be used to risk stratify neonatal admissions. Results: A retrospective chart review was conducted on records for neonates admitted to the Special Care Baby Unit (SCBU) Kitovu Hospital from 1st July 2016 to 21st July 2017. A total of 442 babies were admitted and the overall neonatal mortality was 24.8% (40% inpatient, 37% community, 23% hospital referrals). 40% of deaths occurred within 24 hours of admission and the majority were male (63%). 43% of babies were hypothermic upon admission, a significantly greater proportion of which were inpatient babies born in labour ward ($P=0.0025$). Intrapartum related death accounted for $\frac{1}{2}$ of all inpatient babies whereas complications of prematurity were the predominant cause of death in the community group (37%). Severe infection does not seem like a significant factor of mortality for inpatients (2%) as it does for community admissions (29%). Furthermore, with 52.5% of community admissions weighing $< 1500g$, very low birth weight (VLBW) may be a significant risk factor for community neonatal death. Conclusion: The neonatal mortality rate in this study is high, and the leading causes of death are all largely preventable. A high rate of inpatient birth asphyxiation indicates the need for good quality facility-based perinatal care as well as a greater focus on the management of hypothermia, such as Kangaroo care. Moreover, a reduction in preterm deliveries is necessary to reduce associated comorbidities, and monitoring for signs of infection is especially important for community admissions.

Keywords : community, mortality, newborn, Uganda

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