

Medico-social and socio-demographic factors associated with maternal mortality at Kenyatta National Hospital, Nairobi, Kenya.

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Abstract:

To identify the most significant determinants of maternal mortality in Kenya, a prospective study involving 49,335 deliveries occurring at Kenyatta National Hospital from January 1978-87 was conducted. There were 156 maternal deaths in this series, for a maternal mortality rate of 3.2/1000 deliveries. The 5 most frequent causes of death were abortion (24%), hypertensive disease of pregnancy (13%), sepsis (13%), anemia (10%), and cardiac disease (7%). 24% of women who died were age 19 years or under, 27% were 20-24 years, 23% were 25-29 years, and 11% were 30-34 years. The largest percentage (24%) of deaths involved nulliparous women; 16% were to women of parity 5 and above. 28% of the women who died were single, and single women contributed the majority of deaths from abortion. 66% of the women who died had received no prenatal care. The proportion of avoidable deaths was 19% among clinic attenders compared to 29% among non-attenders. Overall, age, parity, and marital status--traditionally regarded as the key factors associated with maternal mortality--vary in their impact, given the cause of death and medical services received. The assumption that high parity is associated with maternal mortality was not confirmed in this study due to the significant number of deaths from abortion that involved single, nulliparous women. In addition, many women who died were in the optimum age group for childbearing, but were more prone to suffer from anemia, hypertension, ectopic pregnancy, and cardiac disease than women over 30 years old. Overall, 126 deaths were considered avoidable. Contributory factors were slowness of surgical management of emergencies, prolonged confinement of women with cardiac disease, and a lack of emergency supplies of blood and drugs for complicated deliveries.