Socio-demographic and gynaecological variables of maternal mortality in a Kenyan subdistrict: January 1981-September 1988.

Abstract:

A study on institutional maternal mortality in Thika subdistrict is presented for the period January 1981 through September 1988. There were 86,248 live births in the various government and private institutions in the sub-district and 164 maternal deaths, giving a maternal mortality rate of 190/100,000. The various associated socio-demographic factors are analysed. PIP: This study describes institutional maternal mortality (MM) in the Thika subdistrict of Nairobi, Kenya, and also identifies socio-demographic and gynecological factors that have a bearing on MM. This study was retrospective from January 1981-January 1985 and prospective thereafter to September 1988. It was based on maternal death case reports from 3 main institutions offering maternity delivery services. The case reports were studied for maternal complications in pregnancy, labor and puerperium, for age, parity, fate of fetus, antenatal record, primary and secondary causes of mortality. Gynecological cases of death such as abortions, ectopic pregnancies, and trophoblastic disease were also considered. There were 164 MM and 86,248 live births. Results indicated that: 1) maternal age of 15-19 years does not appear to be at increased risk because of the numbers of those 19; 2) the risk is greater for primipara's and grandmultipara's. Marital status, education, and occupation did not influence MM; 3) more than 63% of MM occurred in the 1st week of admission; only 2.1% of these mothers had attended antenatal clinic, they started late in their pregnancy and the antenatal care received was inadequate; 4) the diagnosis as to causes of death for most of the cases was clinical; 5) sepsis of any association was a factor and was found to be very high in the post-operative MM with the triad of hemorrhage, ruptured uterus and hypertensive disease prominent. 6) Of the 164 MM, 9.8% were avoidable in the hospitals with their facilities; 51.2% were avoidable in hospital with improved facilities; 29.2% were avoidable elsewhere and only 9.8% were totally unavoidable.