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Childbirth Related Morbidity among the Women of Reproductive Age

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Abstract:
A descriptive research design was used to conduct this study among the women of reproductive age in central part of Nepal. The main objective of the study was to find out the childbirth related morbidity among the women of the reproductive age. A sample size was 100 women were taken on the purposive convenient sampling. Data were collected by interview method. The collected data were analyzed by using descriptive statistic such as frequency, percentage, mean and standard deviation. The finding of the study was 37 percent reproductive age women had some types of childbirth related morbidities. Mean age of respondents was 29 years. All of respondents were married and in Hindu religion. Majority of respondents was housewife (50 percent). Eighty-four percent respondents delivered their last baby at home, and the birth attendance was mother in law (92 percent). Majority of respondents had normal delivery (86 percent), adopted squatting and knelling position (88 percent) while giving birth. Majority 72 percent respondents had 2-3 years' childbirth interval, and the 42 percent respondent had average size baby born at last delivery. All most all 97 percent respondents use patuka (abdominal girdle) after delivery. Eighty percent respondents initiate their household work within 42 days of post-partum period. Forty-four percent respondent had some type of health problem during last child birth; that were chronic cough (12.7 percent), postpartum sepsis (20.4 percent), and constipation (15.9 percent), bleeding (4.5percent) and so on. Among the 100 respondents (multiple responses) 3 percent complained something coming down (uterine prolapsed in some degree), 37 percent had white watery discharge, 21 percent had chronic lower abdominal pain, 17 percent had lower back pain 4 percent had perineal area pain, 3 percent had difficult while walking and 2 percent had difficult in urine pass and 3 percent had stress incontinence. Hence, the findings reveal that, emergency obstetric care services should be available, affordable, acceptable all part of the country.

Keywords: Maternal morbidity, maternal mortality, Obstetric emergency, Reproductive age of women.

1. Introduction

Worldwide more than 275,000 women are estimated to die each year in pregnancy and childbirth. In addition, maternal morbidities or disabilities—are estimated to affect 15-20 million women worldwide each year. Assumed to be directly or indirectly causes related to difficult obstetric events, these morbidities/disabilities include conditions, such as uterine prolapse, stress incontinence, hypertension, hemorrhoids, perineal tears, urinary tract infections, severe anaemia, depression, fistula, and ectopic pregnancy (Fizor, et al 2013).

Maternal morbidity (MM) is difficult to measure, for several reasons. Because definition of what is MM could be very different according to authors, comparisons between studies are limited. Criteria to diagnose the diseases could also vary. Despite the fact that maternal mortality is a clear-cut condition, surveys are not easy to perform. Surveys to estimate the prevalence of MM are even more difficult to conduct. Several MM are difficult to diagnose, and require an (pelvic) examination, which is seldom possible in surveys (privacy, shyness about sexual and reproductive matters). Thus, very little information is available on morbidity, especially in the developing world.

Mortality statistic tells only half of the story. The incidence of maternal morbidity both short and long term is unknown. The most common quoted estimate that when a woman die, further 20 – 30 women fall in chronic morbidities (Fizor,2013). A study in Indonesia showed that during their pregnancy, labor, and puerperium 26.7 percent had some types of maternal morbidity current and short term (Djaju et al, 2000). Various social, economic and political factors influence health care delivery and contribute to this high maternal mortality ratio (MMR). Such a scenario makes improving maternal health care and deliveries a major priority of many countries. Nepal is one of the countries where a maternal death is still high. Pregnancy and childbirth are special events in women's lives and in lives of their families. This can be a time of great hope and joyful anticipation. It can be a time of suffering and even death. Although pregnancy and delivery are not a disease but a normal physiology process associated with certain risks to health and survival both for the women and infant she bears.

It is every woman's right to access high quality maternal health services that in turn must be accessible, affordable, effective, appropriate and acceptable to them in order to avoid preventable morbidity issnd mortality. Many complications of pregnancy and child birth that lead to mortality can be prevented by providing quality care that involves early detection of problems and appropriate timely interventions (Campbell et al. 2006; MOH 2008). To reduce maternal morbidity, mortality and improve neonatal health, government

has focused on improving access and supply of maternal health services. Despite these efforts, maternal morbidity and mortality remain a major public health problem in Nepal.

In Nepal information related to reproductive morbidity is scare. In recent years, several studies have been carried out to elite information about maternal mortality, which include information about maternal morbidity occurring during pregnancy. Recently it was estimated that there are 30 to 40 women permanently disable and injured. 15% of them were under 18 years old (SM/Nepal 2001). Early child bearing and short birth intervals are the influencing factors for the maternal mortality and morbidity. The fifth Millennium Development Goal seeks to reduce the maternal mortality ratio (MMR) by three fourths by 2015. In order to move towards this goal, adequate knowledge of maternal health is a prerequisite. It is well known that higher education is strongly correlated with improved maternal health knowledge, but on average, females' literacy in Nepal is only 57.5 percent (CBS, 2011).

2. Methodology

This is descriptive study. This study was conducted in central part of Nepal. Where the most of women deliver at home, and the emergency obstetric cares services is not available. Study populations were all married reproductive age women at list given one child after 28 weeks of gestation. Sample size was 100. Sampling method used non-probability purposive, convenience sampling technique. Data were collected using semi structured questionnaires. Data were collected by interview technique. Informed verbal consent was taken before interview. Maintenance of privacy and confidentiality of the respondents were assured. Collected data were first checked for completeness then process and converted into code by a designed code instruction. Collected data were processed and analyzed by manual and also used computer software descriptive statistic were used to describe the obtain data mean, percentage, association were measured. Limitation of the study this was a small scale study had purposive sampling and gynecological examination was not conducted due to limited resources, so the problems were only complaining of the subject.

3. Result

3.1. Women's Complain and Morbidities

Problems of respondents	Percentage
Yes	37
No	68
Complain of respondents	
White watery discharge	37
Lower abdominal pain	21
Lower back pain	17
Perineal area pain	4
Something coming down	3
Difficult to walk	3
Stress incontinence	3
Difficult to urine pass	2

Table 1: Complains during data collection among the respondents (n =100)
(More than one response)

Thirty-seven percent women complain they had some types of problem present at present. The common problems found related to childbirth related morbidity, during the data collection period majority 37 percent respondents complain they had heavy white watery discharge, lower back pain 21 percent, lower abdominal pain 21 percent, perineal area pain 4 percent, difficult in walking 3 percent and stress incontinence 3 percent. Also 2 percent respondents complain difficult in urine pass.

Time of notice after birth of baby	Number	Percentage
First	5	13.51
Second	4	10.81
Third	5	13.51
Forth	5	13.51
Others	18	48.64

Table 2: Recognition of problems first time by the respondents (n=37)

13.51 percent respondents recognized the problems after first child birth, then all most all followed equal as same. The most half 48.64 percent respondent had as recent or not indicate the specific birth.

3.2. Childbirth Events

Gravida	Percentage	Parity	Percentage
First	15	First	20
Second	18	Second	16
Third	19	Third	19
Forth	21	Forth	23
More than forth	27	More than forth	22

Table 3: Respondents according to gravid and parity: (n=100)

The majority of respondents 27 percent were gravid more than 4, and only 15 percent were primi-gravid. The mean gravid is 3 and SD +/-1.6. Majority of respondents 23 percent were para 4 and 16 percent had more than para 4. The mean para was 3 and S.D. +/- 1.61. Only 47 percent attain ANC visit at health institute.

Age of women in years	Percentage
19 and below	40
20 and above	60

Table 4: Respondent according to age at first child birth: (n=100)

Out of 100 respondents, 40 percent delivered their first child at the age of below 19 years and 60 percent respondents delivered after 20 years.

Types of delivery	percentage
Normal delivery	85
Norman with episiotomy	9
Breech	3
Caesarean section	3

Table 5: Types of delivery among the respondents⊖n=100)

The majority of the respondents (85percent) had delivered their baby normally in relation to types and presentation of the fetus and 9 percent were normal delivery with episiotomy, followed breech and LSCS.

Duration in hours	Percentage
5 to 12	42
Up to 3 and more than12	58

Table 6: Respondents' duration of last labor (n=100)

Out of 100 respondents 42percent had normal duration of true labor pain (5-12 hours) and other had more than 12 hours and up to 3 hours had 58 percent.

Morbidity during last child birth	percentage
Yes	44
No	66
If yes, types: (n = 44)	
Fever	20.4% (9)
Constipation	15.9% (7)
Chronic cough	12.7% (6)
Bleeding	4.5% (2)
Diarrhea	4.5% (2)
Perineal wound infection	4.5% (2)

Table 7: Types of morbidity during last child birth (n = 100)

Regarding type of morbidity found at last child birth 44 percent respond had some kind of problem that were fever 20.4 percent, constipation15.9 percent, chronic cough 12.7 percent, bleeding 4.5 percent, diarrhea 4.5 percent and perineal wound infection 4.5 percent.

Variables	Percentage
Place of delivery	
Home	84
Health institute	16
Birth attendance	
Mother in law	62
Health personnel	16
Self (alone)	10
Traditional birth attendance	4
Others (sister, neighbors)	8
Birthing position	
Squatting and knelling	88
Lithotomy	9
Others	3

Table 8: Respondents' place of delivery during the last childbirth (n = 100)

Finding regarding place of delivery, home delivery 84 percent, birth attendance while delivery 62 percent were mother in law. In regard to types of delivery 85 percent had normal vaginal delivery, 88 percent respondents adopt squatting and knelling position during delivery time.

Finding regarding to behavior of the respondents 97 percent used patuka(abdominal girdle) after delivery. During post-partum period 80 percent respondents initiate usual work within 42 days.

4. Discussion

The study result reveals that majority of the respondents 63 percent were illiterate. Educational status effect on knowledge of women causing failed health seeking behavior, early marriage, early childbirth and multi parity. The association between educational status and health care seeking behavior has negative relation. During the data collection period the respondents were complain some kind of problems they had, that 37 percent women complain they had some types of problem present at present. The common problems found related to childbirth related morbidity, during the data collection period majority 37 percent respondents complain they had heavy white watery discharge, lower back pain 21 percent, lower abdominal pain 21 percent, perineal area pain 4 percent, difficult in walking 3 percent and stress incontinence 3 percent. Also 2 percent respondents complain difficult in urine pass. The finding of the study showed that the association on multi parity and morbidity is statistically significance in chi square test with p. value 0.000. Literature shows that the primi parous women who had vaginal delivery were respectively at greater risk of serious maternal morbidities (Hebert, PR. 1999), and next literature shows that low socio-economic status, multi para women and high rate of mortality due to childbirth (Mahji, A. K. et al / UNFPA 2005).

Only 47 percent attain ANC visit at health at least four visit. Age at first childbirth is an important indicator, since early childbearing adversely affects the development of morbidity. This study, finding regarding place of delivery, home delivery 84 percent, birth attendance while delivery 62 percent were mother in law. In regard to types of delivery 85 percent had normal vaginal delivery, 88 percent respondents adopt squatting and knelling position during delivery time. Excessive intra-abdominal pressure may develop Pelvic organ prolapse. The intra-abdominal pressure arises due to cough, sneezing, constipation, heavy lifting, long time standing and use of abdominal girdle. Finding regarding to the respondents 97 percent used patuka (Pelvic girdle) after delivery. During post-partum period 80 percent respondents initiate usual work within 42 days. The respondents who initiated heavy work in early post-partum day were more affected. A study report shows that the heavy work in early postpartum day is the major causative factors of pelvic organ prolapsed (Ranabhat, R. 1997).

5. Conclusion

The findings of this study indicate that among the reproductive age women 47 percent had some kind of problem since after the child birth. This study also found that majority did not use antenatal care services properly. Most of women faced some kind of health problem during their child birth period. So, women should aware early treatment of the problem and emergency obstetric care services should be available, affordable, acceptable all part of the country.

6. Recommendation

On the basis of finding the study following recommendation are made in order to minimize the problem.

Emergency obstetric care should be available, affordable and acceptable all over the country to all pregnant women.

Women should be aware on the high-risk condition of the pregnancy, labour and postpartum period through awareness raising programme.

As parity high and short birth interval was a significant predictor of childbirth related morbidity, efforts for making family planning services and information available and more accessible should be promoted.

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