

POSTPARTUM HEMORRHAGE AND MATERNAL MORTALITY IN NIGERIA

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INTRODUCTION

Although specific studies on postpartum hemorrhage in Nigeria are scanty, the contribution of postpartum hemorrhage to maternal mortality is well documented. Almost four decades ago, a study conducted by Balachandran¹ in Kaduna, Northern Nigeria documented postpartum hemorrhage as the most common cause of maternal mortality, accounting for 25% of all maternal deaths. Many patients were admitted in a moribund state having delivered their babies several hours previously at home. Adewunmi's 1986 study from Ibadan reported that postpartum hemorrhage contributed 18.7% to maternal mortality². A more recent study from Eastern Nigeria reported 2.72% incidence and a case fatality rate of 3.25% for postpartum hemorrhage³.

In the most recent report (2003), Ijaiya and colleagues reported an incidence of 4.5% for postpartum hemorrhage in Ilorin. The risk factors in this study included advanced maternal age of over 35 years and grand multiparity⁴. Uterine atony was the most common cause of postpartum hemorrhage, accounting for 183 (53.8%) of the cases, the same as was noted in a study from the same center a decade earlier⁵.

Similar data are reported from diverse locations within the country. At the University of Nigeria Teaching Hospital, Enugu, south-east Nigeria, hemorrhage was second only to obstructed labor as the cause of maternal mortality⁶, and the most recent study from north central Nigeria revealed that hemorrhage was responsible for 34.6% of maternal mortality^{7,8}.

FACTORS CONTRIBUTING TO POSTPARTUM HEMORRHAGE IN NIGERIA

In Nigeria, as in other parts of the world, postpartum hemorrhage is most commonly caused by uterine atony. Other causes include retention of placenta or placental fragments, trauma to the genital tract, prolonged second stage of labor, multiple gestations or hydramnios, past history of postpartum hemorrhage, antepartum hemorrhage, uterine fibroids, mismanaged third stage of labor, and Cesarean section. All are recounted in detail in later chapters of this book. However, poverty, illiteracy, and unavailability of trained medical personnel combine to accentuate these problems in Nigeria, as do dwindling health resources as a result of bad governance.

MANAGEMENT OF POSTPARTUM HEMORRHAGE

The prevention of postpartum hemorrhage is predicated on its anticipation, and active management of the third stage of labor. Several strategies have prevented or reduced postpartum blood loss and decreased the incidence of severe postpartum hemorrhage and hence maternal mortality. Active management of the third stage of labor with the use of oxytocics with or without ergometrine is beneficial. The use of oxytocic drugs reduces postpartum hemorrhage by about 40%. The effective use of contraception also reduces the risk of high parity and consequently reduces the incidence of maternal deaths due to postpartum hemorrhage.

Here also, these concepts are dealt with in detail in chapters that follow. Ideally, every woman in labor must be closely monitored after childbirth for symptoms and/or signs of postpartum hemorrhage, although this is not yet possible in Nigeria. In addition, steps should be taken to eliminate the unnecessary procedures that contribute to the high incidence of postpartum hemorrhage such as episiotomy or operative vaginal delivery without clear indications. Apart from medical management of postpartum hemorrhage, the surgical approach is well documented and discussed in detail elsewhere.

PREVENTION OF POSTPARTUM HEMORRHAGE

Because postpartum hemorrhage is unpredictable, it is pertinent in countries such as Nigeria to advocate for the promotion of the routine active management of the third stage of labor with oxytocin and the availability and use of misoprostol when oxytocin is not available. Training and re-training of skilled birth attendants on active management of labor will help to reduce maternal hemorrhage-related morbidity and mortality. Extensive governmental campaign efforts should be directed at sensitizing the community to institutional deliveries where adequate monitoring is ensured such that prolonged labor is avoided

CONCLUSION

Postpartum hemorrhage remains a major cause of obstetric morbidity and mortality in Nigeria. Active management of the third stage of labor for high-risk pregnancies is advocated to reduce the incidence of postpartum hemorrhage due

to uterine atony. A medical audit of cases of postpartum hemorrhage should be introduced with the aim of identifying the factors associated with postpartum hemorrhage, in order to determine the preventive measures necessary.

In many ways, Nigeria exemplifies many other countries in the developing world where the factors working against the hoped for reductions in maternal mortality outnumber those that actually reduce the problem.

References

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