

PREVALENCE OF ADVERSE PREGNANCY OUTCOME AND ASSOCIATED RISK FACTORS AMONG HIV INFECTED WOMEN DELIVERED AT MWANANYAMALA HOSPITAL FROM MAY TO OCTOBER 2008

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ABSTRACT

Background: HIV infection among pregnant women has been associated with various perinatal and maternal complications. Studies conducted in the developing world have associated HIV infection with this poor outcome such as prematurity, low birth weight, and stillbirths. Others are premature rupture of membranes, postpartum haemorrhage and puerperia infections and delayed wound healing. However, some social demographic factors have been found to be predictors of this poor perinatal and maternal outcome among HIV infected women. Objectives: The main objective of this study was to determine the prevalence of pregnancy complications and the associated social demographic factors among HIV infected women delivered at Mwananyamala hospital in Dar es Salaam, Tanzania. Material and methods: Patients who were admitted in the labor ward due to labor pains or premature rupture of membranes were randomly recruited. Questionnaires were filled, antenatal cards were assessed, and, in some blood, samples were collected for VDRL Hb level and HIV status. These participants were then followed up on the seventh day postpartum and were assessed for presence of fever, abnormal lochia, episiotomy site and post C/ section wound were examined. Results: A total of 280 pregnant women were included in the study. Among them 9.3% presented with PROM. These pregnant women with PROM were found to have a poor weight gain OR 8.89 (95% CI 8.08 - 9.68). PPH was more observed following C/ section than normal delivery 11% and 0.4% respectively. Age between 30-39 yrs was found to be associated with this outcome OR 3.35 (6.63 - 17.02). Among the study population 2.9% developed wound sepsis following C/ section, primigravidae were at higher risk of this complication OR 1.41 (95% CI

0.73 - 2.73). primigravidae were also found to have higher risk of developing postpartum fever OR 2.32 (95% CI 6.05 - 8.87), but this was not statistically significant. Women who reported back with infected lochia were 5.4% of the study population. Infants born prematurely were more observed among women aged between 20 and 29 yrs. Prevalence of preterm delivery was 9.6%. In univariate logistic analysis low parity was found to be associated with this poor outcome, OR 6.09 (95% CI 0.23 - 16.16). Anaemia was also found to be associated with prematurity (<0.0001). Prevalence of still births in this study was 6%, Among them 2.5% were MSB and 3.6% were FSB. Reactive VDRL results and poor maternal weight gain during pregnancy were associated with MSB, OR 2.82 (95% CI 0.53-15.0) and OR 5.39 (95% CI 1.14 -25. 38) respectively. The prevalence of LB W babies was 11.8%. Among them 6% were due to prematurity while 15.4% were bom at term. Poor maternal weight gain was found to be the predictor of this poor neonatal outcome, OR 5.60 (95% CI 2.01-16.0).

CONCLUSION High prevalence of HIV infection was observed among young, married women with low parity and literate. Most of them were housewives. Anemia and poor weight gain during pregnant was very high, and this was found to be associated with prematurity and LBW. Maternal HIV and syphilis co-infection was found to increase the risk of MSB. Operative delivery was associated with postpartum morbidity. Also, PPH was observed following C/section as compared to normal deliveries. It was observed that social demographic factors influence the poor pregnant outcome among HIV infected women.