

Delayed decision-delivery time interval in emergency cesarean section, associated factors and fetal-maternal outcomes at regional referral hospitals in Dar es Salaam from April to June 2019

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Abstract:

Background

The recommended decision to delivery interval (DDI) in Emergency Caesarean sections 30 minutes. When the DDI is beyond 75 minutes, the prolonged duration could compromise maternal and fetal outcomes including fetal hypoxia, fresh stillbirths well as maternal postpartum hemorrhage and sepsis. Objective This study aimed at determining the prevalence of delay in the decision-delivery interval and factors associated with fetal-maternal outcome at referral regional hospitals in Dar es Salaam.

Methodology

Descriptive cross-sectional study was conducted at Mwananyamala, Amana, and Temeke Regional Referral Hospitals in Dar es Salaam. Women delivered by Emergency Caesarian section in the three selected regional hospitals in Dar-es-salaam were recruited from April to June 2019. Data analysis was done using SPSS version 25. Continuous data and categorical data were summarized using mean/standard deviation and frequency/percentage, respectively. Multivariate analysis was done to seek association between delay and social demographic and obstetric variables where p value at 0.05 was considered significant Results Emergency Caesarian was done on 306 women, among these 197 women had DDI of 75 minutes. The total meantime for ECS was 144.41 minutes with (CI): {122.19-166.64}. The proportion of those who delayed more than 75 minutes were 64.4%. Factors associated with delayed during ECS were delayed in consent signing, lack of personnel, delay in getting blood from the blood bank, non-availability of operating theatre, and unavailability of instruments which was statically significance. Maternal outcomes among the women undergone ECS were with no complications within 72hrs. while neonatal outcomes were having low APGAR score 39(12.75%) and good APGAR score were 267(87.25%)

Conclusion Our DDI is much higher compare to other developing countries, so there is a need to improve our DDI, through availability of Emergency Obstetric operating theatre. Recommendations There should be an Obstetrics Emergency operating room in each hospital.
