

FACTORS CONTRIBUTING TO THE MATERNAL MORTALITY IN DAR ES SALAAM MUNICIPAL HOSPITALS, TANZANIA, FROM AUGUST 2011 TO APRIL 2012.

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ABSTRACT

Complications of pregnancy and childbirth are the leading causes of maternal mortality among women of reproductive age in the developing countries where about 99% of all maternal death in the World occurs. The objective of this study was to determine the causes and factors contributing to maternal mortality in Dar es Salaam municipal hospitals from August 2011 to April 2012. This was a prospective cross sectional hospital-based study where the sample size was all maternal deaths which occurred, and the study population was all deliveries which took place in these hospitals during the period of study. The source of data was hospital records and interviews to the deceased close relatives which were then entered in the structured questionnaire and analyzed using a computer SPSS Program Version 17. Level of significance used was 95% (p95%) in order to confirm the actual cause of death.

Inadequate skills of the attending health personnel was found to be the leading contributing factor to death followed by delay in getting appropriate treatment in the hospital due to multiple factors such as lack of blood in the hospital blood bank; inadequate staff; absence of theatre services in some of the health centers; late referrals; delay in decision making at the family level and delay in seeking treatment for HIV/AIDS. According to the researchers assessment majority (57) of the audit report forms (68.7%) were found to have relevant causes of death and 26 of the forms (31.3%) the causes of death written were not relevant, for example 'high spinal anesthesia, amniotic fluid embolism, local herb intoxication, eclampsia, infection, prolonged obstructed labour etc need to be clarified more as being the real causes of death because they sound more as the diagnoses rather than the real causes of death. It is recommended that; more efforts are still needed to reduce maternal deaths in our country in order to reach the MDG 5 target for the remaining three years; municipal hospitals must, at all times, have enough blood which can be used during emergencies; auditing meetings should be done shortly (preferably within a week) after death so that important information regarding death is not forgotten; postmortem should be done routinely to all deaths in order to get the actual cause of deaths and on-job training to the health workers and motivation should be increased in order to improve the service in our hospitals. The real causes of death should be emphasized rather than the diagnoses as being the causes of death which are somehow confusing because they do not reflect the actual causes of death.