

ABSTRACT

The objective of the present study was to assess the incidence of selected postpartum morbidities and to describe factors associated with such morbidity in urban and rural populations in Ratnapura district.

Sample of 1041 pregnant women representing urban and rural sectors of Ratnapura district were enrolled at 36 weeks of pregnancy and followed up to 42 days postpartum. The women were seen at regular intervals on a pre-planned schedule. Mothers were educated on signs and symptoms that needed their attention. PHMM were given a checklist and were trained to make specific inquires at each scheduled visit. In addition they were instructed to refer when necessary for clinical examination by a MOH and laboratory investigations. The morbid conditions were diagnosed using criteria developed with the assistance of relevant specialists.

Seventy seven percent of the study population had one or more morbid conditions identified during the postpartum period. 32% had more than one morbid condition, and 38% had morbidity conditions that were medically diagnosed. Seventy five percent of the morbid conditions were detected within the first 14 days postpartum and further 36.4% of morbidities were detected during 10-14 days postpartum.

The study revealed that incidence of postpartum gynaecological infection (wound infection, genital tract infection and urinary tract infection) was high as 61.4 per 1000 deliveries. The incidence rates of these infections were: wound infection (49.2 per 1000 women who had LSCS delivery, Episiotomy or LRT), Genital tract infection (3.8 per 1000 deliveries) and urinary tract infection (23 per 1000 deliveries). The incidence of gaping of episiotomy wound was 51.6 per 1000 women with episiotomy. This condition could have lead to infection of the episiotomy if not detected early and would have increased the incidence of infection.

Infected episiotomies, gaping of episiotomy and perineal pain accounted for 12.5% of morbid conditions. The study revealed that the time of suturing and person suturing the episiotomy were factors associated with these conditions. Level of education, frequency of changing sanitary material and bathing practices during the first week of postpartum period were significantly associated with infected episiotomy in the bivariate analysis. This highlights the necessity of strict adherence to the existing guidelines on suturing of episiotomies given the Ministry of Health.

The type of institution where the deliveries took place was the only significant predictor variable for infected LSCS wound highlighting the importance of strict hospital infection control measures. The study also revealed that health related personal behaviour such as type of sanitary material used, frequency of changing sanitary material and factors related to intrapartum care such as undergoing more than five vaginal examinations were found to be common predictors of genitourinary tract infections (GTI and UTI considered together). The study highlights the need for specific education directed towards health related personal behaviours and appropriate attention to quality of intrapartum care in the control of postpartum gynaecological infections.

The incidence of breast conditions during the postpartum period was 118 per 1000 deliveries, and it had a significant association with non-exclusive breast-feeding and perineal pain. It is important to note that among the study population only 47.5% of women practised exclusive breast feeding during 42 days postpartum in spite of extensive campaigns to promote exclusive breast feeding. For exclusive breast feeding to be successful, continued support and encouragement should be provided by the field staff after the woman returned home.

Thirty five percent of the study population had clinically diagnosed anaemia. The method has a low sensitivity and as such the percentage of postpartum anaemia is very likely to be higher than that shown by clinical examination.

Although this problem has been addressed specifically in the national level by introducing Iron Folate therapy in postpartum mothers, it has not received due attention.

It is important to note that 44.9% of mothers showed evidence of psychologically distress during the postpartum period. This can have negative effects on the newborn and lower the quality of family life. Perineal pain, mode of delivery and breast problems were significant predictors of this condition. Quality postpartum care would prevent the risk factors as well as exert a direct preventive effect.

In addition, 39.1% of women complained of symptoms that were not related to a specific morbid condition. The commonest symptom was backache and this was reported by 31% of women, while 5.4% had perineal pain and 16.1% had symptoms at the last visit.

This study is the first of this nature in Sri Lanka and data are not available for comparison. Comparison between studies in local or international literature is difficult and inappropriate unless definitions and diagnosis criteria used are the same.

The study demonstrated that women could be educated to report important signs and symptoms and much morbidity could be detected and dealt with if regular postpartum visits are instituted. Many of the conditions identified could be managed at field level, while only 9.8% of morbidities needed referral to hospitals. The predictor factors that were identified in the study could be easily addressed with little change in strategies currently in place in the present MCH system. However the implementation and quality of care would depend on regular supervision and evaluation.

Preventing maternal deaths and morbidity is a duty of all who respect the woman's right to lead a healthy life.