

ABSTRACT

Objective: To describe the pattern of obstetric morbidity and some factors related to that pattern of morbidity and to identify some aspects of health care utilization among mothers in the study population.

Design: A population-based, descriptive cross-sectional study.

Study setting: The Medical Officer of Health area Biyagama.

Methodology: 269 mothers who had delivered during a six-week period were followed up during their puerperium. An interviewer-administered questionnaire was used to collect data during 2 rounds of interviews held with each mother.

Results: Of the 269 mothers, 28 (10.4%) were aged less than 20 years and 40 (14.9%) were aged 35 years or above. While 112 (41.6%) were primigravidae (parity 1), 20 (7.5%) were grand multiparae (parity 5+). With increasing parity, the level of education decreased and the proportion unemployed increased. These relationships were found to be very significant ($p=0.0001$ and $p=0.00001$ respectively).

All 269 (100%) mothers had received routine antenatal care during pregnancy and all delivered in medical institutions with skilled attendance. Out of all deliveries, 64 (23.7%) were caesarean sections.

The proportion of mothers with at least one obstetric morbidity during antenatal, intranatal and puerperal periods were 146 (54.3%), 161 (59.9%) and 145 (53.9%) respectively. Musculoskeletal pain (93, 34.6%), excessive tiredness (46, 17.1%), bleeding during early pregnancy (29, 10.8%), high blood pressure (25, 9.3%) and excessive vomiting (25, 9.3%) were the important morbidities seen antenatally. Unbearable labour pains (96, 35.7%), labour lasting for more than 12 hours (23, 8.5%), perineal tear, laceration or rupture (12, 4.5%) and retained placenta and membranes (11, 4.1%) were the main morbidities reported during labour. During the puerperium, musculoskeletal pain (66, 24.5%), cracked nipples (47, 17.5%), postnatal blues (117, 43.5%), postnatal depression (30, 11.2%) and infection of tear, episiotomy or any other surgical wound (18, 6.7%) were important.

Level of education and monthly family income were significantly related to antenatal morbidity ($p=0.031$ and $p=0.015$ respectively) while age and level of education were significantly related to intranatal morbidity ($p=0.0086$ and $p=0.0069$ respectively). Parity and the employment status were not significantly related to morbidity during any stage. Puerperal morbidity was not significantly related to the demographic factors nor to any of the delivery-related factors selected. Mothers who had registered for antenatal care by 16 weeks of gestation had more antenatal morbidity than others and this was significant ($p=0.037$).

Clinics run by the Medical Officer of Health were the main source of routine antenatal care while over 90% preferred to deliver at Teaching, General or Base Hospitals. Most mothers (86.6%) were accompanied by someone during antenatal visits and public transport was the main mode of transport during such visits. Although most husbands decided the source of treatment during antenatal illnesses, a majority of women took the decision during the puerperium.

Conclusion: Obstetric morbidity affects women with a wide ranging spectrum of disease. The enormity of this problem calls for the immediate attention of health planners and policy makers. More research should be encouraged to identify factors underlying obstetric morbidity.