

ABSTRACT

Background

Maternal mortality has traditionally been the key measurement in the monitoring of maternal health and adequacy of obstetric services around the world including Sri Lanka. Even though a developing country, Sri Lanka is experiencing a low level of maternal mortality rates with lot of inter-district disparities. However achieving the Millennium Development Goals will not be a reality unless maternal morbidities are properly addressed. In order to achieve that, Sri Lanka needs a clear understanding of the accurate burden of obstetric morbidities as well. The objective of the present study was to assess the proportion of selected antenatal morbidities, associated socio-demographic, economic and health related factors and to describe practices related to their management among mothers in Kalutara District.

Methods

A hospital based descriptive cross sectional study was conducted among mothers who delivered their babies after completion of 36 weeks of pregnancy in government hospitals with specialized obstetric care. Data was collected using a pre tested interviewer administered questionnaire. Information was also collected from Pregnancy Records, Clinic records, Bed Head Tickets and relevant documents. The morbid conditions were defined using standard definitions used by the Ministry of Health, Sri Lanka college of Obstetrics and Gynecologists and World Health Organization. The sample of 420 postpartum mothers were recruited from three main hospitals in the district General Hospital Kalutara, Base Hospital Horana and Kethumathi maternal Hospital for the study giving 99.5% response rate. Sample was selected proportionate to the monthly average of deliveries in each hospitals and unit. Systematic sampling was used to select mothers from each unit using the postnatal ward register. Basic socio demographic characteristics of the sample were approximate with the population characteristics of the district. Data collection was done by the principal investigator.

Results

The sample predominantly consisted of mothers who were Sinhalese(83.8%);Buddhist(81.9%); educated up to O/L and above. The majority of them were in the age group of 20-29 years.

The results revealed that the proportion of mothers had at least one selected antenatal morbidity was 42.9% and more than one morbidity was present among 9.1% mothers .The most common morbidity among mothers was anaemia (21.2%). The rest of the morbidities reported were as ; chronic hypertension 2.6%, Pregnancy Induced Hypertension8.1%, chronic Diabetes Mellitus 3.1%, gestational Diabetes Mellitus 4%, heart diseases 1.7%, Antepartum hemorrhage2.4%, Asthma6.9%, Urinary tract infections2.6%, epilepsy 0.7% and liver diseases 0.5%. There were no reported cases of Malaria, Tuberculosis and Sexually Transmitted Diseases.

Mothers whose age was 35 years or more were more likely to have any morbid conditions during pregnancy (OR=1.7, 95% CI= 1.04-2.8). Statistically significant associations were seen between the age group with PIH and Anaemia. No significant association was seen between GDM and selected characteristics. The association between the higher parity of three or more, unplanned pregnancywith the presence of anaemiawasstatisticallysignificant.

Overall awareness and perception about morbidity was good. Practice related to management of PIH was good. But the dietary habits regarding management of anaemia and GDM were not satisfactory.Physical exercises were not given adequate attention by mothers with GDM.

Conclusion

Proportions of antenatal morbidities are notably high among mothers in Kalutara District. The services should be more oriented to address preventive and management strategies on such morbidities. More researches should be carried out to identify the underlying causes for these morbidities.

Key Words: Antenatal morbidity,Sri Lanka.