



Obstructed Labour and Maternal Outcome at the Intensive Care Unit of the University of Port Harcourt Teaching Hospital: A Ten Year Review

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Authors' contributions

This work was carried out in collaboration among all authors. Author SE designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors ENE and DGBK managed the analyses of the study. Author DGBK managed the literature searches. All authors read and approved the final manuscript.

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Conference Abstract

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ABSTRACT

Introduction: Obstructed labour is a major cause of maternal mortality. Admissions into the intensive care unit (ICU) especially for post-delivery monitoring and treatment of patients with obstructed labour entails critical care for favourable outcome for the mother.

Aim: To evaluate the maternal outcome of mothers admitted into the intensive care unit who had obstructed labour at the University of Port Harcourt Teaching Hospital (UPTH).

Methodology: The study was a retrospective study of all the cases of obstructed labour admitted into the ICU of UPTH between 1st January, 2007 to 31st December, 2016. Information were retrieved from the patients case note and analyzed using SPSS version 20.

Results: A total of 1549 patients were admitted into the ICU for the period under review, of which 218(14.1%) were obstetric admissions. One hundred and forty were unbooked mothers while 78 were booked. The mean age was 30 ± 2 years and the modal parity was 2. All the 64 cases of obstructed labour were unbooked mothers and comprised 29.4% of the obstetric admissions. The number of maternal deaths from obstructed labour were 23, which comprised of 10.6% of the obstetric admissions.

Conclusion: The study revealed that the maternal deaths following obstructed labour admitted into the ICU was high. The reason is that these patients present late. There is therefore need for patients at risk of obstructed labour to register for antenatal care early and delivery conducted by skilled birth attendant for improved outcome.

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DISCLAIMER

The abstract was previously presented and published in the following conference.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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