# FACTORS ASSOCIATED WITH PRETERM BIRTHS AMONG POSTNATAL MOTHERS AT SOROTI REGIONAL REFERRAL HOSPITAL, EASTERN UGANDA.

# By ADONGO PAMELLA ROSSET, RCN, BNS BU/GS16/MPH/02

# A RESEARCH DISSERTATION SUBMITTED TO BUSITEMA UNIVERSITY, FACULTY OF HEALTH SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A MASTER DEGREE IN PUBLIC HEALTH

# **DECLARATION.**

I Adongo Pamella Rosset, do declare that this dissertation is my original work, except where
due acknowledgement has been made, and has never been submitted to this University or any
other institution for any academic award.
Signature
Date:

## **APPROVAL**

This dissertation is submitted to Busitema University, Faculty of Health Sciences in partial fulfillment of the requirement for the award of a Master Degree of Public Health of Busitema University by the approval of the supervisors.

1.	SignatureDate
	PETER OLUPOT-OLUPOT, MB.Ch.B, MPH, PhD, SRF, FUNAS.
	Associate Professor
	Department of Community and Public Health
	Faculty of Health Sciences
	Busitema University
•	
2.	SignatureDate
	JULIUS N.WANDABWA, MB.Ch.B, MMed (Obs/Gyn), PhD
	Professor
	Department of Obstetrics and Gynaecology
	Faculty of Science and Education
	Busitema University

#### **ACKNOWLEDGMENT**

First of all, I want to thank and praise the Almighty God for His unending love and mercy that enabled me accomplish this research report.

I thank the Public Health Department of Busitema University Faculty of Health Science (BUFHS) for including this research program in our course of study which enabled me to get hands on experience in research.

I also thank the Head of Department Dr. Wanume Benon and team for the great work they have done to enable this report successful.

Special thanks go to my dear supervisors Prof Julius Wandabwa and Assoc. Prof. Peter Olupot-Olupot for their valuable guidance, mentorship and support throughout this study.

Many thanks also go to the Makerere Sweden Research Cooperation for the scholarship (SIDA) and financial support that allowed smooth running of the study.

In a very special way, thanks goes to the all the class members who have tirelessly given in ideas and all forms of support to enable a successful research.

# **DEDICATION**

This book is dedicated to my dear husband Mr Lawrence Oyematum.N, lovely children Ezek, Ashbel, Jerahmeel and Magy, my mother, Mrs. Margaret Ekou, and Brother Sam Epido, who through physical, emotional and spiritual support made it possible for me to achieve this level.

## TABLE OF CONTENTS

Declaration.	ii
Approval	iii
Acknowledgment	iv
Dedication	v
Table of contents	vi
List of abbreviations	x
List of tables and figures	xi
Abstract	xii
Definition of terms	xiii
CHAPTER 1	1
1.0 Introduction	1
1.1 Background	1
1.2 Problem statement	2
1.3 Study objectives	2
1.3.1 Broad objective	2
1.3.2 Specific objective	2
1.4 Research questions	3
1.5 Justification and utility of the Study	3
1.6 Conceptual Framework	3
CHAPTER 2: LITERATURE REVIEW	6
2.0 Introduction	6
2.1 Prevalence of preterm birth	6
2.2 Preterm birth and causes	6
2.3 Factors associated with preterm birth	7

2.3.1 Maternal Socio-Demographic Factors:	7
2.3.2 Obstetric Risk Factors:	8
2.3.3 Fetal Factors:	11
2.4 Gestational age measurement.	11
CHAPTER 3: MATERIALS AND METHODS	13
3.0 Introduction	13
3.1 Study Design	13
3.2 Study area	13
3.3 Study Population	15
3.4 Study period	15
3.5 Eligibility Criteria	16
3.5.1 Inclusion criteria	16
3.5.2 Exclusion criteria	16
3.6 Sample Size	16
3.7 Sampling procedure	17
3.8 Study variables	17
3.8.1 Dependent variable	17
3.8.2 Independent variables	17
3.8.3 Potential confounders	17
3.9 Recruitment of Participants	17
3.10 Data collection	18
3.10.1 Training of research assistants	18
3.10.2 Data collection tools	18
3.10.3 Pre-testing of data collection tool	18
3.10.4 Data collection techniques	18

3.10.5 Field editing of data	19
3.10.6 Data analysis and presentation	19
3.11 Measurement of gestational age.	19
3.12 Measurement of maternal nutritional status	20
3.13 Ethical considerations	20
CHAPTER 4: RESULTS	21
4.0 Introduction	21
4.1 Results	21
4.2 Description of participants	22
4.2.1 Socio-demographic characteristics of the Mothers	22
4.2.2 Characteristics of the Babies	23
4.2.2.1 Birth weights	23
4.2.2.2 Gestational age	24
4.2.2.3 Sex of the babies	25
4.3 Prevalence of Preterm birth	26
4.4 Socio-demographic factors associated with Preterm birth	26
4.5 Previous obstetric factors associated with Preterm birth	27
4.6 Current medical/obstetric factors associated with Preterm birth	28
4.7. Independent Determinants of Preterm Birth	29
CHAPTER 5: DISCUSSION	30
CHAPTER 6: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS.	33
6.1 Conclusions	33
6.2 Limitations	33
6.3 Recommendations	
DEFEDENCES	24

APPENDICES	40
Appendix I: Questionnaire	40
Appendix II: Consent form for the participants	43
Appenix III: Permission letter	45
Appenix III: Approval letter	46
Appendix IV: Modified ballard score	48

#### LIST OF ABBREVIATIONS

AOR Adjusted Odds Ratio

ANC Antenatal Clinic

APH Antepartum Hemorrhage

BMI Body Mass Index

BUFHS Busitema University Faculty of Health Sciences

C/S Caesarean Section

DRH Division of Reproductive Health

DOMC Division of Malaria Control

GA Gestational Age

HDC Higher Degrees Committee

HIV Human Immunodeficiency Virus

IUGR Intrauterine Growth Restriction

LBW Low Birth Weight

LNMP Last Normal Monthly Period

MOH Ministry of Health

MUAC Mid upper arm circumference

NU Neonatal Unit

PIH Pregnancy Induced Hypertension

PLBW Preterm Low Birth Weight

PMTCT Prevention of Mother to Child Transmission of HIV

PPROM Preterm Premature Rupture of Membranes

REC Research and Ethics Committee

SDG Sustainable Development Goal

SGA Small for Gestational Age

SRRH Soroti Regional Referral Hospital

SVD Spontaneous Vertex Delivery

UDHS Uganda Demographic Health Survey

UTIS Urinary Tract Infections WHO World Health Organization

## LIST OF TABLES AND FIGURES

## LIST OF TABLES

Table 1: Descriptive socio-demographic characteristics of the mothers
Table 2: Association between preterm birth and socio-demographic factors
Table 3: Association between preterm birth and previous obstetric factors
Table 4: Association between preterm birth and current medical/obstetric factors
Table 5: Independent determinants of preterm birth
LIST OF FIGURES
LIST OF FIGURES  Figure 1: Conceptual framework
Figure 1: Conceptual framework5
Figure 1: Conceptual framework
Figure 1: Conceptual framework
Figure 1: Conceptual framework

#### **ABSTRACT**

**BACKGROUND:** Globally, prematurity is the leading cause of death in neonates and a contributor to the under 5-year mortality. In Uganda, there is limited data outside of the capital city Kampala appraising occurrence and factors responsible for prematurity. We studied the prevalence and risk factors associated with preterm birth in Eastern Uganda.

**METHOD:** This was a descriptive cross-sectional study conducted at a regional referral hospital in Eastern Uganda. We used questionnaire through which we captured data on maternal sociodemographic features, and obstetrical causes. In addition, we employed chart review for corresponding medical records on maternal gestation age, date of birth, and birth weight of the baby. In total, 350 mothers – baby pairs were studied. Ethical approval was obtained from the Mbale Regional Referral Hospital Research and Ethics Committee (MRRH-REC).

**RESULTS:** Prevalence of preterm birth at Soroti Regional Referral Hospital was 24.6% (86/350). Factors associated with preterm birth included fewer than 3 antenatal attendances (aOR=3.115, 95% CI [1.659-5.849], *P*=0.038), twin gestation (aOR=6.973, 95% CI [1.128-43.097], *P*=0.016), antepartum hemorrhage (aOR=4.743, 95% CI[806-12.458], *P*<0.001) and PPROM (aOR=18.902, 95% CI[7.267-49.167], *P*<0.001). Maternal Mid Upper Arm Circumference (MUAC) measurement 24cm and above, was a protective factor against preterm birth (aOR=0.155, 95% CI[0.0686-0.352], *P*<0.001).

**CONCLUSION:** Preterm births in Eastern Uganda were commonly associated with poor maternal nutritional status and obstetric factors.

#### **Key words**

Preterm, gestational age, risk factors, pregnancy, and Prevalence

#### **DEFINITION OF TERMS**

**Preterm birth** All births before 37 completed weeks of gestation or fewer than 259 days since the first

day of a woman's last menstrual period.

**Post-natal Period** As per this study, it is the period between 24 hours to 5 days after delivery.

Gestational age The post-conceptional age of the baby based on menstrual dates, abdominal ultra-scan

or by clinical assessment using the modified Ballard score

**Modified Ballard score:** A tool used to determine gestational age by giving scores for 6 physical and 6 nerve and

muscle development (neuromuscular) signs of maturity, which may range from 1 to 5.

The scores are added together to determine the baby's gestational age, and the total

score may range from -10 to 50. Premature preterm babies have the low scores, while

babies born late have high score.

**Low Birth Weight:** Birth weight less than 2500 grams

**Inter-pregnancy interval:** The duration between one pregnancy and the next. This is calculated to the nearest

month as the period between the date of the previous delivery and the date of the last

menstrual period (LMP) for the current pregnancy

**Parity** The total number of pregnancies reaching viable gestational age (including live birth

and stillbirth).

Spontaneous preterm birth Commencement of labor with prelabour rapture of membrane (PROM) and birth

occurring before 37 completed weeks of gestation

**Induced preterm birth** Induction of labor or elective Caesarian section before 37 completed weeks of gestation

**Obstetric wheel** A standard tool used to simplify calculation of gestation based on the LMP

**Anemia in Pregnancy** This is a hemoglobin level <11g/dl as measured antenatally

Low Mid Upper Arm A MUAC <24cm

**Circumference (MUAC):**