

Step up uterotonic medications in women with risks of Postpartum Hemorrhage at Godden Memorial Hospital, January 2020 to December 2021

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Abstract

Background: Postpartum Haemorrhage remains a global burden contributing to high maternal and morbidity rates. In resource-limited settings like Godden Memorial Hospital (GMH), the main referral hospital of Penama Province careful risk assessment of mothers can be performed to prevent Postpartum Haemorrhage (PPH). The aim of the study was to investigate Health Care Worker (HCW) PPH risk classification and the tendency to use uterotonic drugs.

Methods: A knowledge-based survey was conducted for Health Care Worker (HCW) at GMH to gauge the knowledge of risks and indications of uterotonic drugs. We also conducted a retrospective study of vaginal deliveries registered in the Birth registry in the year 2020 to 2021 to see how the health workers were managing PPH. Statistical correlation between risk and PPH was computed using Chi Square and Fisher's exact test.

Results: We interviewed 4 nurses and 5 midwives (n = 9). The common antenatal risk factors identified by nurses were grand multiparous, previous PPH, multiple pregnancy, previous macrosomia. Common intrapartum risk factors identified were tears and macrosomia. The recovery rate of folders was 73% (195/269), and overall incidence of primary PPH was 10.3 %. However, 31.8% received extra doses of uterotonic medications out of which most were for PPH prophylaxis (62%). Computed Fisher's test showed statistical significance for a history of previous PPH (60%, p = 0.002) only.

Discussion: There is no standardized risk assessment among HCWs, but there is a high tendency (62%) to step up in uterotonic medication doses. PPH prophylaxis may be targeted for women with a history of PPH. The difficulty in standardizing a step-up regime is likely due to independent association of risk factors.