

THE NETWORK: TOWARDS UNITY
FOR HEALTH & FACULTAD DE MEDICINA,
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THE NETWORK
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Facultad de Medicina



TUFH2020 MEXICO

VIRTUAL CONFERENCE

"PRIMARY HEALTH CARE: A PATH
TOWARDS SOCIAL JUSTICE"

SYSTEMS AND COMMUNITY BASED
RESPONSES TO COVID-19

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TUFH 2020 Abstracts

Title	Risk factors for adverse maternal outcomes among mothers with hypertensive disorders of pregnancy in southwestern Uganda
Type	Oral Presentation <i>Measuring Progress towards the Sustainable Development Goals</i>
Presenting Author	Henry Mark Lugobe
Co-Authors	Musa Kayondo, Rose Muhindo, Adeline Boatin
Country	Uganda
Abstract N^o	TUFH90
Content	<p>Background: Hypertensive disorders of pregnancy (HDP) are leading causes of global maternal mortality and morbidity. The objective of our study was to determine the risk factors for adverse maternal outcomes among women with HDP. Method: We prospectively enrolled pregnant women with HDP presenting to the Mbarara Regional Referral Hospital, Uganda, for delivery. We obtained socio-demographic, obstetric and medical histories. We sought to identify risk factors for adverse maternal outcomes defined as a composite of hysterectomy, postpartum hemorrhage, admission to ICU, stroke, HELLP syndrome and blood transfusion. We used fisher's exact test and risk ratios to determine risk factors associated with adverse maternal outcomes. Results: A total of 103 mothers were considered for this analysis. Mean age of the mothers was 27 years (SD±6). Many, 19.4% (n=20) of the women had an adverse maternal outcome (40.0% with HELLP syndrome, 15 % blood transfusion, 15% ICU admission, 15% PPH, 5% Stroke, 5% Hysterectomy and 5% Laparotomy). In an adjusted analysis, independent risk factors for adverse maternal outcomes include; referral from another health facility (aRR 5.3, 95% CI: 1.4, 20.1) and presence of eclampsia fits (aRR 4.4, 95% CI: 2.1, 9.3). Conclusion: Hypertensive disorders of pregnancy are still a major cause of maternal morbidity. Our data identifies women who have been referred and those with eclampsia as the target group. Quality improvement strategies need to be put in place to target the referral pathways and immediate critical care and stabilization of women with eclampsia to improve the outcomes of these mothers.</p>