

## **FACTORS CONTRIBUTING TO PUERPERAL SEPSIS AT KAMPALA INTERNATIONAL UNIVERSITY TEACHING HOSPITAL- ISHAKA BUSHENYI-UGANDA**

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Article Received on  
02 August 2016,

Revised on 22 August 2016,  
Accepted on 10 Sept 2016

DOI: 10.20959/wjpr201610-6460

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### **ABSTRACT**

Background: Puerperal sepsis is an abnormal condition that results from infection of the placental site following delivery and is characterized in mild form of fever 38.6 degrees Celsius but may progress to localize endometritis or pass on to blood stream and produce septicemia. This study was aiming to identify factors contributing to puerperal sepsis in post natal mothers in the maternity ward at KIUTH. Methods: A quantitative cross sectional study was conducted where by the questionnaires was availed to Mothers in maternity ward to fill. Convenience sampling method was used to obtain participants' responses by the use of questionnaire. Results: The

following was revealed out in the study; Most of the respondents who were interviewed 19(38%) were between 26 and 35 years, which is a reproductive age. All the respondents who were interviewed were females. The big number of the respondents 19(38%) were married. Majority of the respondents were Christians 32(64%), Most of the respondents 27 (54%) belief that the cause of puerperal sepsis is due to poverty and poor hygiene. Most respondents 49(98%) agree that puerperal sepsis should be Managed from the hospital. Conclusions: Majority of the respondents 33(66%) beliefs that puerperal sepsis leads to complications like female reproductive system infection, infertility and blood infection.

**KEYWORDS:** Puerperal sepsis, Postnatal, Kampala International University.

## BACKGROUND

Puerperal sepsis is an abnormal condition that results from infection of the placental site following delivery and is characterized in mild form of fever 38.6 degrees Celsius but may progress to localized endometritis or pass on to blood stream and produce septicemia. (Cook, 2002). Puerperal sepsis occurs in a period of 6 weeks after delivery, during this period the woman's body reverts into its pregravid state (Perry 2004).

Puerperal sepsis is a global problem it causes maternal morbidity in every hospital in the world some patients acquire sepsis after they are admitted to the hospital maternity ward (Wenzel ed, 2007). Usually about 4 – 6 percent of patients coming into the hospital and maternity wards acquire some kind of clinical infection (Perry, 2004)

There is also tissue trauma during labour, the open wound of the placental site, surgical incision and increased vaginal roomy after birth are all risk factors of post partum woman (Heifer, 2007). Therefore, puerperal sepsis is an infection of the genital tract after the child birth. Smail and Hofmeyer, (2009), marked that it is probably the major cause of maternal morbidity throughout the world. Although the extent of puerperal sepsis on maternity wards is poorly understood in developing countries including Uganda puerperal sepsis is one of the top five causes of maternal mortality (MoH-U 2008).

## METHOD

**Study design:** A quantitative cross sectional study was conducted where by the questionnaires were availed to Mothers in maternity ward to fill.

**Sampling method:** Convenience sampling method was used to obtain participants' responses by the use of questionnaire.

**Sample size and sampling procedure:** 50 respondents were chosen, to fill the questionnaires themselves. The questionnaires contained both open ended questions and closed questions. The participants were visited at the hospital and whoever was present at hospital in post natal ward at the time of visit was requested to fill the questionnaire.

**Site:** The study was carried in KIUTH - Bushenyi district south-western Uganda. Uganda is one of the developing countries in Africa, is a land locked country, lies along equator and is bordered by Sudan in the north, Congo in west, Tanzania in the south and Rwanda in south west. Bushenyi district in the south-western of Uganda is bordered by Kasese in the north,

Kamwenge in the north east, Mbarara in the east, Rukungiri in the west and Ntungamo in the south. The district has a total land of 3949 square kilometer and a total population of 738355 (population and housing census, 2002). It is mainly inhabited by Banyankole. Ishaka town council which is the area of study is in Igara County.

### Data Analysis

Data was collected, tallied and grouped in form of tables and pie charts as found applicable and appropriate. A scientific calculator was used for accuracy, typing was done by the computer to enable formatting and drawing of pie charts if found more appropriate.

### Ethical consideration

The participants' confidence was obtained by informing them that the information obtained from them was treated with confidentiality and their consent was valued and given utmost respect. Also an introductory letter will be obtained by the researcher from the administration of Kampala international university school of clinical medicine and dentistry which was presented to the relevant authorities of the area of the study. The proposal was presented to the university ethics committee for approval.

## RESULTS

This section involves the analyzing of data which was collected during data collection exercise. In this chapter the use of diagrams like pie charts, bar graphs, tables and other figures was used. The data was analyzed by use of the calculator.

### AGE OF RESPONDENTS

**Table1. Respondent by age.**

Age	Number	percentage
18-25	9	18
26-35	19	38
36-47	14	28
48-49	6	12
>50	2	4
Total	50	100

Out of the 100 respondents who were interviewed, 9(18%) of them were between the age of 18 and 25years, 19(38%) of them were between 26 and 35 years, 14 (28 percent) of the respondents were of the age between 36 and 47 years, 6(12%) of them were of the age between 47 and 49 years, and 2(4%) of them were above 50 years.

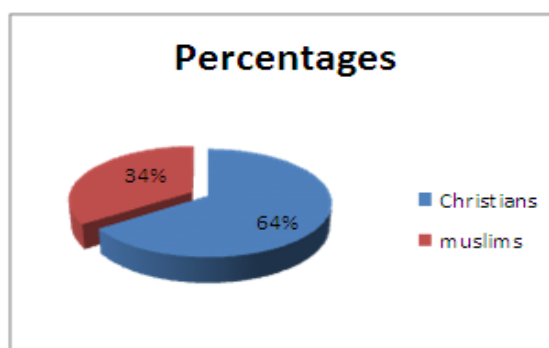
**MARITAL STATUS OF RESPONDENTS****Table 2. Respondent by marital status**

Category	Number	Percentage
Non- married	14	28%
Married	19	38%
Separated	9	18%
Widow	6	12%
divorced	2	4%

Among the people who were interviewed, 19(38%) of them were married, 14(28%) of them were non married, 9(18%) of them were separated, 6(12%) of them were widows, and 2(4%) of them were divorced.

**RELIGION OF RESPONDENTS**

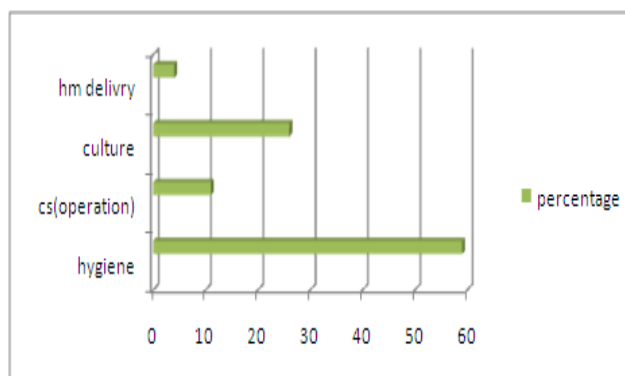
Majority of the respondents were Christians 32(64%), followed by the Muslims who were 18(36%) in number.

**WHAT IS PUERPERAL SEPSIS?**

Most of respondent 30(60 percent) had knowledge on puerperal sepsis and its cause while 40 (40 percent) had no knowledge on the puerperal sepsis and its cause. Overall 32(64%) of the interviewed respondents agreed that only mothers who could not maintain their personal hygiene and conducive environment after delivery can develop puerperal sepsis, while 19(38 percent) had no ideal/knowledge on the causes, prevention and complication of puerperal sepsis.

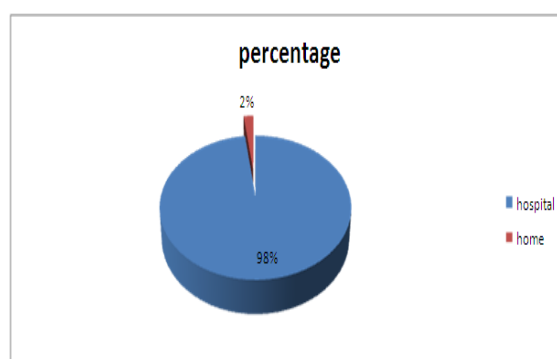
**INDICATIONS OF PUERPERAL SEPSIS.**

Most of the respondents 27 (54%) believed that the cause of puerperal sepsis was poor personal hygiene after delivery, 13(26%) of the respondents believed that it was due to some cultural practices, and 8(16%) of them think it was due to operation, while 2(4%) of them attributed home delivery that causes puerperal sepsis.



### PRACTICE/MANAGEMENT OF PUERPERAL SEPSIS

Most respondents 49(98%) agreed that puerperal sepsis should be Managed from the hospital. While the rest thought that puerperal sepsis can be also be managed from their homes.

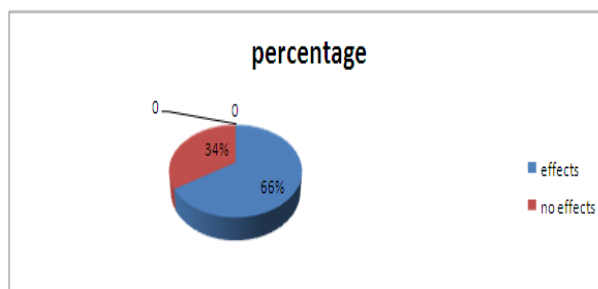


### ATTITUDE ON PUERPERAL SEPSIS

Majority of the respondents 38(76%) said that they were aware of the cause effect/complication and prevention of puerperal sepsis, while the rest 12(24%) agree that to some extent they had no knowledge about puerperal sepsis.

### SIDE EFFECTS OR COMPLICATIONS OF PUERPERAL SEPSIS

Majority of the respondents 33(66%) beliefs that puerperal sepsis leads to more serious complications which includes; female reproductive system infection, mental illness, infection of the blood (septicemia), while 27(34%) said they don't know any side effects of puerperal sepsis.



## DISCUSSIONS

### DEMOGRAPHIC CHARACTERISTICS

Out of the fifty respondents who were interviewed, 9(18%) of them were between the age of 18 and 25 years, 18(38%) of them were between 26 and 35 years, 14 of the respondents were of the age between 36 and 47 years, 6(12%) of them were of the age between 47 and 49 years, and 2(4%) of them were above 50 years. Most of the respondents were within the most productive age and are aware of the causes complications and prevention of puerperal sepsis.

All the respondents who were interviewed were females that mean that females are the ones predisposed to puerperal sepsis. Among the people who were interviewed, 14(28%) of them were non married, 19(38%) of them were married, 9(18%) of them were separated, 6(12%) of them were widow, and 2 (4%) of them were divorced. Most women who are exposed to puerperal sepsis and the complications leads to either infertility or other serious complications.

14(28%) of the respondents were self employed, 19(38%) of the respondents were formally employed, and 16(32%) of them were unemployed. Hence poverty also is a factor that leads to or exposes women to puerperal sepsis. Majority of the respondents were Christians 32(64%), followed by the Muslims who were 18(36%) in number. Hence Christians are more exposed to puerperal sepsis than Muslims.

### KNOWLEDGE OF RESPONDENTS

63(63%) of the interviewed respondents had knowledge on the cause, effect, complications and prevention of puerperal sepsis while 19 (38 percent) of the respondent had no knowledge about puerperal sepsis which includes causes, effect, complication and prevention of puerperal sepsis.

Most of the respondents indicated that hygiene after delivery 27 (54%) is the major contributor or cause of puerperal sepsis, 13(26%) of the respondents belief that culture of some people demand that woman should stay for more than two weeks before takes personal hygiene hence culture is among the contributing factors to puerperal sepsis while 8(16 percent) beliefs that other illness is the cause of puerperal sepsis and finally and 2(4%) of them think that religion also plays part in puerperal sepsis.

### ATTITUDE AND PRACTICE

Most respondents 49 (98%) agree that puerperal sepsis should be Managed from the hospital and are aware of the cause, complication and prevention of puerperal sepsis. While the rest thought that puerperal sepsis can be also be managed from there homes. They said that most puerperal sepsis is due to poverty and poor hygiene.

### EFFECTS/COMPLICATIONS OF PUERPERAL SEPSIS

Majority of the respondents 33(66%) beliefs that puerperal sepsis leads to complications which includes the infection of female reproductive system that can lead to infertility, mental illness and infection of blood, while 27(34%) said they don't know any side effects of puerperal sepsis.

### CONCLUSIONS

According to this study that was aiming to identify factors contributing to puerperal sepsis in post natal mothers in the maternity ward at KIUTH. The following was revealed out in the study;

- Most of the respondents who were interviewed 19(38%) were between 26 and 35 years, which is a reproductive age.
- All the respondents who were interviewed were females.
- The big number of the respondents 19(38%) were married.
- Majority of the respondents were Christians 32(64%),
- Most of the respondents 54 (54%) belief that the cause of puerperal sepsis is due to poverty and poor hygiene.
- Most respondents 49(98%) agree that puerperal sepsis should be Managed from the hospital.
- Majority of the respondents 33(66%) beliefs that puerperal sepsis leads to complications like female reproductive system infection, infertility and blood infection.

### RECOMMENDATIONS

- The ministry of health through health service providers should health educate the community on the importance of prevention of puerperal sepsis through outreaches and health talks in the health service facilities.
- The government of Uganda should join hands with health workers to provide sufficient information to pregnant mothers on the importance personal hygiene after delivery.

- Personal hygiene educational programs should be arranged in various institutions like in schools, churches, hospitals, political meetings to discourage poor personal hygiene which to some extent contribute to diseases.
- Mothers should be encouraged to deliver from the hospital not at home.
- Proper hygiene should be taken especially after operation.

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