

Management and maternal outcomes of massive obstetric haemorrhage at Muhimbili National Hospital.

BACKGROUND

- **Massive Obstetric Hemorrhage (MOH)** remains to be the leading cause of **maternal morbidity and mortality in Sub Saharan Africa**.
- The management of MOH requires a systematic and standardized approach in order to have favorable maternal outcome.
- Understanding the practice in the management of MOH in a tertiary Hospital is important in improving maternal wellbeing and bridge the gaps in our practice .

AIM

- This study aimed at describing the management of women with massive obstetric haemorrhage at Muhimbili National Hospital (MNH).

METHODOLOGY

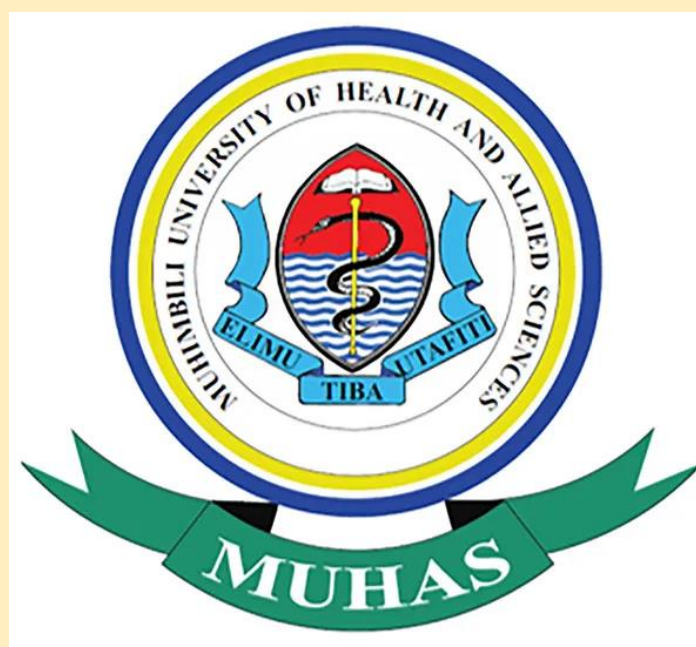
- A retrospective review of case series in the department of Obstetrics and Gynaecology, MNH from 1st January 2017 to 31st December 2019.
- **All pregnant women who delivered at MNH at gestation age of 28 weeks or more and had an estimated blood loss of more than 2L of blood and/or who required transfusion of 4 or more units and/or had peripartum hysterectomy due to Obstetric Hemorrhage were included in the study.**
- Case notes of 301 women were retrieved from medical record for analysis.
- Data was collected using a checklist and results analysed in frequencies and percentages.

RESULTS

- **The proportion of women who had Massive Obstetric haemorrhage(MOH) was approximately 1%.**
- Triggering of management by informing physician as well as the blood bank, theatre team, pre-transfusion laboratory tests done and administration of Intravenous fluids(IV) was performed in more than 98% of women that had MOH.
- **Only 2.3% of patients received the proper ratio of blood and blood product during their management.** However, there was no administration of calcium gluconate in patients who received more than 4 units of whole blood or packed red cells.
- The **proportion of patients with Acute Kidney Injury (AKI), Disseminated Intravascular Coagulopathy (DIC) and heart failure were 13.6% ,7.0% and 4.3% respectively.**
- **Case fatality rate was 4.7%.**

CONCLUSION

- Management of patients with MOH were ineffectively (only three steps were effectively observed) performed resulting in high rates of maternal mortality and morbidity.
- **Standardized practice by ensuring adoption and use of massive transfusion protocols will reduce the adverse maternal outcomes.**



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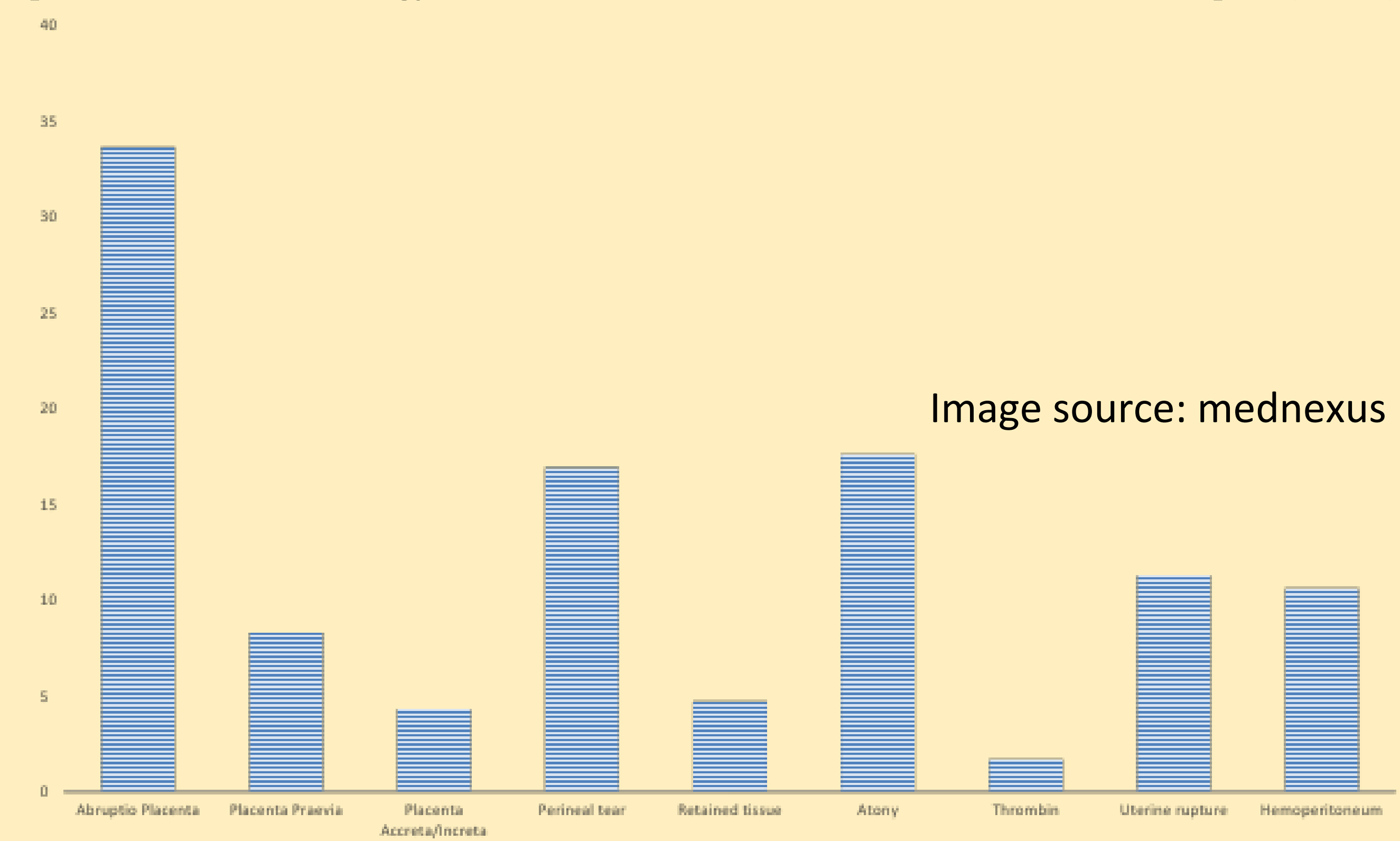


Image source: mednexus

Acknowledgement

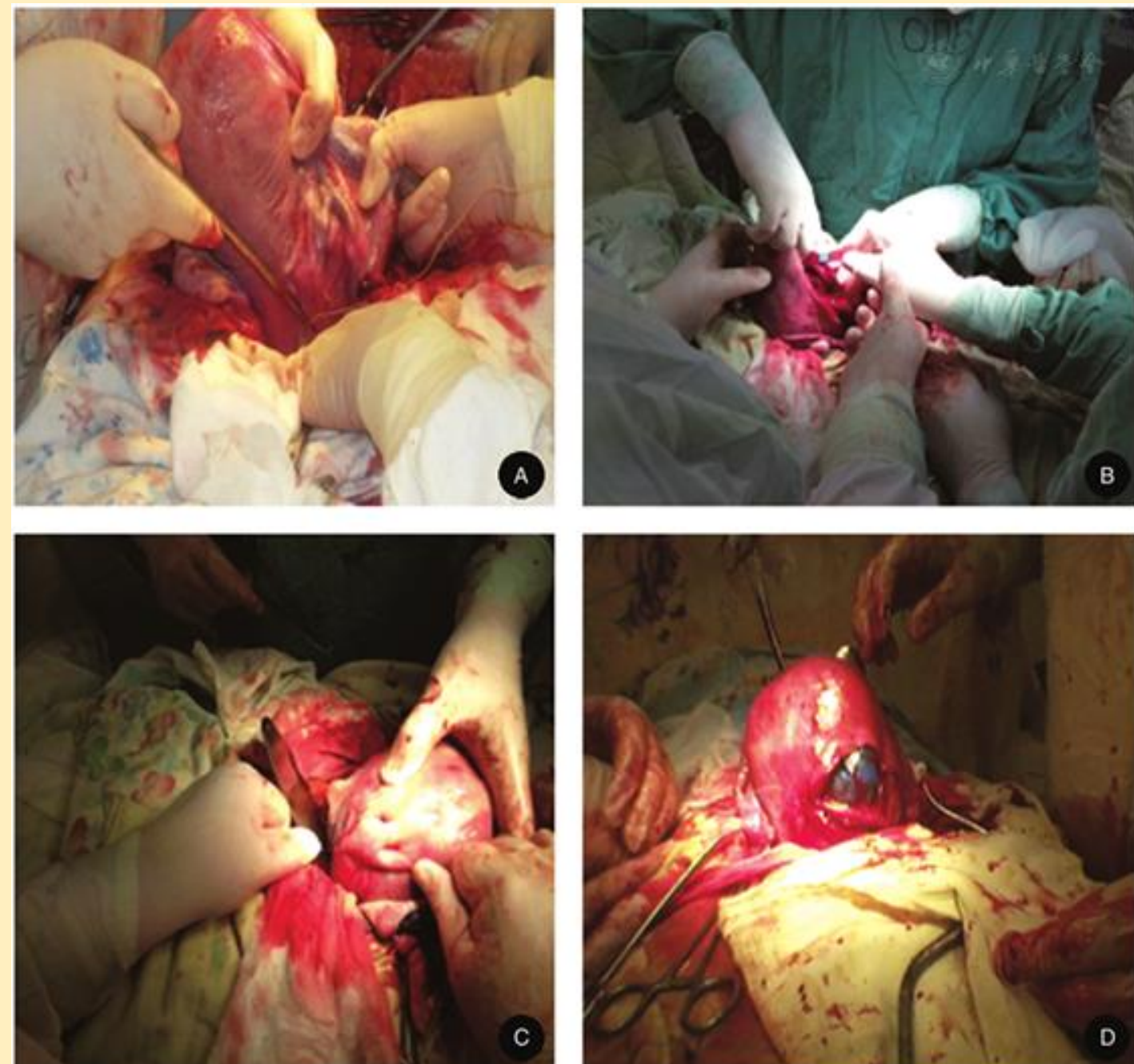
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