Outcomes Of Induction Of Labor In Women Who Delivered At Kenyatta National Hospital

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Abstract:

Problem statement Induction of labor has been associated with poor maternal and perinatal outcomes compared with spontaneous labor (Guerra et al, 2009). Despite this, studies show that it is the fastest growing medical procedure. Up to 25% of all deliveries at term are conducted through induction of labor (WHO, 2011) Purpose of the study The main purpose of the study was to determine the outcome of induction of labor in women who delivered through induction of labor, taking into consideration the demographic factors, social-economic factors, institutional factors and health indication for induction. Study design This was a cross-sectional institutional based study to determine the outcome of induction of labor in women at Kenyatta National Hospital. Social, demographic, health and institutional related factors were explored. Population and sample The study population consisted of women admitted to postnatal wards at Kenyatta National Hospital after delivery through induction of labor. A systematic sampling procedure was used to select 42 study participants. Data collection A structured pretested questionnaire was used to collect quantitative data and key informant interview guide for qualitative data. Data analysis Collected data was analyzed using the SPSS for quantitative data and Nvivo for qualitative data. Findings In this study it was found that the outcome of induction of labor is influenced by age, parity, gestation, type of employment and women being given information on the nature of the procedure. It was also found that parity is significant in determining the time taken between induction and delivery. The most common indication for induction was post-term and pre-eclampsia. It was established that pain management and client information on the procedure were wanting. It was established that the rate of caesarean section after induction of labor was more than six times (38%) the rate in the country (6%). Majority of the women took more than 24 hours to deliver after induction of labor. There were minor maternal complications following induction of labor during the study but 19.5% babies developed complications that influenced the attitude of the mothers toward induction. Recommendations The department of reproductive health should strive to reduce the rate of caesarean (38%), time taken between induction of labor and delivery and neonatal complications. The doctors and nurses should perform pain management interventions during induction of labor. Health workers should also improve on client involvement during induction of labor. Benefits of findings The findings may be used by the hospital to evaluate the protocols on induction of labor. It also contributes to the body of knowledge on induction of labor and can be utilized by other researchers.