

Factors Contributing to Puerperal Sepsis among Postnatal Mothers at Entebbe Regional Referral hospital, Wakiso District. A Cross Sectional Study.

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ABSTRACT

Introduction

In Uganda, puerperal sepsis presents a substantial risk to maternal health and deaths due to puerperal sepsis in the national referral hospital account for 12.7 % of the maternal mortality rate annually. The purpose of this study was to determine the factors contributing to puerperal sepsis among postnatal mothers at Entebbe Regional Referral Hospital.

Methodology

The researcher employed a descriptive cross-sectional design, utilizing quantitative methods of data collection from a sample of 30 respondents selected through simple random sampling. The data was analyzed using Microsoft Office programs and presented in the form of tables, graphs, and pie charts.

Results

The results, regarding maternal factors; 19 (63.3%) had received blood transfusion, 16 (53.3%) did not go to the facility with everything needed to use during child birth, 24(80%) had infections such as urinary infections during pregnancy and 14(46.7%) bathed twice in a day. Concerning the health facility factors; 21(70%) were examined more than 4 times by a health work to show progress of labour, 19(63.3%) were not monitored regularly during the whole process of pregnancy, 22(73.3%) did not get adequate health education concerning hygiene needed during pregnancy and 24(80%) mentioned that the available space at the facility is small to accommodate everyone.

Conclusion

In Conclusion, the factors identified were; being transfused with blood, lack of birth preparedness, infections during pregnancy, long duration of labour, and inadequate hygienic practices, multiple vaginal examination, lack of regular monitoring during pregnancy, lack of adequate health education and inadequate space at the hospital.

Recommendations

The health workers should develop comprehensive health education programs for pregnant women and their families, focusing on hygiene practices, early detection of infections, and the importance of prenatal care.

Keywords: Puerperal sepsis, Postnatal mothers, Entebbe regional referral hospital

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BACKGROUND

Puerperal sepsis continues to be a significant public health concern and a major contributor to maternal illness and death worldwide. The majority approximately 94% of maternal deaths occur in low- and middle-income countries, such as Tanzania (Kajeguka et al., 2020). In less developed regions, its prevalence ranges from 0.1% to 10%, according to various estimates. The World Health Organization highlights that out of an estimated 358,000 maternal deaths related to childbirth, around 15% are caused by infections linked to puerperal sepsis (Tsfaye et al., 2023).

In the Americas, the infection has been shown to increase maternal mortality rates, particularly in Latin America and the Caribbean (7.7%) compared to 2.1% in more developed countries (Mohammed Hassan et al., 2021). Risk factors frequently associated with the development of puerperal sepsis include prolonged labor, extended rupture of membranes, multiple vaginal examinations, cesarean

deliveries, compromised immunity, and retained placental fragments (Sahle et al., 2023).

Across Asian countries, the condition accounts for roughly 11.7% of maternal deaths and often ranks among the top four direct causes of maternal mortality (Shivananda et al., 2020). In Africa, the reported figure stands at approximately 9.7% (Melkie & Dagne, 2021). Yet, in many sub-Saharan African nations, the true burden is likely underreported due to limited data availability. In these settings, early discharge of mothers following delivery may hinder timely identification and treatment of postnatal infections (Musabeyezu et al., 2022).

Similar trends are observed within East Africa. In Tanzania, it is estimated to affect over 11% of postpartum women (Kajeguka et al., 2020), while in Kenya, it is responsible for approximately 15% of maternal deaths, with serious implications including chronic reproductive health complications such as secondary infertility (Kipkirui et al., 2021).

The situation in Uganda is particularly concerning. Nationally, puerperal sepsis is reported to affect 39% of women after childbirth, accounting for around 30.9% of maternal deaths (Ainebyona, 2023). At Mbarara Regional Referral Hospital, it has been identified as the leading cause of maternal mortality, contributing to nearly a third of the reported maternal deaths annually (Luwaga et al., 2022). A significant link has been found between cesarean sections and increased risk of infection at this facility (Migamba et al., 2023). At Entebbe Regional Referral Hospital, data from 2022/2023 shows that about 35% of postnatal mothers experienced puerperal sepsis (HMIS, 2022/2023).

METHODOLOGY

Study design and rationale

The study employed a descriptive cross-sectional study design. This design was chosen because it allowed the researcher to collect numerical data within a short period. A quantitative approach to data collection was used because the questionnaire was used to collect quantitative or numerical data.

Study setting and rationale

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Study population

The study population included postnatal mothers at Entebbe regional referral hospital.

Sample size determination

The sample size was determined according to Roscoe's (1975) set guidelines, which suggested that a sample size of 30 or less than 500 is appropriate. This study, therefore, took a sample size of 30 respondents, which was manageable because of limited time and resources for data collection.

Sampling procedure

The study used a simple random sampling technique. This technique was chosen for this study because it ensured that the sample was a representative of the study population, as well as reducing bias in the sample. To obtain the participants, the researcher made 60 pieces of similar-sized papers, and these papers were written on Q and the rest P. Eligible patients picked a single paper at random on each day of data

collection. Those who picked papers with the letter Q were enrolled in the study

Inclusion

The study included postnatal mothers at the postnatal ward in Entebbe regional referral hospital, who voluntarily consented to participate in the study.

Exclusion criteria

Postnatal mothers who were very ill were excluded.

Definition of variables

Independent variable

The independent variables were the factors contributing to puerperal sepsis among postnatal mothers.

Dependent variable

The dependent variable was puerperal sepsis among postnatal mothers.

Research instrument

Data was collected using a researcher-administered and a self-administered structured questionnaire. It was written in English and contained closed-ended and open-ended questions related to the study objectives. Before data collection, the tool was pretested among 3 mothers before final consideration for data collection. This helped to rectify errors that would interfere with final data collection, thus proving the validity of the tool.

Data collection procedures

An introductory letter from Mildmay Uganda school of nursing and midwifery research and ethics committee was presented to the administration of Entebbe regional referral hospital, then to the principal nursing officer of the hospital, who introduced the researcher to the in-charges of the postnatal ward, then finally the in-charges introduced the researcher to the postnatal mothers.

Data management

Filled-in questionnaires were collected, counted, checked for completeness, and edited after every data collection day to ensure that they were all returned and kept in a safe place as a backup. The raw data was kept in the cupboard for security purposes.

Data analysis

Data from the questionnaires were tallied using a pen and paper and analyzed using a computer package called Microsoft Excel, then presented in tables and figures in frequencies and percentages.

RESULTS

Social demographic data of the postnatal mothers at Entebbe Regional Referral Hospital, Wakiso district

Page | 3 **Table 1: Social demographic data of the respondents (n=30)**

Variable	Category	Frequency (f)	Percentage (%)
Age	18-24	12	40.0
	25-30	10	33.3
	31-35	08	26.7
Marital status	Single	06	20.0
	Married	16	53.3
	Divorced	08	26.7
Level of education	Non formal	04	13.3
	Primary	13	43.3
	Secondary	06	20.0
	Tertiary	07	23.3
Place of residence	Rural	09	30.0
	Urban	21	70.0

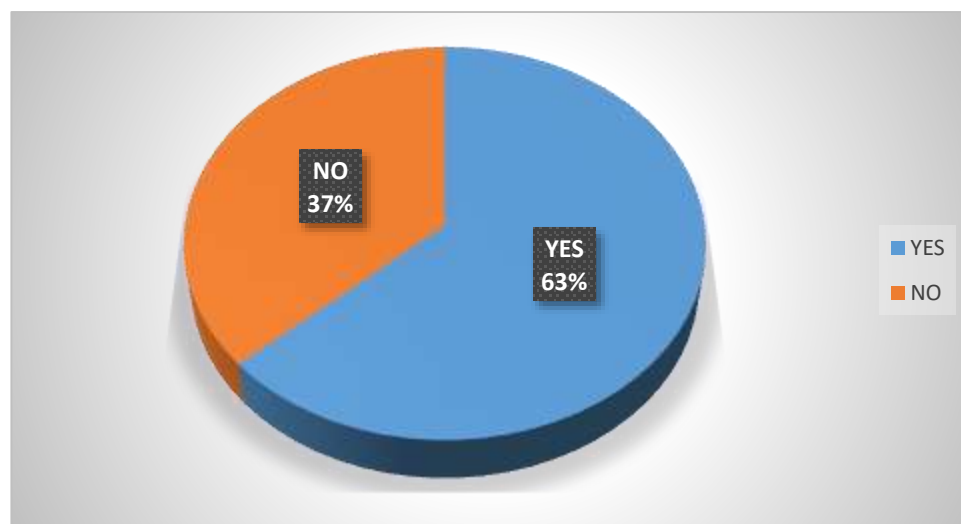
N= 30 Source: Primary data (2024)

Table 1 shows that 12(40%) of the respondents were between 18-24 years, while the least 8(26.7%) were between 31 and 35 years of age. Regarding marital status, more than half 16(53.3%) of the respondents were married, while only 6(20%) were single. Concerning the level of education, most

13(43.3%) of the respondents had primary level, while the least 6(20%) had secondary level. Pertaining to place of residence, the majority, 21(70%) of the respondents were urban residents, while the minority, 9(30%) were rural residents.

Maternal factors contributing to puerperal sepsis among postnatal mothers

Figure 1: Ever been transfused with blood. (n=30)



N= 30 Source: Primary data (2024)

Figure 1 shows that the majority, 19(63.3%) of the respondents mentioned that they had received a blood transfusion, while the minority, 11(36.7%), mentioned that they had not.

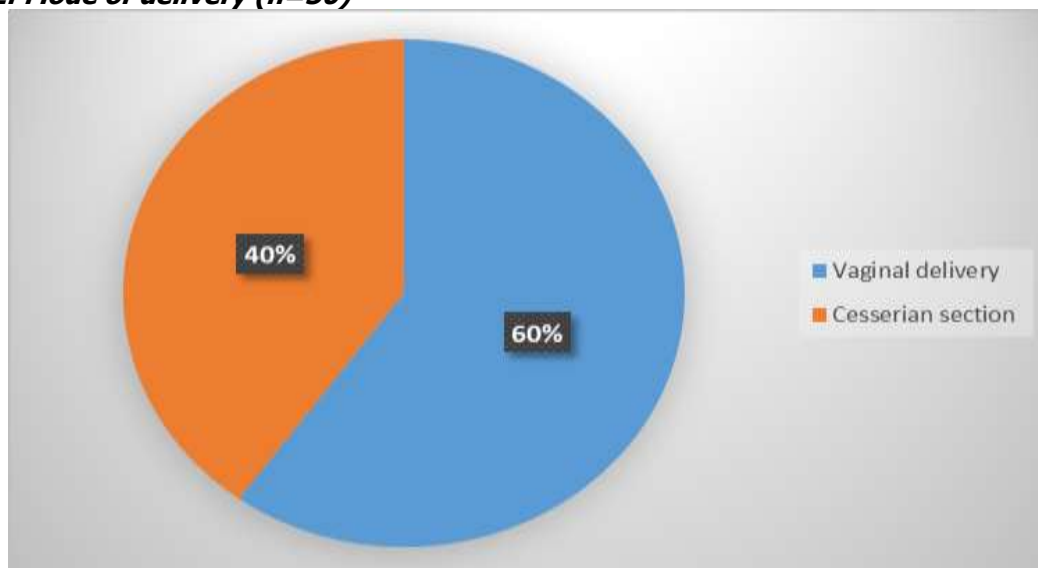
Table 2: Number of pregnancies carried. (n=30)

Variable	Frequency (f)	Percentage (%)
One	12	40.0
Two	09	30.0
Three	05	16.7
Four and more	04	13.3
Total	30	100

N= 30 Source: Primary data (2024)

Table 2 shows that 12(40%) of the respondents mentioned that they had carried one pregnancy, while at least 4(13.3%) mentioned that they had carried four or more pregnancies.

Figure 2: Mode of delivery (n=30)



N= 30 Source: Primary data (2024)

Figure 2 shows that majority 18(60%) of the respondents mentioned that they gave birth by Vaginal delivery while the minority 12(40%) mentioned that they had C-section.

Health facility related factors contributing to puerperal sepsis among postnatal mothers.

Table 3: Health facility related factors contributing to puerperal sepsis among postnatal mothers (n=30)

Variable	Category	Frequency (f)	Percentage (%)
Number of times examined for labour progress	less than 4 times	09	30.0
	more than 4 times	21	70.0
Refereed from a different facility	Yes	18	60.0
	No	12	40.0
Monitored regularly during the whole process of pregnancy	Yes	11	36.7
	No	19	63.3
Adequate health education concerning hygiene needed during pregnancy	Yes	08	26.7
	No	22	73.3
Cleanliness of the hospital	It is always clean	13	43.3
	It is fairly clean	17	56.7

The available space at the facility	It is adequate	04	13.3
	It is small to accommodate everyone	24	80.0
	It is very small	02	6.7
The availability of health workers at the facility	They are enough	02	6.7
	They are few	05	16.6
	They are very few to handle all the mothers	23	76.7
The availability of sanitary facilities at the facility	They are adequate	06	20.0
	They are fairly available	04	13.3
	They are few	15	50.0
	They are very few	05	16.7

N= 30 Source: Primary data (2024)

Table 3 shows that the majority, 21(70%) of the respondents mentioned that they were examined more than 4 times by a health worker to show progress of labour, while the minority, 9(30%), mentioned less than 4 times.

The majority, 18(60%) of the respondents mentioned that they were referred from different facilities, while the minority, 12(40%), were not referrals.

The majority, 19(63.3%) of the respondents mentioned that they were not monitored regularly during the whole process of pregnancy, while the minority, 11(36.7%), mentioned that they were monitored. A majority, 22(73.3%), stated that they do not get adequate health education concerning hygiene needed during pregnancy, while the minority, 8(26.7%), mentioned that they get it.

More than half 17(56.7%) of the respondents mentioned that the hospital is fairly clean, while the least 13(43.3%) mentioned that the hospital is always clean.

The majority, 24(80%) of the respondents mentioned that the available space at the facility is small to accommodate everyone, while the minority, 2(6.7%), mentioned that it is very small.

A majority, 23(76.7%) of the respondents mentioned that health workers at the facility are too few to handle all the mothers, while a minority, 2(6.7%), mentioned that they are enough.

Half 15(50%) of the respondents mentioned that there are few sanitary facilities at the facility, whereas only 4(13.3%) mentioned that sanitary facilities are fairly available.

DISCUSSION

Maternal factors contributing to puerperal sepsis among postnatal mothers

According to the study findings, the majority, 19(63.3%) of the respondents mentioned that they had received a blood transfusion. This indicated that they had developed anemia, and therefore, there was a reduction in body immunity, which would contribute to sepsis due to a decline in the body's defense system. This finding is in line with findings by Kajeguka, Mrema, Mawazo, Malya & Mgabo (2020) in Tanzania, who reported that 61.9% of women with moderate to severe anaemia had puerperal sepsis. In addition, the study results showed that 12(40%) of the respondents mentioned that they had carried one pregnancy.

This indicated that they were not experienced in the management of pregnancy-related complications, which would contribute to sepsis. This finding is contrary to the findings by Admas, Gelaw, BelayTessema, Workupuerperal, & Melese, (2020) in Ethiopia, who revealed that women with multiparous parity were more likely to develop puerperal sepsis than primiparous parity. Furthermore, results showed that majority 18(60%) of the respondents mentioned that they gave birth by Vaginal delivery. This is indicated that although it is expected that C-section deliveries are the ones mostly associated with sepsis, vaginal deliveries can also contribute especially in situations where episiotomy is performed. This finding is contrary to the findings by Bishaw et. al., (2023), in Ethiopia, who showed that the overall incidence of puerperal sepsis was 7.27% and this was common among mothers who had a cesarean delivery. Another study finding revealed that more than half 16 (53.3%) of the respondents mentioned that they did not go to the facility with everything needed to use during childbirth. This indicated a lack of adequate preparedness, which hindered comprehensive care to the mother, thus could lead to be susceptible to sepsis. This finding is in agreement with findings by Bishaw et. al., (2023), in Ethiopia, who showed that the overall incidence of puerperal sepsis was 7.27% and this was common among mothers who did not have a birth preparedness and complication readiness plan.

On the other hand, the study findings demonstrated that the majority, 24 (80%), of the respondents mentioned that they had infections, such as urinary infections, during pregnancy. This indicated that they were at risk of sepsis due to an already compromised body with infections. This finding is in agreement with findings by Ngonzi et. al., (2018), in Uganda, who showed that 14% of mothers who had a history of infections before or during pregnancy, such as urinary tract infections or sexually transmitted infections, had high chances of developing sepsis during the postnatal period.

The study findings showed that more than half, 17 (56.7%) of the respondents mentioned that they take more than 12 hours during labour. This indicated that prolonged labour would pose

risks of hospital-acquired infections that can contribute to sepsis. This finding is in agreement with findings by Moono, (2020) in Zambia, who noted that prolonged labor or difficult childbirth, including prolonged rupture of membranes, increased the likelihood of maternal infection and subsequent development of puerperal sepsis. The study findings revealed that 14 (46.7%) of the respondents mentioned that they bathe twice a day. This indicated inadequate hygienic practices, which may not be enough to effectively prevent the occurrence of sepsis. This finding is in line with findings by Nalule, Buxton, et. al (2020), in Nigeria who reported that postnatal women who had poor personal hygiene practices, such as inadequate hand washing or perineal hygiene which introduced pathogens into the maternal body during the postnatal period, increased the risk of infection and sepsis.

Health facility related factors contributing to puerperal sepsis among postnatal mothers

This study's findings demonstrated that the majority, 21(70%) of the respondents mentioned that they were examined more than 4 times by a health worker to show progress of labour. This indicated that multiple vaginal examinations were a risk to sepsis. This finding is in line with findings by Bakhtawar, et. al (2020), in Pakistan who reported that mothers who had more than three vaginal examinations during labor developed puerperal sepsis. On the other hand, the study findings revealed that the majority, 18 (60%) of the respondents mentioned that they were referred from different facilities. This indicated that they had complications and needed to be referred, which would contribute to sepsis. This finding is in agreement with findings by Bishaw, et. al (2023), in Ethiopia, who reported that the incidence of puerperal sepsis was 7.27%. Being referred by the health facility to another was among the predictors of puerperal sepsis.

The study results showed that the majority, 19 (63.3%), of the respondents mentioned that they were not monitored regularly during the whole process of pregnancy. This indicated that they were inadequate in identifying complications and risk factors for sepsis. This finding is in line with findings by Cassini et. al (2020), who stated that insufficient follow-up care and monitoring of postnatal mothers after childbirth resulted in missed opportunities for early detection and management of infections, which led to increased cases of puerperal sepsis. Another study finding revealed that the majority, 22 (73.3%) of the respondents stated that they didn't get adequate health education concerning hygiene needed during pregnancy. This indicated that respondents were not informed about risk factors for sepsis; thus, prevention measures were not taken. This finding is in line with findings by Nchimbi & Joho, (2022) in Tanzania, who showed that 33% of Postnatal women who had puerperal sepsis had inadequate provision of postnatal hygiene education and support.



The study results showed that more than half, 17 (56.7%) of the respondents mentioned that the hospital was fairly clean. This indicated that at some points, there was a lack of thorough cleanliness of the health facility, which could lead to the harboring of microorganisms that contribute to sepsis. This finding is similar to the findings by Abd El-Maqoud, Gaheen, Belal, and Hashem, (2023) who stated that puerperal sepsis occurred because health facilities had insufficient implementation of infection control protocols, such as proper sterilization of equipment, cleaning of surfaces, and disposal of medical waste which led to the spread of pathogens within health facilities. Furthermore, results revealed that the majority, 24(80%) of the respondents mentioned that the available space at the facility is small to accommodate everyone. This indicated that there was congestion in the hospital, which could easily contribute to cross-infection. This finding is in line with findings by Felix, (2023), who stated that having limited spaces in health facilities contributed to puerperal sepsis.

The study findings demonstrated that the majority, 23(76.7%) of the respondents mentioned that health workers at the facility are too few to handle all the mothers. This indicated that there are more patients than health workers, which could lead to inadequate quality care for every mother, thus inadequate prevention of sepsis. This finding is in agreement with findings by Nyagah (2020), who revealed that staffing shortages among healthcare providers, which resulted in substandard care, including improper management of postpartum infections, contributed to puerperal sepsis. Lastly, findings showed that half 15(50%) of the respondents mentioned that there are few sanitary facilities at the facility. This indicated that they were competing for the few available sanitary facilities; thus, mothers would not exercise comprehensive hygienic practices. This finding is in line with findings by Mba-Oduwus (2021), who reported that facilities with inadequate sanitation facilities created environments conducive to the spread of infectious diseases, which led to puerperal sepsis.

Conclusion

The maternal factors were; being transfused with blood, having carried only one pregnancy, vaginal delivery, lack of birth preparedness, infections during pregnancy, long duration of labor, and inadequate hygienic practices. The health facility related factors were; multiple vaginal examination, being a referral, lack of regular monitoring during pregnancy, lack of adequate health education, inadequate space at the hospital, inadequate number of care providers and inadequate sanitary facilities at the hospital. The study indicated that both maternal and health facility-related factors contributed to sepsis. But mostly, health facility-related factors had a much greater influence on puerperal sepsis than maternal-related factors among postnatal mothers at the Entebbe regional referral hospital.

Recommendations

To the Hospital

Strict Adherence to Infection Control Protocols; Ensure hand hygiene is followed rigorously by all healthcare providers, patients, and visitors. Maintain aseptic techniques during deliveries and sterilize all equipment used in childbirth and postnatal care.

Antenatal Screening and Risk Identification: Screen pregnant women for infections (e.g., urinary tract infections) during prenatal visits. Identify high-risk patients, such as those with a history of infections or cesarean delivery, for additional monitoring and preventive measures.

Staff Training and capacity building: Train healthcare workers regularly on updated guidelines and best practices for infection prevention. Promote awareness about the importance of infection control and sepsis prevention among all healthcare staff.

To Mothers

Maintain Good Personal Hygiene: Practice regular hand washing, especially before and after touching the perineal area or changing sanitary pads. Keep the genital area clean, changing pads frequently to reduce the risk of bacterial growth.

Follow Wound Care Instructions: If you had a cesarean section or an episiotomy, keep the surgical site or perineal area clean and dry, as directed by your healthcare provider.

Attend All Follow-Up Appointments: Regular postnatal check-ups are important to monitor for signs of infection and ensure a smooth recovery.

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LIST OF ABBREVIATIONS

DME: Diploma in midwifery Extension.

ERRH: Entebbe Regional Referral Hospital.

ET AL: And others.
HMIS: Health management information system.
MOH: Ministry of Health.
MRRH: Mbarara Regional Referral Hospital.
UNMEB: Uganda Nurses and Midwives Examinations Board.
USA: United States of America.
UTI: Urinary tract infection.
WHO: World Health Organization.

Source of funding

The study was not funded

Conflict of interest

No conflict of interest declared

Author's contributions

NN designed the study, conducted data collection, cleaned and analyzed data. MB supervised all stages of the research, JFN assisted in data analysis.

Data availability

Data available upon request

Ethical approval

A recommendation letter was presented to the Director of Entebbe regional referral hospital seeking permission for data collection. After being granted permission, the researcher sought consent from the respondents before enrolling them to participate. Respondents were assured of the confidentiality of their information and the anonymity of their identity. This was done by not writing their names on the consent forms and questionnaires.

Informed consent

The purpose and objectives of the study were explained to the participants and they understood and voluntarily consented to participate in the study

Author's biography

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