

## FACTORS PREDISPOSING TO INCREASED PREVALENCE OF ANTEPARTUM HAEMORRHAGE AMONG PREGNANT WOMEN ATTENDING ANTENATAL CARE AT KISENYI HEALTH CENTRE IV, KAMPALA DISTRICT. A CROSS-SECTIONAL STUDY.

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### ABSTRACT.

#### Background:

The purpose of the study was to assess the factors predisposing to the increased prevalence of antepartum hemorrhage among pregnant women attending antenatal care at Kisenyi Health Centre IV, Kampala district.

The specific objectives were to find out the individual factors, community-related factors, and Health facility-related factors predisposing to increased prevalence of antepartum hemorrhage.

#### Methodology:

A cross-sectional study design with simple random sampling as the sampling technique. Data was collected on a sample size of 50 respondents using a semi-structured questionnaire written in the English language with open and closed-ended questions as the data collection tool, analysis was done manually by sheets, pens, and paper entered in an Excel computer program presented in tables and figures and then interpreted.

#### Results:

With regards to the individual factors, (60%) of the respondents had ever experienced anemia during pregnancy and the majority (60%) had ever used alcohol or smoked tobacco during pregnancy.

Regarding the community-related factors, the majority (88%) of the respondents reported that Kisenyi HC IV was the nearest health center for ANC to them, the majority (74%) had ever been delivered by traditional birth attendants and finally, the majority (64%) had ever used local herbs during pregnancy.

Regarding the Health facility-related factors, almost all (98%) of the respondents reported that the Facility was inadequately staffed, and the majority (72%) reported that the health facility was inadequately equipped to effectively manage pregnancy-related conditions like Antepartum hemorrhage.

#### Conclusion.

Despite the commendable measures put in place to manage Antepartum hemorrhage and related conditions, a lot still needs to be done especially with health facility practices and individual measures with regards to the topic.

#### Recommendation.

The Ministry of Health and the health facility should recruit more staff and procure more equipment for use, especially for the Maternity unit at the Health Centre.

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**Keywords:** Antepartum Hemorrhage, Placenta Praevia, Placenta Abruption, Perinatal, Post-Natal

Submitted: 2023-07-08 Accepted: 23023-10-19

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### BACKGROUND OF THE STUDY.

Antepartum hemorrhage (APH) is a major cause of maternal and perinatal morbidity and mortality even in modern-day obstetrics and is one of the most frequent emergencies in obstetrics globally. APH is defined as bleeding from the genital tract from the time of viability of pregnancy for extra-uterine survival to the delivery of the baby (Takai et al, 2017).

Worldwide, APH complicates 0.5–5% of pregnancy which varies with sociodemographic variables all over the world. The main causes of APH are placenta previa and abruption placenta (Tyagi, P., Yadav, N., Sinha, P., & Gupta, U. (2016). However, the exact cause of bleeding in some cases may be undetermined (Takai et al, 2017). In a small proportion where placenta previa and abruption have been excluded (Takai et al, 2017), the cause may be related to local lesions of the cervix and vagina, e.g., cervicitis, cervical erosion, genital tumors, vulvar varicosities, ruptured

vasa previa, and heavy show (Tyagi, P., Yadav, N., Sinha, P., & Gupta, U. (2016). Ninety-nine percent (99%) of the daily deaths resulting from APH are women from developing countries (Adriamady et al, 2016).

In Africa, the overall prevalence of Ante Partum Hemorrhage was found to be 15.3%, and poor education, family history of hypertension, G6PD, and Down's syndrome were found to be significantly associated with increased APH in that study (Sayyad et al, 2017).

However, in a descriptive study from Osun, Southwestern Nigeria, the prevalence was 1.5% and the major cause of antepartum hemorrhage was found to be placenta previa followed by abruption and lastly by unknown causes. In Lagos, Nigeria, an incidence of 3.5% was reported and placenta previa constituted 58.4% of the cases, while placental abruption was a factor in 35.6% (Bonkougou et al, 2019).

Between January 1 and December 31, 2013, a total of 3,854 women gave birth in the East African region of JUSH Ethiopia, 0.051% of them were diagnosed to have APH showing a cumulative incidence of 5.1% in 2013. The average age of the women was 26.6 years with a standard deviation of 5.9 years (ABDULSAYED, F. J. Antepartum Hemorrhage.). Two third of the mothers were in the age range of 21 and 34 (Chufamo, N., Segni, H., & Alemayehu, Y. K. (2015). Abruptio placentae and placenta previa were the major causes of APH established as final diagnoses in 127 (65.1%) and 52 (26.7%) of APH patients, respectively. Other causes including leech infestation and unknown causes accounted for 16 (8.2%) of the cases. The incidence of abruptio placentae and placenta previa was 3.3% and 1.4% among mothers who gave birth in JUSH in 2015 (Chufamo et al, 2018).

Uganda has made great strides in maternal health according to a report released in a recent cross-sectional study by Kananura et al (2017), with the maternal mortality rate decreasing by 23% from 438 deaths per 100,000 live births (registered in 2011) to 336 deaths per 100,000 live births in 2015. The international literature has found associations between chronic maternal hypertension; pre-eclampsia, multiparity, maternal smoking, and placental abruption.

On the other hand, maternal smoking was found to be less frequent in mothers with placenta previa in some studies or to have a weak association in others. In addition, a history of previous cesarean birth and increased maternal age were noted to be associated with placenta previa. It is particularly important to investigate the risk factors associated with APH in Uganda.

### General objective.

- *To determine the factors predisposing to increased prevalence of Ante-Partum Haemorrhage among pregnant women attending Antenatal Care at Kisenyi Health Centre IV, Kampala district.*

### Specific objectives.

- *To determine individual factors predisposing to increased prevalence of Ante antepartum hemorrhage*

*among pregnant women attending Antenatal Care at Kisenyi Health Centre IV Kampala District.*

- *To determine the community-related factors predisposing to increased prevalence of Ante antepartum hemorrhage among pregnant women attending Antenatal Care at Kisenyi Health Centre IV Kampala District.*
- *To determine the Health-facility factors predisposing to increased prevalence of Ante antepartum hemorrhage among women attending Antenatal Care at Kisenyi Health Centre IV Kampala District.*

## METHODOLOGY.

### Study design.

A cross-sectional study design was used to identify the factors predisposing to increased prevalence of Antepartum hemorrhage among pregnant women attending the antenatal clinic at Kisenyi Health Centre IV, Kampala District. The design was chosen because it captured all the information to describe the research problem and it was convenient for both the subjects and the researcher.

### Study Area.

The study area was Kisenyi Health Centre IV, a Government Health facility at Health Centre IV that provides a variety of services ranging from inpatient and outpatient care, Safe Male Circumcision, Minor Surgery, and Antenatal Care for the population that occupies areas surrounding Kampala Central in Kampala District. The study was carried out over one month from February 3rd to March 7th, 2023.

### Sample size determination.

The sample of the study was obtained from the population by a matter of random sampling method

This was done with the help of the formula below

$$N = \frac{Z^2 * P * Q}{e^2}$$

z is constant 196p is % of people

e is the constant 0.05

N is the sample size: which in this case was 50 respondents.

Inclusion criteria. One category of respondents was included in the study. These were pregnant women attending the antenatal clinic at Kisenyi Health Center IV in Kampala district within the study period, upon providing consent.

Sampling technique, A Simple random sampling technique was used to select the respondents to participate in the study. The respondents that participated in the study were 15 years and above and gave genuine and mature answers according to the researcher's view of the study.

Sampling procedure. The mothers were randomly selected from all the mothers who came to attend their respective Antenatal

Care visits in Kisenyi Health Centre IV. These mothers were given questionnaires to answer under my supervision. Study variables. The Dependent variable was Antepartum hemorrhage whereas the independent variables included Individual factors, community-related factors, and health facility-related factors predisposing to increased prevalence of Antepartum hemorrhage.

### **Data collection method.**

The data was collected using a questionnaire method which was set in English language.

### **Data collection tools.**

The tool that was used in data collection was a questionnaire which was set in English language with both open-ended and closed questions guided by the research objectives of the study.

### **Data collection procedure.**

The letter was first received from the Kampala School of Health Sciences seeking permission to be granted at Kisenyi Health Centre IV. An acceptance letter was obtained from Kisenyi Health Centre IV, then consent was obtained from the patients who voluntarily signed the consent form then information was obtained from patients by applying a random sampling method.

### **Quality Control.**

The quality of research was ensured by employing strategies that dealt with the threats of validity for instance appropriate use of

the study design and use of piloting the study to pretest the instruments to be used. like the questionnaire used in the collection of data and giving ample time for data collection. The results obtained from the pre-tested questionnaire were of credible standard.

### **Piloting the study.**

The study was piloted a month before large-scale data collection. This involved the researcher randomly selecting 5 respondents from the study area to answer questions from the questionnaire. The purpose of the piloting was to investigate whether the main components of the main components were feasible.

### **Data Analysis.**

Data was analyzed manually. Data analysis involved summarizing key findings, explanations, and analysis of data according to the study objectives of the study and was presented in frequency distribution tables, bar graphs, and pie charts.

### **Ethical consideration.**

Ethics are systems of moral values that are concerned with the degree to which research produced adheres to professional, legal, and social obligations to the study participants. The permission to carry out the research was given by the Kampala School of Health Sciences. A consent form was presented and signed by every respondent before collecting data from the respondents and this was done under voluntary consent and the information was confidential.

## **RESULTS.**

### **Demographic data**

**Table 1: Shows the distribution of respondents according to demographic data. (N=50)**

Response	Frequency(f)	Percentage (%)
<b>Gender</b>		
Female	45	90
Male	5	10
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Age</b>		
15-19years	5	10
20-24years	13	26
25-29years	17	34
30-34years	12	24
35-40years	3	6
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Tribe</b>		
Baganda	27	54
Basoga	10	20
Banyankore	8	16
Others	5	10
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Occupation</b>		
Entrepreneur	36	72
Health worker	01	02
Religious leader	03	06
Engineer	04	08
Soldier	06	12
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Level of Education</b>		
Primary	20	40
Secondary	12	24
Tertiary	04	8
Never went to school	14	28
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Religion</b>		
Catholic	15	30
Anglican	12	24
Pentecostal	12	24
Muslim	3	06
SDA	2	04
Orthodox	02	04
Others	04	08
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Marital status</b>		
Single	06	12
Married	26	52
Never married	05	10
Widow	03	06
Separated	08	16
Divorced	02	04
<b>Total</b>	<b>50</b>	<b>100</b>

From table 1, most of the respondents (34%) were aged within the bracket (25-29) years whereas the least (06%) were aged within the bracket (35-40) years.

In regards to tribe, more than half (54%) of the

respondents were Baganda whereas the least(10%) belonged to other tribes like Samya, Itesot and Acholi.

With regards to occupation the study revealed

that majority (72%) of the respondents were entrepreneurs whereas (02%) were health workers. The study further revealed that most (40%) of the respondents had attained primary education level whereas the least (08%) had attained tertiary education level.

Results obtained from the 50 respondents revealed that the highest number of respondents (30%) were Catholics whereas the Orthodox and SDA tied with the least number of respondents (04%). According to the study findings more than half (52%) of the respondents were married and the least number of the respondents (04%) had Divorced

**Individual factors predisposing to increased prevalence of Ante Partum Hemorrhage among pregnant women attending Antenatal Care.**

**Table 2: Shows the distribution of respondents according to if they had ever suffered from anemia during pregnancy. N=50**

Response	Frequency (f)	Percentage (%)
Yes	32	64
No	18	36
<b>Total</b>	<b>50</b>	<b>100</b>

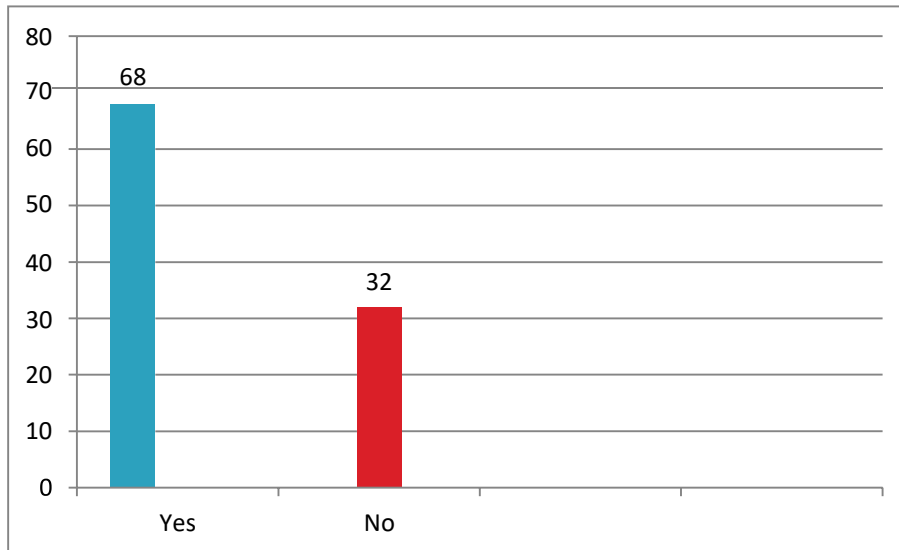
From table 2, most (64%) of the respondents had ever suffered from anemia whereas the least (36%) had never.

**Table 3: Shows distribution of respondents in relation to the number of times they had ever been pregnant. N=50**

Response	Frequency (f)	Percentage (%)
1-2 times	09	18
3-4 times	37	74
5-6 times	03	06
7-8 times	01	02
9-10 times	00	00
<b>Total</b>	<b>50</b>	<b>100</b>

From table 3, majority (74%) of the respondents had been pregnant 3-4 times before while the none (00%) had been pregnant 9-10 times.

**Figure. 1: Shows the distribution of respondents in relation to if they had ever delivered by Caesarian section. N=50**



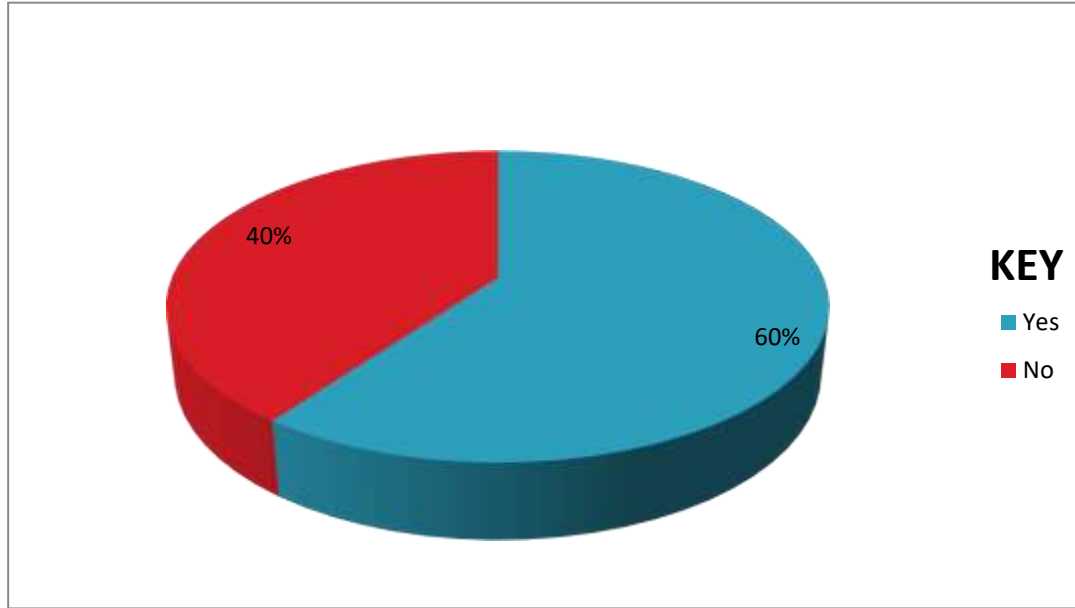
From figure 1, most (68%) of the respondents had ever delivered by Caesarean Section whereas the least (32%) had never.

**Table 4: Shows distribution of respondents in accordance to if they had ever suffered from pregnancy induced Hypertension. N=50**

Response	Frequency (f)	Percentage (%)
Yes	35	70
No	15	30
<b>Total</b>	<b>50</b>	<b>100</b>

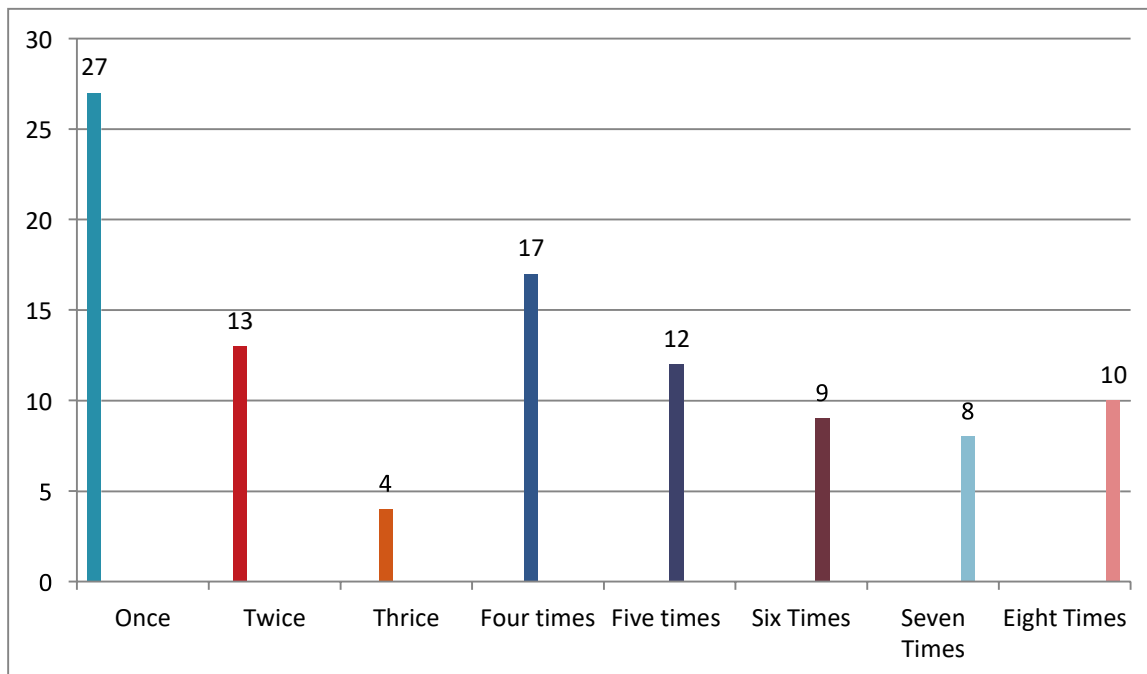
From table 4, majority (70%) of the respondents had ever suffered from pregnancy induced Hypertension whereas the least (30%) had never.

**Figure 2: Shows the distribution of respondents according to whether they had ever used alcohol and/or tobacco during pregnancy. N=50**



From figure 2 most (60%) of the respondents had ever used alcohol or smoked tobacco during pregnancy while the least (40%) had never.

**Figure 3: Shows the distribution of respondents in relation to how often they attended Antenatal Care. N=50**



From figure 3, most (27%) of the respondents had attended one Antenatal visit whereas the least (04%) had attended antenatal care thrice.

**Community related factors predisposing to increased prevalence of Ante Partum Hemorrhage among**

**pregnant women attending Antenatal Care.**

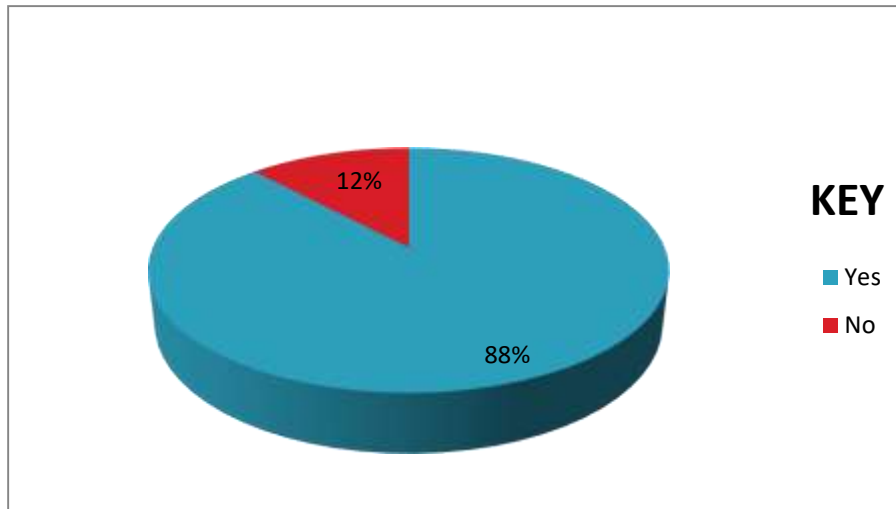
**Table 5 Shows distribution of respondents according to if any of their first-degree family members had ever suffered from Antepartum Hemorrhage. N=50**

Response	Frequency (f)	Percentage (%)
Yes	28	56
No	22	44
<b>Total</b>	<b>50</b>	<b>100</b>

From table 5, more than a half (56%) of the respondents had their first-degree family members

who had suffered from Antepartum Hemorrhage while the least (44%) didn't have.

**Figure 4: Shows distribution of respondents in relation to if Kisenyi Health Centre IV was their nearest Health Facility for Antenatal Care. N=50**



From figure 4, majority (88%) of the respondents reported that Kisenyi HCIV was the nearest Health

Facility for Antenatal Care whereas the minority (12%) deferred.

**Table 6: Shows distribution of respondents in relation to the quality of road network that they used to reach the Health Facility. N=50**

Response	Frequency (f)	Percentage (%)
Good	09	18
Relatively fair	29	58
Poor	12	24

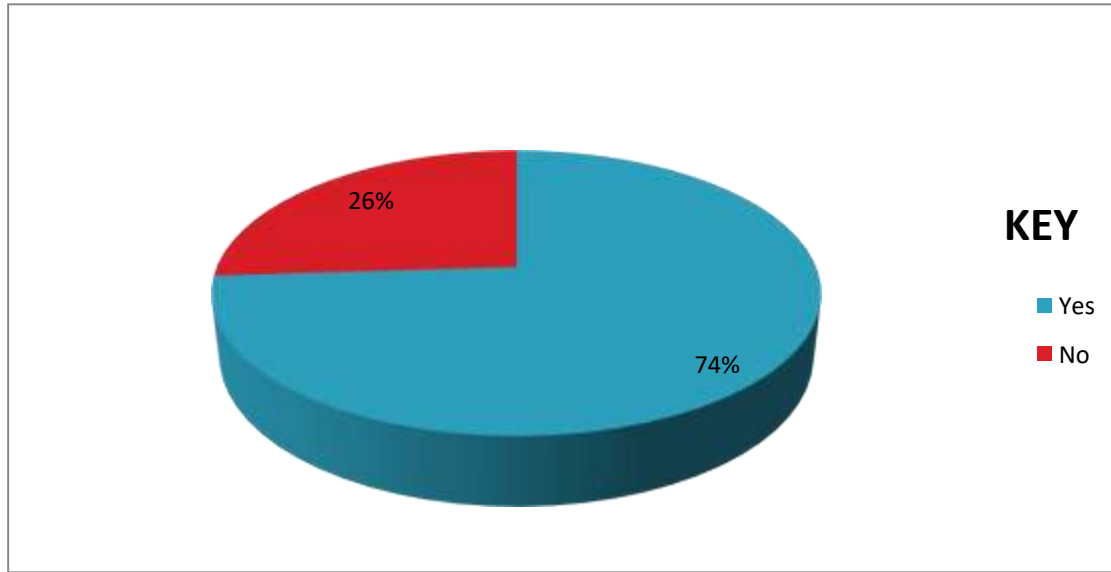


Total	50	100
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From table 6 more than half (58%) of the respondents used relatively fair road network to reach the health

facility whereas the least (18%) used good road network to reach the health facility.

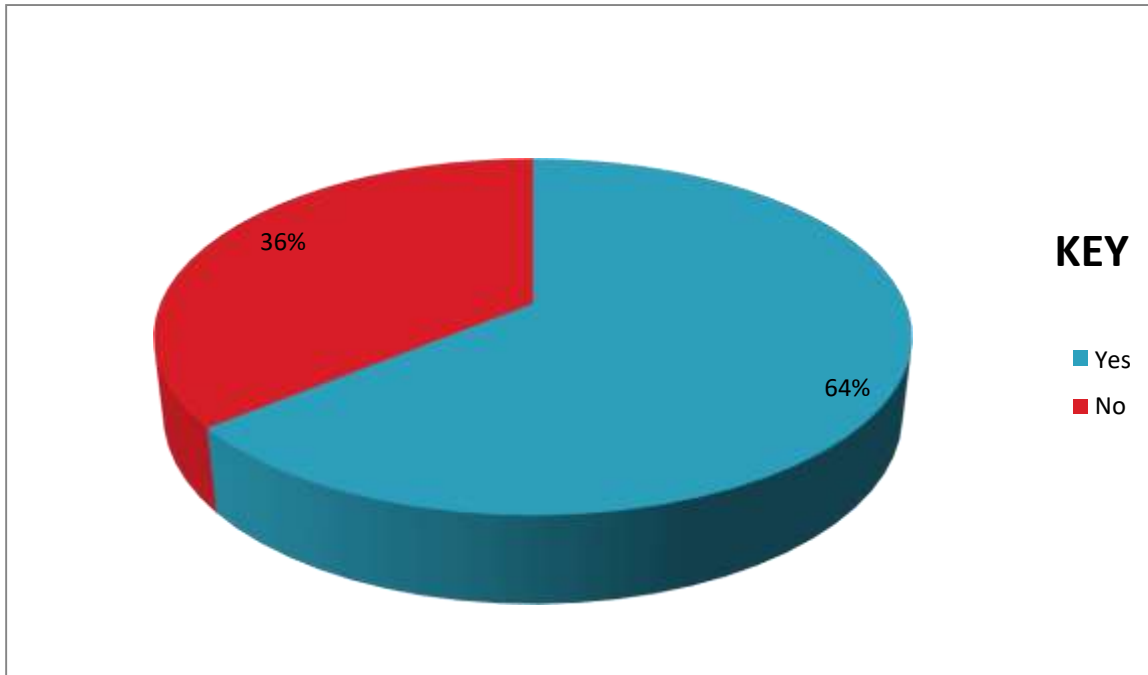
**Figure 5: Shows distribution of respondents in accordance with if they had ever delivered with a traditional birth attendant. N=50**



From figure 5, majority (74%) reported that they had ever delivered with a traditional birth attendant

while the least (26%) had never.

**Figure 6: Shows the distribution of Mothers in relation to whether they had ever used local herbs during pregnancy. N=50**



From figure 6, majority (64%) revealed that they had ever used local herbs during pregnancy whereas the least (36%) had never.

**Health Facility related factors predisposing to increased prevalence of Ante Partum Hemorrhage among pregnant women attending Antenatal Care.**

**Table 7: Shows distribution of respondents according to how far the Health Facility is from their residence. N=50**

Response	Frequency (f)	Percentage (%)
Nearby	26	52
Relatively far	16	32
Very far	8	16
<b>Total</b>	<b>50</b>	<b>100</b>

From table 7, more than a half (52%) of the respondents reported that they had been residing

nearby the Health Facility whereas (16%) resided very far away.

**Table 8: Shows distribution of respondents according to their knowledge concerning the quality of equipment at the Health Facility to manage pregnancy related conditions. N=50**

**N=50**

Response	Frequency (f)	Percentage (%)
Yes	14	28
No	36	72
<b>Total</b>	<b>50</b>	<b>100</b>

From table 8, majority (72%) of the respondents reported that the hospital was inadequately equipped to effectively manage pregnancy related conditions whereas the minority(28%) was satisfied with the kind of equipment at the Health facility.

**among pregnant women attending Antenatal Care.**

From the study above, the findings revealed that most (64%) of the respondents had ever suffered from anemia probably because of inadequate folate supplementation and the absence of iron-rich foods in their diet and this study is not in agreement with a cross-sectional descriptive study by Ziaei et al (2018) which showed a relationship between hemoglobin levels below 10.4g/dl to be associated with adverse pregnancy which further revealed that the majority (80%) of mothers in the study had suffered from anemia

**DISCUSSION.**

**Individual factors predisposing to increased prevalence of Ante antepartum hemorrhage**

i.e. hemoglobin levels below 10.4 g/dl had complications during pregnancy.

From the study above, the findings revealed that the majority (70%) of the respondents had ever suffered from pregnancy-induced Hypertension. This was attributed to factors like Weight (obesity) and improper attendance for Antenatal care which is in disagreement with a descriptive study on the birth outcome and prevalence of post-partum morbidity among pregnant women who attended ANC in Gondar town, Ethiopia by Faponle et al (2017) which revealed that only 35% of the mothers had ever suffered from Pregnancy-induced Hypertension.

Findings obtained from the study above indicated that most (60%) of the respondents had ever used alcohol or smoked tobacco which may be due to low socioeconomic status and ready availability of alcoholic intoxicants. Results from this study revealed that 68% of the pregnant mothers who participated were discovered to have developed some form of complications during their pregnancy notably in the form of severe pregnancy-induced hypertension and antepartum hemorrhage.

### **Community-related factors predisposing to increased prevalence of antepartum hemorrhage among pregnant women attending Antenatal Care.**

Findings obtained from the study revealed that more than half (56%) of the respondents had had their family members suffer from Antepartum hemorrhage before. This was attributed to genetical predisposition and inheritance. This study is in line with a descriptive study at Oita Prefectural Hospital, Bunyo, Oita, Japan which compared risk factors for placenta praevia and abruptio placenta concerning family history of Antepartum Haemorrhage and chronic hypertension; which showed that 56% of the mothers who had at least one family member who ever suffered from APH are more likely to develop Antepartum Hemorrhage.

From the study above, findings revealed that the majority (88%) of the respondents reported that Kisenyi HCIV was the nearest Health Facility for Antenatal Care. This was attributed to the strategic location of the Health Centre on the marginal outskirts of Kampala Business Centre surrounded by numerous villages which also happen to be the most densely populated in the Kampala Metropolitan area. Hence, it is the most accessible and convenient place to acquire Antenatal care services for most of the mothers. This study is in agreement with a study carried out on Health Management systems and effectiveness carried out by Kennare (2018) in Zimbabwe which discussed that the closer the Health Facility is to the people, the more likely it is to be used thereby effectively detecting and managing most of these Obstetric emergencies like antepartum hemorrhage as such, prompting positive outcomes following treatment.

Findings obtained from the study above indicated that more than half (58%) of the respondents used a relatively fair road network to reach the health facility which is attributed to the location of the Health facility being near several business enterprises in the capital city hence taking advantage of the already established road network within the community which is in a fairly good condition. As such, access to the hospital is made easy hence management of obstetric emergencies like antepartum

haemorrhage is also timely and efficient. This study correlates positively with a study by Chan (2021) which revealed that in areas where the road network was well developed, 66% of the referrals to the health facility were successfully and appropriately managed. In addition, 60% of the mothers in poorly developed transport settings noted that the poor roads hindered their efforts to attend much desired antenatal care and discouraged them from delivering in the hard-to-reach health facilities. In conclusion, the study revealed that the incidence of Antepartum hemorrhage was found to reduce by 1.5% in areas with a developed setting and proper infrastructure like a good road network.

Findings obtained from the study above indicated that the majority (74%) of the respondents had ever delivered from a traditional birth attendant which is attributed to the readily available services of the traditional birth attendants within the community and their fairly low prices. In addition, these Birth attendants have very good advertisement strategies which attract more clients with decent success rates reported by the respondents. This study does not correlate with statistics by the WHO (2015) where it was discovered that almost 80% of births have been assisted by strictly trained health workers in the 2012-2014 period with the remaining 20% being attended by Traditional Birth Attendants. In addition, the 2017 IDHS report stated that births with health personnel were 61% of midwives, 29% of Obstetricians, 7% of Traditional Birth attendants, 1% of general practitioners, and 2% of others.

From the study above, findings revealed that the majority (64%) had ever used local herbs during pregnancy which is attributed to the common societal beliefs and norms by the majority of the residents in this particular area of the country. The pregnant mothers are coached to believe that local herbs provide added advantages during pregnancy such as lesser labor pains, nutritional benefits for the fetus, and prophylaxis against some infections during pregnancy. This was in agreement with a cross-sectional study by Elizabeth (2015) on Factors associated with local herb use during pregnancy and labor among women in the Kigoma region of Tanzania which revealed that between 60% and 70% of the population seeks health care through the use of traditional medicine to treat a wide variety of health conditions.

### **Health Facility-related factors predisposing to increased prevalence of antepartum hemorrhage among pregnant women attending Antenatal Care.**

From the study above, findings revealed most (98%) of the respondents believed that the facility was not adequately staffed to sufficiently manage obstetric emergencies like antepartum hemorrhage and other medical complications at once as this was attributed to poor payment and remuneration of health workers which makes working at the facility less attractive for most of them who then opt to start up private entities. This study was not in agreement with a study by Khyber (2019) on Birth outcome and prevalence of post-partum morbidity among pregnant women who attended Antenatal care at Chanto Hospital in Ethiopia which revealed that 78% of the mothers in the study benefitted highly from the big number of health workers such as midwives, nurses and doctors at the health facility. The study further

explained that the following critical antenatal care led to the early discovery of 19.3% of the mothers to be suffering from complications while 27% were at borderline risk of suffering from Antepartum hemorrhage. The study further attributes these vital discoveries to a high level of care provided by the motivated medical personnel at the facility.

Findings obtained from the study above indicated that the majority (72%) of the respondents reported that the hospital was inadequately equipped to effectively manage pregnancy-related conditions which is attributed to the low conservative budget the health facility is forced to run under considering the nationwide health facilitation crisis. This study was in disagreement with a cross-sectional study carried out by Makinde (2017) on the Consequences of invasive surgery in the management of obstetric conditions in Gondar Ethiopia which elaborated that there was a 43.1% improvement rate and a 77.1% success rate in the management of patients with various pregnancy-related conditions like APH and PPH when handled by Health facilities with advanced equipment to aid the various procedures required.

conclusion

Given the findings obtained from 50 respondents, the following conclusions were made: The study revealed that Individual factors played a very big role in increasing the prevalence of Antepartum Hemorrhage in view that the majority (64%) had ever experienced Anaemia and most (70%) of the respondents had ever experienced pregnancy-induced hypertension. Additionally, most (60%) had ever used alcohol or smoked tobacco which are all risk factors for pregnancy-related complications like APH.

In regards to community-related factors, the respondents reported that more than half (56%) had had their family members of first-degree experience APH before, the majority (88%) reported that Kisenyi HCIV was the nearest Health Centre for ANC to them and more than half (58%) reported that they used a relatively fair road network to access the health facility. In addition, the majority (74%) of the respondents reported that they had ever been delivered by Traditional birth attendants and the majority (64%) had ever used local herbs during pregnancy.

Regarding health facility-related factors, most (66%) of the respondents reported that the health facility was not adequately staffed to sufficiently manage the overwhelming number of patients with pregnancy-related complications like APH and the majority (72%) reported that the hospital was inadequately equipped to effectively manage complicated and even some minor pregnancy-related conditions.

The researcher generally concluded that despite the numerous efforts and strategies put in place by health facility management and the government to eradicate cases of Antepartum hemorrhage and associated complications among pregnant women, a lot is still lacking about the Individual factors like health-seeking habits of the pregnant mother and health facility related factors like poor staffing of medical personnel and inadequate equipment used in the health facility.

## RECOMMENDATIONS.

The Ministry of Health, efforts should be put into recruiting more health workers to manage the patient burden and doctor-to-patient

ratio in the Health facility for effective management of pregnancy-related complications.

The Ministry of Health should also procure more equipment and distribute them sufficiently to the Health facilities to support and ease the work of the health workers as they struggle to manage these pregnancy-related complications and other medical conditions as well.

To the hospital, the health workers of Kisenyi Health Centre IV should embrace and continue sensitizing people about Antepartum hemorrhage and the availability of various antenatal care services at the facility.

The health workers should advise and sensitize the general public that much as their traditional herbs and methods of childbirth have long been in use and even effective, in recent times, there are modalities in medicine that suitably substitute these rudimentary means. As such, newer complications are arising which may not be effectively managed by the traditional birth attendants and local herbs therefore if push comes to shove, there is the risk of increased maternal and fetal mortality if the norm persists. This is not only a danger to the lives of many pregnant mothers but also a stain on the community as a whole.

## ACKNOWLEDGEMENT.

I would like to thank the almighty Lord who gave me guidance, purpose, and wisdom to embark on this undertaking. Without Him, my life would not have been meaningful.

I am grateful to my supervisor Mr. Kalungi Vincent Charles for his time and professional supervision accorded to me during the tedious process of designing this research report. Truly an unsung hero.

Furthermore, I express my heartfelt gratitude to my parents, custodians, guardians, and all stakeholders in my academic journey for their encouragement, sacrifices, guidance, and support through and through.

Additionally, I would like to thank all the staff, friends, and colleagues with whom I worked, studied, and dined every step of the way during the course for the psychological and exceptional academic support they have rendered to me ever since I joined Kampala School of Health Sciences, may God bless you all.

## LIST OF ABBREVIATIONS/ ACRONYMS.

ANC	:	Antenatal Care
APH	:	Antepartum Hemorrhage
G6PD	:	glucose-6-phosphate-dehydrogenase
GYN	:	Gynaecology
HC IV	:	Health Centre IV
HIV	:	Human Immunodeficiency Virus
MOH	:	Ministry of Health
OBS	:	Obstetrics

PPH : Postpartum Hemorrhage  
WHO : World Health Organization

## REFERENCES

1. Adriamady, Wandabwa, Faiz. (2016). Global burden on maternal Death and disability. *AfriHealth* , 4 (12), 20.
2. Bonkougou, Wen , Yung Q. (2019). Global causes of Maternal death. *Internet* , 65 (3), 24.
3. Chufamo, Cromwell , Eniola. (2018). Socio economic association improved Maternal Neonataland Perinatal survival. *BMS* , 65 (7), 67.
4. Elizabeth, Hasegawa , Igwegbe. (2015). Risk Factors for severe abruptio placentae. *GlobalHealth* , 53 (7), 200.
5. Faponle, Arora , Davie , Majombra . (2019). Risk factors and Perinatal Outcomes of Uterine rupture in a low resource setting. *AfrMed* , 54 (18), 2315.
6. Kennare, Melamed ,Aavirand , Silver , Aanat . (2018). ANTEPARTUM HAEMORRHAGE. *obstetgynecol* , 15 (10), 7826.
7. Khyber. (2017). Birth Outcome and Prevalence of Placenta Previa morbidity among Women attending Antenatal Care at Chanto Hospital Ethiopia. *Intermed* , 56 (67), 756.
8. Makinde, . (2017). Consequences of Invasive surgery in Management of Obstetric conditions in Gondar Ethiopia. *ETHmed* , 43 (2), 423.
9. Kananura, Kiondo , Doile . (2017). Maternal, Perinatal and Infant Mortality. *MedFed* , 6 (4), 87.
10. Sayyad , Jackson , Gibson . (2017). Prevalence and Associated risk factors among women in an economically fastgrowing society. *Medicare* , 15 (6), 54.
11. Takai. (2017). *antepartum haemorrhage: a retrospective analysis from nothern nigerian teaching hospital*. Nigeria: int j app basic med res.
12. Takai, Rana. (2017). Study of Antepartum Haemorrhage and its maternal and perinatal outcome. *AFR med* , 2 (3), 6.
13. WHO,. (2017). Maternal Mortality. *Internet* , 4 (7), 7.
14. Zaiei, Gadiel, Reviki, Mahmood. (2018). Risk of Placenta Previa in Second Birth after first birthcesarean section. *Interne* , 77 (86), 8
15. Tyagi, P., Yadav, N., Sinha, P., & Gupta, U. (2016). Study of antepartum haemorrhage and its maternal and perinatal outcome. *Int J Reprod Contracept Obstet Gynecol* , 5(11), 3972-77. ABDULSAYED, F. J. Antepartum Hemorrhage.
16. Chufamo, N., Segni, H., & Alemayehu, Y. K. (2015). Incidence, contributing factors and outcomes of antepartum hemorrhage in Jimma University Specialized Hospital, Southwest Ethiopia. *Universal Journal of Public Health* , 3(4), 153-159

## Publisher Details

**Publishing Journal: Student's Journal of Health Research Africa.**

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**(ISSN: 2709-9997)**

**Publisher: SJC Publishers Company Limited**

**Category: Non-Government & Non-profit Organisation**

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