Obstructed labour at Usmanu Danfodiyo university teaching hospital Sokoto: a five-year review

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ABSTRACT

Background: Obstructed labour is an obstetric emergency and one of the major causes of maternal and perinatal morbidity and mortality in the developing countries, Nigeria inclusive. The aim of this study was to determine the prevalence, causes and feto-maternal outcome of cases of obstructed labour managed at Usmanu Danfodiyo University Teaching Hospital Sokoto from 1st January, 2014 to 31st December, 2018.

Methods: This was a retrospective review of all cases of obstructed labour managed at Usmanu Danfodiyo University Teaching Hospital Sokoto over 5 years. List of cases managed during the study period was obtained and case notes were retrieved. Relevant information such as age, booking status, parity, educational status, address, causes, mode of delivery and both maternal and foetal outcomes were obtained from the case notes. Data analysis was done using statistical package for social sciences version 22 (SPSS Inc, Chicago, IL, USA).

Results: A total two hundred and seventy-six cases of obstructed labour were managed out of the 15,452 total deliveries during the study period. This gives an obstructed labour prevalence of 1.79%. The major cause of obstructed labour identified in this study was Cephalopelvic disproportion (74.6%) and majority of the patients were delivered by emergency lower segment caesarean section (70.6%). Up to 32.3% of the patients had no maternal complications and also 42.3% of them had live birth with no fetal complication. However, 20.2% of these patients had ruptured uterus and 37.9% of them had still birth, while 19.8% had live birth complicated by birth asphyxia.

Conclusions: This study has found that obstructed labour resulted in adverse maternal and perinatal outcome. Hence, there is need to prevent obstructed labour in order to avert this consequence.

Keywords: Nigeria, Obstructed labour, Sokoto

INTRODUCTION

Obstructed labour is a major cause of both maternal and perinatal morbidity and mortality in the developing countries including Nigeria. It is still a major public health problem in these countries.

Labour is considered obstructed when the presenting part of the fetus failed to progress into the birth canal despite strong adequate uterine contractions. It is a serious emergency situation. Apart from the maternal and perinatal death, obstructed labour is associated with number of debilitating and distressing maternal morbidities which includes uterine rupture, vesico-vaginal fistula, recto-vaginal fistula, genital sepsis, gynaetresia, amenorrhea and impaired fertility. The most frequent causes of obstructed labour includes; cephalo-pelvic disproportion (CPD), malpresentation or...
malposition of the fetus (shoulder, brow or occipitoposterior position), locked twin or pelvic tumour etc.\textsuperscript{9,10}

Obstructed labour is a serious emergency situation. Therefore, several interventions, such as the use of partograph to monitor labour and the provision of emergency obstetrics care services have been in place to reduce the scourge of obstructed labour and it is sequelae. However, the incidence of this condition is still worry some in the developing countries including Nigeria.\textsuperscript{2,11,12}

Some of the contributing factors identified to make obstructed labour to be persistent in this setting are mainly socio-economic problems such as illiteracy, poverty, ignorance, belief in home deliveries under supervision of traditional birth attendants, mal-distribution of health facilities, lack of good transportation system and aversion to surgery.\textsuperscript{10}

The aim of the study was to identify the prevalence and outcome of the cases of obstructed labour managed at Usman Danfodiyo University Teaching Hospital Sokoto.

\section*{METHODS}

This was a retrospective study of cases of obstructed labour managed at Usman Danfodiyo University Teaching Hospital, Sokoto, from 1\textsuperscript{st} January, 2014 to 31\textsuperscript{st} December, 2018. The list of cases of obstructed labour was obtained from the labour ward’s register, operating theatre’s register and the health records office of Usman Danfodiyo University Teaching Hospital Sokoto. The list of hospital numbers of all the cases was obtained and the case notes were retrieved from the medical records department. Relevant information that includes the age, booking status, parity, educational status, address, causes, mode of delivery and both maternal and foetal outcomes were obtained from the case notes.

\section*{Inclusion criteria}

\begin{itemize}
  \item All cases of obstructed labour that had all the relevant information required for the study.
\end{itemize}

\section*{Exclusion criteria}

\begin{itemize}
  \item Patients that had missing information in their folders were excluded.
\end{itemize}

\section*{Statistical analysis}

Data analysis was done using statistical package for social sciences version 22 (SPSS Inc, Chicago, IL, USA).

\section*{RESULT}

During this study period, there were a total of 15,452 deliveries out of which 276 were cases of obstructed labour and 248 folders were retrieved. The retrieval rate was 89.9%. The prevalence of obstructed labour in this study was 1.79%.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|}
\hline
Characteristics & Frequency & \% \\
\hline
Age & & \\
Less than 20 years & 68 & 27.4\% \\
21 to 25 years & 72 & 29.0\% \\
26 to 30 years & 36 & 14.5\% \\
31 to 35 years & 30 & 12.1\% \\
36 to 40 years & 28 & 11.3\% \\
41 to 45 years & 14 & 05.7\% \\
\hline
Educational status & & \\
No formal education & 201 & 81.1\% \\
Primary & 40 & 16.1\% \\
Secondary & 7 & 02.8\% \\
Tertiary & 0 & 00.0\% \\
\hline
Area of residence & & \\
Rural & 239 & 96.4\% \\
Urban & 9 & 03.6\% \\
\hline
Parity & & \\
0 & 100 & 40.3\% \\
1 & 45 & 18.1\% \\
2 & 25 & 10.1\% \\
3 & 16 & 06.5\% \\
4 and above & 62 & 25.0\% \\
\hline
Booking status & & \\
Booked & 18 & 07.3\% \\
Not booked & 230 & 92.7\% \\
\hline
Total & 248 & 100\% \\
\hline
\end{tabular}
\caption{Socio-demographic characteristics of the patients.}
\end{table}

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|}
\hline
Causes & Frequency & Percentage \\
\hline
Cephalopelvic disproportion & 185 & 74.6\% \\
Persistent occipitoposterior position & 22 & 08.9\% \\
Face presentation & 10 & 04.1\% \\
Hydrocephalus & 9 & 03.6\% \\
Compound presentation & 8 & 03.2\% \\
Shoulder presentation & 6 & 02.4\% \\
Cervical fibroid & 4 & 01.6\% \\
Vaginal septum & 4 & 01.6\% \\
\hline
Total & 248 & 100\% \\
\hline
\end{tabular}
\caption{Causes of obstructed labour at UDUTH, Sokoto.}
\end{table}

Most of the patients (29\%) were in the age group of 21 to 25 years, followed by those that were less than 20 years (27.4\%) and the least age group was those that were greater than 40 years (5.7\%). Majority of these patients (81.1\%) had no formal education and up to 96.4\% of these patients were from the rural areas. Most of them 100 (40.3\%) were primigravidae and majority of them 230 (92.7\%) their pregnancies were not booked.

The most common cause of obstructed labour identified in this study was Cephalopelvic disproportion (CPD),
which accounted for 74.6% of the cases. The causes of obstructed labour are shown in Table 2.

Majority of these patients were delivered by caesarean section, while others were delivered by laparotomy + subtotal hysterectomy, laparotomy + repair of uterine rupture and bilateral tubal ligation, and craniotomy was done in 6.5% of the patients (Figure 1).

Up to 32.3% of the patients had no complication. The complications encountered were ruptured uterus, sepsis, postpartum haemorrhage, and vesico-vaginal fistula. About 12% had had more than one complication. Maternal mortality occurred in about 7% of cases. The maternal outcome is shown in Table 3.

Majority of the patients (42.3%) had live birth with no fetal complication, while 37.9% of them had still birth and the remaining 19.8% of them had live birth but with fetal birth asphyxia, shown in Figure 2.

**DISCUSSION**

The prevalence of obstructed labour of 1.79% in this study is lower compared to the prevalence of 2% obtained in a similar study done in the same institution in 2010. It is also lower than that reported from Enugu (2.7%), Ilorin (3.2%) and Gombe (4%). This may be as a result of increase in awareness and attendance of antenatal care by the pregnant women as well as improvement in obstetric services in the peripheral hospitals.

Most of the pregnancies in these cases were not booked and this may be related to the fact that majority of the patients had no formal education and also from the rural areas. This is similar to other studies done in India and Bangladesh.

Cephalopelvic disproportion was found to be the most common cause of obstructed labour in this study. This is similar to the previous studies done in Ilorin, Enugu and Gombe and also in Bangladesh. However, it differed from the findings in India, where malposition was the most common cause in 45.61% of the cases. Similarly, the most frequent mode of delivery of the cases in this study is lower segment caesarean section which is similar to the above mentioned studies.

Up to 32.3% of the patients in this study had no complication. This may be attributed to the presentation and prompt intervention. However, 20.2% of these patients had ruptured uterus and 37.9 of them had still birth. These may be as a result of delay in presentation and inappropriate interventions by quacks
and other health personnel that increases the rate of complications.

**CONCLUSION**

Obstructed labour is a life-threatening obstetric condition that is associated with significant maternal as well as foetal morbidity and mortality.

**References**


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