Obstetrical Care in Uganda

A summary of obstetric care In Uganda by Dr. Kizito Omona

Obstetrics is the practice of caring for women after conception, throughout pregnancy, and during childbirth. Routine obstetric care consists of periodic evaluation and management of pregnancy, including prenatal history and physical examinations following the initial diagnosis of pregnancy; obtaining and recording of weight, blood pressures, fetal heart rates as well as routine chemical urinalysis.

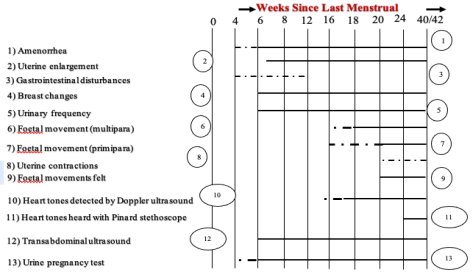

Figure 1: Signs and symptom to guide obstetric care
(Adopted from Me^,decins Sans Frontie^,res, 2019)

As shown in figure 1, the first sign of pregnancy is amenorrhea. This is combined with a progressive increase in the size of the uterus at 7-8 weeks of gestation following the last normal menstrual period. During the first trimester, the breast changes (increased size, tenderness, vascularisation and swollen areolas), urinary frequency and transitory nausea/vomiting are common. In the second trimester the mother begins to feel foetal movement and, in some cases, uterine contractions. Foetal heart tone can also be heard at this stage.

Globally, mothers face multiple risks at child birth and during pregnancy. About 15 percent of all women suffer complications during childbirth which can become life threatening if not managed quickly and appropriately by medical experts. In most of these life-threatening cases, deaths are avoidable because of early identification and management of complications during pregnancy (antenatal care visits), at labour (using partograph) and within the first few hours following child birth.

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Even though it is on a reducing trend, Uganda's Maternal Mortality Ratio (MMR) remains unacceptably high at 336 per 100,000 live births (UDHS, 2016) while the under 5 mortality rates reduced from 90 in 2011 to 64 per 1,000 live births (UDHS, 2016). Similarly, the Neonatal mortality rate (NMR) has remained high and stagnant over two the past 2 decades at 27 per 1,000 total births (UDHS, 2016). In May 2022, Ministry of Health published a revised guideline for obstetric care in Uganda. The components of the obstetric guidelines were structured along the continuum of maternal and newborn care. All protocols in the 2016 guideline were updated and new protocols introduced as summarized in table 1.

Table 1: The Obstetric Care in Uganda (Adopted from MoH, 2022)

Obstetric Care Variables	Management approaches used	Major revision for care
1) Antenatal Care	Goal-oriented ANC	• Updated the old protocol • 8 ANC visits are encouraged
	Anaemia in pregnancy	• Updated the old protocol • use of Parenteral Iron Therapy (Inferon • Management of sickle cell anaemia in pregnancy
	Management of malaria in pregnancy	• Updated the old protocol • Use of ACT in all trimester
	Hyperemesis gravidarum	• Updated the old protocol • Use of vitamin B complex prevents Wernicke's encephalopathies
	Intrauterine fetal death	• Updated old protocol • Definition (Death of a fetus prior to delivery after 26 weeks of gestation) • The use of obstetric ultrasound scan for diagnosis
	Breech presentation	• Updated the old protocol • Contraindication for External Cephalic Version including unsuppressed viral load in HIV positive mothers
	Gestational diabetes	• New protocol
	Preterm (premature) labour	• Updated the old protocol • Fetal viability reduced to 26 weeks • Use of tocolytic agents – between 26 and 34 weeks of gestation to allow for ANC steroids to work
	Pre-labor rupture of membranes (prom)	• Pre-labor rupture of membranes (prom)
	Multiple pregnancies	• Updated the old protocol
2) Intrapartum care	Management of first stage of labour	Updated the old protocol
	Management of second stage of labour	Updated the old protocol
	Management of third stage of labour	• Updated the old protocol • Use of heat-stable carbetocin (100 mcg, when Oxytocin (10 IU IV/IM) is not available or when quality is not certain
	Management of the fourth stage and first 24 hours	• Updated the protocol • Immediate management and follow-up
	Induction and augmentation of labor	• Update the old protocol • Contraindications to prostaglandins use

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Obstetric Care Variables	Management approaches used	Major revision for care
	Augmentation of labour using oxytocin	• Update the old protocol • Augmentation of labour using oxytocin is allowed
	Breech delivery	Updated the old protocol
	Face presentation	Updated the old protocol
	Brow presentation	Updated the old protocol
	Transverse lie	Updated the old protocol
	Shoulder presentation	Updated the old protocol
	Shoulder dystocia (stuck shoulders)	Updated the old protocol
	Compound presentation	Updated the old protocol
	Prolonged labour	Updated the old protocol
	The first stage starts at 5cm	Updated the old protocol
	Prolonged active phase	Updated the old protocol
	Cord prolapses	Updated the old protocol
	Foetal distress	Updated the old protocol
3) Postpartum	Postpartum care	• Updated the old protocol • Management of missed abortion
	Breast engorgement	Updated the old protocol
	Cracked/sore nipples	Updated the old protocol
	Puerperal sepsis	Updated the old protocol
4) Hemorrhage	Management of hemorrhage due to abortion	Updated the old protocol
	Management of abortion complications	Updated the old protocol
	Management of sepsis following abortion	Updated the old protocol
	Post-abortion counseling	Updated the old protocol
	Gestational trophoblastic disease management	Updated the old protocol
	Ectopic pregnancy	Updated the old protocol
	Antepartum hemorrhage	Updated the old protocol
	Postpartum hemorrhage	• Updated the old protocol • Use of heat-stable carbetocin and tranexamic acid
	Secondary Postpartum hemorrhage	Updated the old protocol
	Ruptured uterus	Updated the old protocol
	Blood transfusion	New protocol
5) Maternal infections	Urinary tract infections in pregnancy	Updated the old protocol
	Abnormal vaginal discharges	Updated the old protocol
	Genital ulcers	Updated the old protocol
	Genital warts	Updated the old protocol
	Mastitis	Updated the old protocol
	Breast abscess	Updated the old protocol
	HIV/AIDS in pregnancy	Updated the old protocol
	Viral heamorrhagic fever (ebola marburg, lassa, yellow etc)	Updated the old protocol
	Intrapartum care for covid19 in pregnancy	New protocol
	Postpartum care in covid-19 mothers	New protocol

Conclusion

The review protocol for obstetric care in excluded the care for newborn and other cares. These can be available in the Ministry of Health guideline 2022. The term "complicated pregnancy" refers to any pregnancy in which the mother or infant is at increased risk due to a particular obstetric or medical pathology or history. Complicated pregnancies may require higher level monitoring and/or special arrangements for delivery in a medical/surgical setting.

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