

**Obstetric Care in the Home Delivery among Women in Lugari
District, Western Province, Kenya**

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ABSTRACT

This was a descriptive study with the objective of investigating the obstetric care in home delivery process. It involved looking at the pre, intra and post partum practices with the aim of finding out whether they comply with the World Health Organization (WHO) recommended obstetric practices. The study was set in Western Province due to the high prevalence of home deliveries and the rampant use of traditional birth attendants (TBAs). Information was obtained by administering questionnaires to mothers who had delivered at home. They were selected by simple random sampling to a sample size of 330. The catchment area was at the clinics as the mothers brought the infants for immunization. TBAs were interviewed as key informants. Data was entered and stored in MS Access and analysis done using SPSS package.

There was a 96% achievement of the sample size with the reproductive age of 15-49 years was well represented. Majority had incomplete secondary education and below (75%) compared to others. The nearest health facility was at between 2-3 km for most of them with 83% having reliable transport in form of bicycles and motorbikes. Maternal Child Health services were readily available to all or most all of them: ANC (100%), PNC (98%) and delivery (94%) at the nearest health facility at a fee. There was 97% ANC attendance with majority (67%) having their first visit within the second trimester at frequency of 2-3 visits. comprehensiveness of these visits was wanting with only 1% receiving the WHO recommended package for ANC. Distance did

not contribute to the ANC attendance ($p = 0.26$) or the frequency of attendance ($p = 0.51$). reasons for home delivery could be summarized as economical, geographical, cultural and psychological. the five cleans were ensured by majority though it was difficult to assess the delivery surface due to the different materials used in preparation. Complications at delivery were experienced by 15% while death of the infant in the postnatal period was reported by only 2%. Only 17% sought any form of PNC check-up. There were some harmful practices noted in the TBA practices such as the use of herbs to fast-track the labour process and the attempts to handle complications.

Adherence to the IMPAC standards was lacking at some stages of the pregnancy especially PNC. However, the good results reflected in the low neonatal mortality can be attributed to various factors such as the mothers' awareness of the importance of ANC attendance, the TBAs conditions for taking up clients and the good working relationship between the health facilities and the TBAs. The Government may have its reasons to be apprehensive of home delivery process since it is difficult to monitor and maintain standard but there is need for collaboration with TBAs who fill a very important gap in society.