

Prevalence and determinants of pre-term deliveries in the University of Ilorin, Nigeria

Abstract

In Nigeria, over 100 children under the age of five times die every time. Beforehand neonatal death is responsible for a little over 20 of these deaths. Prematurity remains a significant cause of these early neonatal deaths. In some series, it's reported to be responsible for 60-70 of these deaths. This study aimed to determine the frequency and determinants of pre-term deliveries at the University of Ilorin Teaching Hospital, Ilorin. Records of deliveries and data on motherly socio- natural and prenatal variables were collected during this period in order to determine the frequency and determinants of pre-term deliveries. Out of the 489 deliveries that took place over a 9- month period, there were 293 pre-terms, giving a pre-term delivery rate of 120 per,000 deliveries. Of the total deliveries, 522 singleton deliveries that satisfied addition criteria were signed ; 185 of them were pre-term deliveries giving a case control rate of 17. Significant determinants of pre-term delivery linked were former pre-term delivery.

Keywords: pre-term • prevalence • deliveries • Ilorin • Nigeria.

Introduction

Preface Pre-term deliveries remain a significant perinatal challenge, with pre-term babies counting for 5- 25 of all deliveries and up to 75 of all perinatal mortality in some series. 1-3 While only 0.87 of all live births do at a gravid age lower than 31 weeks, births below this gravid age are responsible for 84 of the neonatal mortalities among babies of all gravid periods in the advanced world. 4 In Nigeria, pre-term babies regard for 40- 60 of all perinatal deaths. 5- 7 The survival of these pre-term babies is a function of both their natural maturity and technological advancement. 8 The latter has continued to ameliorate in utmost advanced countries, with continuing progress in neonatal ferocious care, shifting the limit of viability towards youngish gravid periods, with lesser than 80 survival at 28 weeks gestation. 8- 11 similar advancements are also being seen in some developing countries, especially in Asia with survival rates of 50- 60 being recorded at 26- 27 weeks gravidity [1]. 12 The same be said for utmost African countries with poor health structure, heavy debt burden, conflicts and aboriginal poverty. A former study in Benin City recorded mortality of 92.6 in babies of lower than 28 weeks gravidity therefore, the most rational way of reducing the impact of these deliveries on neonatal mortality is by reducing their prevalence. This will be guided by a proper understanding of the threat factors associated with these deliveries . Accoutrements and styles. The study was conducted at the Maternity Hospital Wing of the University of Ilorin Teaching Hospital, Ilorin [2]. This sect of the sanitarium provides secondary and tertiary healthcare services in neonatology, obstetrics and gynecology. It attends to both reserved and un blocked exigency cases. The periodic delivery rate is 100 to 500 deliveries are both vaginal (robotic and supported) and operative. The neonatal ferocious care unit (NICU) provides position II care to both inborn and out born babes. It admits between 100 and 200 cases annually. All deliveries in

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the sanitarium during the study period were signed, except those of maters doubtful of their LMP, those with distinction lesser than two weeks between gravid age determined by LMP and that from Ballard assessment, and those with multiple gravidity [3]. Also barred were those maters whose babies had gross natural deformations and those with post-term deliveries. Subjects were signed successively formerly they fulfilled the addition criteria. Following reclamation, the subjects were grouped into pre-term and term babies. Pre-term babies were defined as those babies whose delivery passed between gravid age 28 weeks and 37 completed weeks while term babies were those whose delivery passed at or beyond a gravid age of 37 completed weeks but before 42 completed weeks. Two styles of estimating gravid age were employed; the date of the mama's last menstrual period (LMP) and the Ballard score.²¹ For uniformity, the gravid age deduced from the Ballard score was used for analysis [4].

Discussion

The study has demonstrated that pre-term delivery remains a significant problem with a sanitarium grounded frequency rate of 120 per deliveries. This rate is advanced than would be anticipated from a community grounded study because the study center is a tertiary center which attends to referrals from other primary and secondary centers. On most normal deliveries are taken in primary and secondary centers while more complicated deliveries, like preterm labor, are appertained to the tutoring sanitarium. This reduces the denominator and therefore exaggerates the pre-term delivery rate in tutoring hospitals. The current study linked numerous motherly socio- demographic and prenatal variables, including former pre-term delivery, antepartum hemorrhage, unseasonable rupture of membrane, urinary tract infection, gestation convinced hypertension, type of labor and booking status, as determinants of pre-term delivery p [5]. The model used to identify the part of multiple independent variables on pre-term delivery could only regard for 19 of the pre-term deliveries. This agrees with current knowledge that utmost cases of pre-term delivery are unexplained. Urinary tract infection was significantly associated with

pre-term delivery. Urinary tract infection is favored by the morphological and functional changes that take place in gestation. Relative counterpoise of urine due to gestation-convinced changes in the urinary tract is one similar factor prepping to urinary tract infection.

Results

A aggregate of, 489 women delivered, 589 babies over a 9- month period. Of these, 025(81.4) of the women delivered at term, 293(11.8) delivered pre-term and 171(6.8) delivered post-term. For the purpose of relative analysis, a aggregate of, 522 subjects who met addition criteria were signed into the study. One hundred and eighty- five of them were delivered preterm and were signed as subjects while, 337 were term deliveries signed as controls. The rate of cases to controls is 17. This is to reflect the commensurate donation of pre-term birth to the total delivery. Prenatal characteristics significant as determinants of pre-term delivery were former pre-term delivery, febrile illness, ante partum hemorrhage, dragged rupture of membrane and unseasonable rupture of membrane. Others included urinary tract infection, gestation convinced hypertension.

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None

Conflict of Interest

No conflict of interest

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