

ABSTRACT

General Objective: The purpose of this study was to assess the factors influencing maternal death among mothers who seek maternal health services at Iganga hospital, Iganga district eastern Uganda

Method: The study used retrospective chart review (RCR) design, among 384 women who had received maternity services (ANC, maternity or PNC) from Iganga hospital in 2017. Iganga hospital was purposively sampled, while systematic random sampling was used to sample the patient files. The data collection method for this study was the medical data abstraction method, and the tool that was used was the data abstraction form. Data was analysed using statistical Package for the Social Sciences (SPSS) version 20.0

Results: Almost all women whose records were reviewed were alive at the end of the 42 days postpartum (n = 369, 96%), less than a tenth of them had died during pregnancy, child birth of within 42 days after birth (n = 15, 4%). There were three obstetric characteristics which had a statistically significant relationship with maternal survival or death. They were; gravidity ($X^2 = 35.421$, $p = 0.000$), Postpartum hemorrhage ($X^2 = 6.137$, $P = 0.013$), and were the patient was admitted from ($X^2 = 11.414$, $p = 0.010$). None of the socio demographic characteristics had a statistically significant relationship with maternal death or survival among women who had sought maternal health services from Iganga hospital in the year 2017

Conclusion: The maternal mortality rate at Iganga hospital in the year 2017 was 390 deaths per 100,000 live births, given that 15 women died among every 384 who gave birth at Iganga hospital. That maternal mortality rate is determined by majorly obstetric factors and to no extent by socio demographic characteristics of the women.

Recommendation: The administration of Iganga hospital should strengthen the practices of SBA, by first of all ensuring that all SBA adhere to guidelines for the management of all stages of labor, strengthen the policy of postpartum family planning among especially grand multigravida women so that after the fifth pregnancy, can have longer birth intervals and hence mitigate effects of short birth intervals that increase the risk of mortality during subsequent births. The district health office should lobby for more motorized ambulances, strengthen the referral and communication systems between lower health centers and Iganga hospital so that referral cases for complicated pregnancies receives timely emergency care.

The government should increase on the man power through employing health workers especially SBA (midwives) and doctors to handle obstetric emergencies and complications, avail medical supplies to through NMS to facilities that handle maternal health services, should also make sure that health workers are linked up with strong referral system carries out deliveries irrespective of whether births take place at home or at hospital and finally the government should develop minimal infrastructures for providing ANC and delivery care services.