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## Determinants of still birth in Bonga General and Mizan Tepi University teaching Hospitals, Southwestern Ethiopia, 2016: case control study

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**Background & Aim:** Still birth is the death of a baby before or during birth after 28 weeks of gestation. It is responsible for 7% of total global burden of disease. Its prevalence in developing world is 20 to 32/1000 births. This study aimed to identify determinants of still birth in selected hospitals of Southwestern Ethiopia.

**Methods:** All charts of mothers who visited Mizan-Tepi University Teaching and Bonga General Hospital for maternal health service utilization were the sources. Missed charts and charts that did not include the status of outcome were replaced. A total of 547 charts (137 cases and 410 controls) were included in the study. Taking: 95% CI, 80% power, 2.5 OR, case to control ratio of 1:3 and the prevalence of exposure among controls 57%. Finally, two cases and five controls were discarded due to inconsistency. Data were entered using Epi Data version 3.1 and analyzed by STATA version 13.1. Multivariate analysis was used to determine the association between different factors and the outcome variable. Confidence interval of 95% was used to see the precision of the study and the level of significance was taken at p value= $<0.05$ .

**Result:** A total 540 charts were included in the analysis. Women who attended ANC were 40% less risk for stillbirth (AOR=0.6, 95% CI 0.39, 0.94). And those who had labor length  $\geq 24$  hours were 2.4 times at risk to have still birth than  $\leq 24$  hours (AOR=2.44, 95% CI. 1.4, 4.26). Those who developed uterine rupture were about 5 times more likely to have still birth than their counterparts (AOR=4.9, 95% CI. 1.67, 14.35). Women who have different antenatal risks were 4.5 times more likely to have still birth (AOR=4.58, 95% CI. 1.45, 14.48). Weight of baby  $\geq 2.5$  kg were 73% less likely to still birth when compared to counterparts (AOR=0.27, 95% CI. 0.14, 0.53).

**Conclusion:** Attending ANC, length of labor, uterine rupture, antenatal risks and weight of fetus were found to be significantly associated with still birth.

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