

ORIGINAL RESEARCH ARTICLE

Factors Contributing to Maternal Mortality in North-Central Nigeria: A Seventeen-year Review

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Abstract

Maternal mortality ratio in Nigeria is one of the highest in the world. This paper reports a facility based study in north-central Nigeria to determine the magnitude, trends, causes and characteristics of maternal deaths before and after the launch of the Safe Motherhood Initiative in Nigeria, with a view to suggesting strategic interventions to reduce these deaths. The records of all deliveries and case files of all women who died during pregnancy and childbirth between January 1, 1985 and December 31, 2001, in the maternity unit of Jos University Teaching Hospital, Jos, Nigeria, were reviewed. Data collected were analysed for socio-biological variables including age, booking status, educational level, parity, ethnic group, marital status, mode of delivery, duration of hospital stay before death occurred, cause (s) of maternal deaths. There were 38,768 deliveries and 267 maternal deaths during the period under review, giving a maternal mortality ratio (MMR) of 740/100,000 total deliveries. The trend fluctuated between 450 in 1990 and 1,010/100,000 deliveries in 1994. The mean age of maternal death was 26.4 (SD 8.1) years. The greatest risk of MMR was among young teenagers (>15 years) and older women (< 40 years). Parity-specific maternal mortality ratio was highest in the grand multiparous women. Unbooked as well as illiterate women were associated with very high maternal mortality ratio. The Hausa - Fulani ethnic group contributed the largest number (44%) by tribe to maternal mortality in our study. The major direct causes of deaths were haemorrhage (34.6%), sepsis (28.3%), eclampsia (23.6%) and unsafe abortion (9.6%). The most common indirect causes of death were hepatitis (18.6%), anaesthetic death (14.6%), anaemia in pregnancy (14.6%), meningitis (12.0%), HIV/AIDS (10.6%) and acute renal failure (8.0%). Seventy- nine percent of the maternal deaths occurred within 24 hours of admission. Most of the deaths were preventable. A regional-specific programme should be planned to reduce the deplorably high maternal mortality in north-central Nigeria. (*Afr J Reprod Health* 2005; 9[3]:27-40)

Keywords: MMR, age, parity, illiteracy, haemorrhage, eclampsia, abortion, Nigeria

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