

Study of Unattended Home Birth in Two Districts of the Health District of Commune V of Bamako

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Abstract

Original Research Article

Introduction: It is estimated that 60 to 80% of women in developing countries continue to give birth at home without any assistance or with the help of unskilled people and usually in an unsanitary environment. **Purpose:** It was to study unassisted home birth in two districts of Commune V. **Materials and Methods:** This was a prospective, cross-sectional and analytical study from 1 March 2019 to 28 February 2020. **Results:** We recorded 263 home deliveries or 13% of deliveries in Sabalibougou and 62 home deliveries or 3% of deliveries in Badalabougou. The proportion of women not attending school was 74.64% in Sabalibougou against 25.36% in Badalabougou. In Sabalibougou, 89.40% of women had given birth at home due to lack of financial means compared to 10.60% in Badalabougou. Haemorrhage by uterine atony was the most represented complication in the two districts, 72.92% in Sabalibougou and 27.08% in Badalabougou. **Conclusion:** Unattended home birth remains a reality in commune V of the district of Bamako.

Keywords: Childbirth, Unassisted, Domicile, Commune V, Bamako.

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INTRODUCTION

In recent years, leaders in various African countries have been looking for ways to improve women's childbirth conditions, with a view to reducing maternal and neonatal death rates as much as possible [1]. Safe motherhood sometimes requires heavy sacrifices and remains the major challenge of any action to improve maternal and child health [2].

The World Health Organization (WHO) estimates that each year more than 20 million women suffer from ailments related to unattended childbirth [3]. Many mothers do not have access to modern health care services [4]. It is estimated that 60-80% of women in developing countries continue to give birth at home without any assistance or with the help of unskilled people and usually in an unsanitary environment [4].

Thus, we initiated this study in order to take stock of unassisted home births in two districts of the health district of Commune V, one of which is considered privileged and the other disadvantaged.

MATERIALS AND METHODS

This was a prospective, cross-sectional and analytical study in the health district of commune V in Bamako. We compared two groups of women residing in two different neighbourhoods of Commune V: Sabalibougou (Unfavourable Neighbourhood) and Badalabougou (Favourable Neighbourhood) who had given birth at home. Our study ran from March 1, 2019 to February 28, 2020. The study population consisted of all parturient women from two neighbourhoods who gave birth at home.

We included in this study:

- Parturients residing in one of the two districts,
- Parturients whose newborn weight was greater than 1000 grams,
- Parturients whose age of pregnancy was greater than or equal to 28 weeks of amenorrhoea,
- Parturients seen within 07 days at most in the postpartum.

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Data were collected from the obstetric record, delivery record, referral/evacuation record and hospitalization record.

Data were entered and analyzed on Epi-info 3.5.3 software.

We performed bivariate analysis with cross-referencing between place of residence (neighbourhood) and the different independent variables. We determined the Odds Ratios with their

95% confidence intervals. P-values below 0.05 were considered statistically significant.

Ethically we respected the anonymity of each parturient and obtained his informed consent

RESULTS

During our study period we collected 3982 deliveries including 325 home deliveries, a frequency of 8.16%.

Table I: Distribution of women in labour by neighbourhood and place of delivery

Place of delivery	Sabalibougou	Badalabougou	Total	P	GOLD [IC]
	n (%)	n (%)	n		
Home	263 (13,02)	62 (3,16)	325	10-8	4,59 [3,4 6,09]
Motherhood	1757 (96,88)	1900 (96,84)	3657		
Total	2020 (100)	1962 (100)	3982		

In our study the frequency of home birth was 13.02% in Sabalibougou against 3.16% in

Badalabougou with a statistically significant difference ($p=10-8$).

Table II: Distribution of women in labour by marital status and residence.

Marital status	Sabalibougou	Badalabougou	Total	P	GOLD [IC]
	n (%)	n (%)	n (%)		
Bride	134 (80,24)	33 (19,76)	167 (100)	0,22	0,91 [0,52-1,52]
Divorcee	32 (80)	8 (20)	40 (100)		0,93 [0,40-2,14]
Bachelor	85 (85)	15 (15)	100 (100)		1,49 [0,79-2,82]
Widow	12 (66,67)	6 (33,33)	18 (100)		0,44 [0,16-1,23]
Total	263	62	325		

Singles were the most represented in Sabalibougou 85% against 15% in Badalabougou but without significance with $p = 0.22$.

Table III: Distribution of the perception of the cost of childbirth by residence of parturient women

Cost	Sabalibougou	Badalabougou	Total	p	GOLD [IC]
	n (%)	n (%)	n (%)		
Affordable	28 (41,18)	40 (58,82)	68 (100)	10-4	0,06 [0,03-0,12]
High	160 (88,89)	20 (11,11)	180 (100)		3,26 [1,81-5,86]
No opinion	75 (97,40)	2 (2,60)	77 (100)		11,9 [2,85-25,2]
Total	263	62	325		

In Sabalibougou 88.89% of women had found that the cost of childbirth was high compared to 11.11%

in Badalabougou with a statistically significant difference $p=10-4$.

Table IV: Distribution of reasons provided by parturient women by residence

Reasons	Sabalibougou	Badalabougou	Total	p	GOLD [IC]
	n (%)	n (%)	n (%)		
Night schedule	45 (90)	5 (10)	50 (100)	10-5	2,35 [0,89-6,20]
Shortness of work	30 (85,71)	5 (14,29)	35 (100)		1,46 [0,54-3,95]
Poor reception of health workers	28 (54,90)	23 (45,10)	51 (100)		0,20 [0,10-0,38]
Fear of caesarean section	15 (53,57)	13 (46,43)	28 (100)		0,22 [0,10-0,50]
Lack of financial resources	135 (89,40)	16 (10,60)	151 (100)		3,03 [1,63-5,62]
Other reasons	10 (100)	00 (00)	10 (100)		
Total	263	62	325		

In Sabalibougou, 89.40% of women giving birth at home due to lack of financial means compared

to 10.60% of women living in Badalabougou with a statistically significant difference $p = 10-5$.

Table V: Distribution of bleeding complications by place of residence of parturient women

Complications	Sabalibougou	Badalabougou	Total	P	GOLD [IC]
	n (%)	n (%)	n (%)		
Tears of soft parts	30 (85,71)	5 (14,29)	35 (100)	0,44	1,46 [0,54-3,95]
Placental retention	8 (80)	2 (20)	10 (100)		0,94 [0,19-4,54]
Haemorrhage	35 (72,92)	13 (27,08)	48 (100)		0,57 [0,28-1,70]
Uncomplicated	190 (81,90)	42 (18,10)	232 (100)		1,23 [0,68-2,25]
Total	263	62	325		

Haemorrhage due to uterine atony was the most frequent complication in both districts, 72.92% in Sabalibougou and 27.08% in Badalabougou. There was

no significant difference between bleeding complications in parturient women in the two quarters ($p=0.44$).

Table VI: Distribution of perinatal complications by residence of parturients

Perinatal complications	Sabalibougou	Badalabougou	Total	P	GOLD [IC]
	n (%)	n (%)	n (%)		
Respiratory distress	60 (80)	15 (20)	75 (100)	0,82	0,92 [0,48-1,77]
Retention of the head behind	33 (97,06)	1 (2,94)	34 (100)		8,75 [1,17-15,28]
Neonatal infection	75 (90,36)	8 (9,64)	83 (100)		2,69 [1,22-5,92]
No complications	95 (71,43)	38 (28,57)	133 (100)		0,35 [0,20-0,63]
Total	263	62	325		

Neonatal infection was the most represented complication with 90.36% in Sabalibougou and 9.36% in Badalabougou ($p=0.82$).

DISCUSSION

During our study, the frequency of home birth was 13.02% in Sabalibougou and 3.16% in Badalabougou. There was a statistically significant difference in the number of home births between these two neighbourhoods ($p=10-8$). Diarra, T. [5] had noted a frequency of 1.04% in a quantitative study of two structures in Commune V of the district of Bamako (Reference Health Center of Commune V and ADASCO). Keita, A. [1] had found a frequency of 3.01% in 2006 at the C between Reference Health of Commune V. Diarra, N. [6] in 2001 had reported a frequency of 4.02% in a retrospective study over 3 years and a half carried out at the maternity ward of commune V of the District of Bamako. Malam, H. [7] in Niger reported a frequency of 11%. A frequency of 1.28% was reported by Bonane, *et al.*, [8] at the Yalgado University Hospital Center in Burkina Faso. This high frequency in Sabalibougou could be explained by the fact that it is a precarious neighborhood where religious fanaticism reigns in addition to poverty, and ignorance of the risks associated with childbirth outside maternity. In developing countries such as Mali, we share this statement by Keita, A. [1] that the high frequency of non-maternity deliveries could be explained mainly by socio-cultural constraints and ignorance of the risks associated with non-maternity birth. In our study, 93.14% of women from Sabalibougou had no income compared to 6.86% from Badalabougou. The difference was statistically significant with $p=10-8$. In our series, 37.10% of women in Sabalibougou had reported poor reception of health workers compared to 10.65% of

Badalabougou with a statistically significant difference ($p=10-6$). This difference could be explained by the lack of choice of women in Sabalibougou due to their poverty. Women from Sabalibougou reported a lack of financial means in 51.33% against 25.81% for those from Badalabougou with a statistically significant difference ($p=0.0002$). Keita, A. [1], finds that 62.07% of home births were due to a lack of financial means and 15.76% to ignorance of labor childbirth. Our study found that the most common complication was postpartum hemorrhage due to uterine atony in the 2 groups of women, 72.92% in Sabalibougou and 27.08% in Badalabougou. However, there was no statistically significant difference. ($p=0.12$). This could be explained by the fact that the majority of women who gave birth at home were multiparous.

CONCLUSION

Unattended home birth remains a reality in commune V of the district of Bamako where it remains high, 13.03% in Sabalibougou and 3.16% in Badalabougou. The determinants of this phenomenon are essentially the low income of the couple and the non-schooling of women (74.64% of women in Sabalibougou were out of school against 25.36% of those in Badalabougou). Among the reasons given, we had above all the relatively high cost of childbirth (cited by 88.89% of women in Sabalibougou and 32.26% of those in Badalabougou) and the poor reception of health workers. The main complications were postpartum haemorrhage due to uterine atony (72.92% in Sabalibougou and 27.08% in Badalabougou) and neonatal infection (90.36% in Sabalibougou and 9.36% in Badalabougou). Actions are needed to minimize this phenomenon in order to improve the health of women and newborns.

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