

Knowledge Of Uterine Rupter Among Health Workers At Keysaney Hospital In Mogadishu-Somalia

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Abstract

This study focused on the main research topic is to identify KNOWLEDGE OF UTERINE RUPTER AMONG HEALTH WORKERS

Background: Uterine rupture is a serious complication of labor, causing maternal and fetal morbidity and mortality around the globe, although much more frequently in low-income countries (2005).

Uterine rupture is a rare, but serious childbirth complication that can occur during vaginal birth. It causes a mother's uterus to tear so her baby slips into her abdomen. This can cause severe bleeding in the mother and can suffocate the baby.(Erica Cirino on October 9, 2017)This condition affects less than 1 percent of pregnant women.

Methods: This article reviewed the previous paper which published many different journal for getting information about the research title mentioned above and also how did diagnosis and also management and used as secondary sources.

☐ **Conclusion:** Hospitals should implement best practices for managing the care of high-risk pregnant women.

☐ Operative vaginal delivery may be used to assist women with obstructed labor at the pelvic outlet or low or mid-cavity.

☐ To reduce maternal mortality mother should attend antenatal care to detect any abnormalities during pregnancy.

Introduction

Uterine rupture is a serious complication of labor, causing maternal and fetal morbidity and mortality around the globe, although much more frequently in low-income countries Hofmeyr (2005).

Uterine rupture is a rare, but serious childbirth complication that can occur during vaginal birth. It causes a mother's uterus to tear so her baby slips into her abdomen. This can cause severe bleeding in the mother and can suffocate the baby. (Erica Cirino on October 9, 2017) This condition affects less than 1 percent of pregnant women. It almost always occurs in women with uterine scars from previous caesarean deliveries or other uterine surgeries. A woman's risk of uterine rupture increases with every caesarean section (Medically reviewed by Julie Lay — Written by Erica Cirino on October 29)

Up to 50% of adult women report urinary incontinence (UI) [1]. It has a major impact on quality of life, equivalent to diabetes or rheumatoid arthritis [2,3]. Similarly, obesity is also an increasing worldwide epidemic with pervasive associations with arthritis, hypertension, diabetes, cancer and

This is why doctors may recommend that women who've had a caesarean delivery avoid vaginal delivery in later pregnancies. Vaginal birth after a previous caesarean delivery is possible, but the woman in labour will be considered higher risk and be closely monitored. (Medically reviewed by Julie Lay — Written by Erica Cirino on October 29).

Global In worldwide, each year in the United States, approximately 60 percent of women with a prior cesarean delivery have a trial of labor in a subsequent pregnancy. Concern persists that a trial of labor may increase the risk of maternal complications as compared with elective cesarean delivery. Such complications include uterine rupture, which is uncommon but serious and may result in hysterectomy, urologic injury, a need for blood transfusion, maternal death, and perinatal complications, including neurologic impairment and death. (Rageth , (1999).

Population-based studies of the relation between a trial of labor and uterine rupture have had methodological limitations and have produced inconsistent findings. A study in Nova Scotia, Canada, reported that a trial of labor was not significantly associated with uterine rupture; however, in that study, too

few women had uterine rupture to provide meaningful results (Rageth , 1999).

In Africa, in low income countries, however, uterine rupture was found to be a far more common problem, with overall rates ranging between 0.1% and 1% of all births Hofmeyr GJ, 2005).

The lack of differentiation of uterine rupture in women with and without a history of cesarean delivery is the

In Somalia, Somalia is among the ten countries with highest maternal death rate, accounting for more than 59% of global maternal deaths. Uterine rupture is the dangerous obstetric problems with high potential of causing maternal and neonatal morbidity and mortality. Zwart (2008).

The case fatality rate for uterine rupture is high and identifying factors associated with rupture remains important to guide decision makers and practitioners in intervention processed Zwart (2008).

most important shortcoming of the available data. In studies from Nigeria, Ghana, Ethiopia, and Bangladesh, about 75% of cases of uterine rupture occurred in women with an unscarred uterus, with obstructed labor being the most common cause Turner(2002).

Case fatality rates ranged between 1% and 13% and perinatal mortality between 74% and 92%. Few studies have been done in rural areas of Sub-Saharan Africa, and most data are from urban centers, where the incidence of uterine rupture may be lower because services are more readily accessible Turner (2002).

Methods:

This article reviewed the previous paper which published many different journal for getting information about the research title mentioned above and also how did diagnosis and also management and used as secondary sources. This articles highlighted as summary the results from 4 articles reviewed through table 1 below.

Diagnosing Stress Incontinence

Women should routinely be screened for urinary incontinence. It is estimated that up to 50% of otherwise healthy patients may have undiagnosed SUI.^{2,3} A simple question inquiring if a patient ever leaks urine without wanting to suffices. If the answer is yes, an inquiry into the degree of bother important.

Management of Contributing Factors

Before initiating treatment specifically for SUI, it is important to identify potential factors that may contribute to the severity of a patient's condition. Untreated contributing factors may mitigate the potential benefits of first-line, second-line, or third-line SUI treatment. Obesity is a known risk factor for SUI.⁸ In addition to improved cardiovascular health and glycemic control, weight loss is associated with significant improvement in SUI symptoms.

A 10% loss of body weight is associated with a 70% reduction of urinary frequency, a reduction that rivals the outcomes following some of the surgical treatments for SUI.⁹ It is therefore of paramount importance to address obesity with all affected patients. Respiratory conditions such as a chronic.

Table 1:

Investigator	Publication Year	Patients (n)	Male/Female (n)	Mean Age (Yrs)	Hospital Stay (Days)
Christina Aye	2009	338	Female	Over 30 years	7 Days
William D etal	2021	1817	Female	N/A	3 Days
Rohrmann et al	2015	338	Female	Adult	N/A
Rohrmann et al	2015	2337	Male	60	N/A



Discussion:

A subsequent large systematic review suggested a stronger association between weight and stress incontinence, than for urgency incontinence and overactive bladder syndrome [10]. However, in another study of obese women with a BMI greater than 40kg/m² who were planning weight reduction surgery the prevalence of incontinence was 60% to 70% with a prevalence of 28% for pure stress type, 4% for pure urge type and 32% for mixed type [11-13]. In the population-based FINNO study, obesity doubled the risk of stress incontinence and tripled the risk of urgency incontinence [14]. Longitudinal cohort studies have demonstrated an association of overweight and obesity with incident UI, providing evidence for a temporal relationship between a possible cause and an outcome. Only a few interventional studies have been carried out to assess the effect of weight reduction on incontinence, but they all show that incontinence is reduced by weight loss. In a large trial of 338 obese women with urinary incontinence, a 6-month structured weight loss programme was more effective than education alone for weight loss 8% body weight average weight loss for treatment versus 1.6 % for the control group] and reducing the frequency of urinary incontinence (47.4 vs 28.1%) [8].

The weight-loss group had a mean decrease in the total number of incontinence episodes per week of 47.4%, compared with 28.1% in the control group

(P=0.01). This decrease mainly resulted from a decrease in the number of episodes of stress incontinence (57.6% vs 32.7%; P=0.02); the difference in frequency of episodes of urge incontinence was less pronounced (42.4% vs 26.0%; P=0.14).

Conclusion

In conclusion, older women with larger waist circumference have a higher risk of developing stress urinary incontinence prior to bariatric surgery. This type of urinary incontinence tends to persist in menopausal women in spite of weight loss. Weight loss achieved through bariatric surgery improves stress urinary incontinence symptoms, and reduces the impacts on quality of life in the vast majority of women.

Limitations of the study:

The limitations of this study are well acknowledged by the authors. They state that selection bias might have occurred, as participants were selected on the basis of their ability to adhere to the behavioral weight loss intervention, although specific inclusion/exclusion criteria were not detailed, and women with certain medical conditions were excluded. Also, the study was only single-blinded, which might have resulted in reporting bias, as the results were based on participants, who knew which group they were in, self-reporting on their incontinence episodes

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