## Applicant Information



| Applicant Name | Applicant Email | Affiliation | Country |
|---|---|---|---|
| Mr Erasmus John Awlime | eawlime21@sph.uhas.edu.gh | Fred N. Binka School of Public Health, University of Health and Allied Sciences, Hohoe | Ghana |



## Abstract Details

Title:

Determinants of Stillbirth at Worawora Government Hospital, Ghana

Category:

Maternal and child health

Authors:

Erasmus John Awlime1, Anthony Zunuo Dongdem2, Evelyn K. Ansah2 1Department of Epidemiology & Biostatistics, Fred N. Binka School of Public, University of Health and Allied Sciences, Hohoe, Ghana 2 Department of Epidemiology & Biostatistics, Fred N. Binka School of Public, University of Health and Allied Sciences, Hohoe, Ghana 3Centre for Malaria Research, Institute for Health Research, University of Health and Allied Sciences, Ho, Ghana

Objectives:

The stillbirth rate at Worawora Hospital increased from 29 to 52 per 1000 births from 2018 to 2022 despite national and regional reductions. Factors contributing to stillbirth at the hospital are not well studied. This study aimed to determine the factors influencing stillbirth at Worawora Hospital.

Method:

A 1:1 unmatched case-control study was conducted among mothers who delivered at Worawora Government Hospital in 2021 and 2022. Multivariate logistic regression analysis was used to determine factors associated with stillbirth at a statistically significant level of p-value < 0.05 at a 95% confidence interval.

Results:

In the study of 112 participants (56 cases, 56 controls), partograph use was 41% (Cases: 62.5%; Controls: 19.6%, Ï‡Â²=21.25, p<0.001). Maternal age â‰¥ 35 compared to 20-34 years (aOR 12.90, 95% CI: 2.30-72.31) and foetal growth restriction (aOR 14.27, 95% CI: 2.45-83.03) significantly increased stillbirth odds. Stillbirths were less likely among cohabitating mothers compared to married ones (aOR 0.01, 95% CI: <0.001-0.12), those who received IPT5 (aOR 0.03, 95% CI: 0.004-0.24), had cervical dilatation 1-4 cm (aOR 0.10, 95% CI: 0.02-0.51) or 5-9 cm (aOR 0.12, 95% CI: <0.03-0.54) compared to 10 cm on admission, delivered a male foetus (aOR 0.16, 95% CI: 0.04-0.68), and anaemia screening at 36 weeks (aOR 0.09, 95% CI: 0.02-0.36).

Conclusion:

Maternal age â‰¥35 and foetal growth restriction increased stillbirth odds. Cohabitation, IPT5, cervical dilatation 1-4 cm or 5-9 cm on admission, and male foetus delivery reduced stillbirth odds. Midwives should emphasize seeking early skilled care during labour during ANC education to reduce stillbirth.

Submission Date:

2024-09-23 15:07:38