



Research Paper

Knowledge of Obstetric Danger Signs among Women Attending Ante-Natal Clinic at OBIO Cottage Hospital (OCH), Port Harcourt Nigeria

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ABSTRACT

The study assesses the knowledge of obstetric danger signs among women attending ante- natal clinic at Obio Cottage Hospital (OCH). A cross sectional study design was adopted. Convenience sampling technique was utilized to select a total sample size of 111 women. A questionnaire developed by the researchers was utilized to elicit information from the women. A total of 111 copies of the questionnaire were distributed and same quantity were completed and returned. Data was analyzed using descriptive statistics and inferential statistics. Findings showed that the women had good knowledge of danger signs during labor and childbirth (78.4%), however there was a decline in knowledge of danger signs in the postpartum period (68.5%), and in pregnancy (64.0%). The most recognized danger in pregnancy was found to be severe vaginal bleeding 111(100%) and the least recognized danger in pregnancy was severe headache (49.5%). Also, during labor and childbirth the most recognized danger signs were convulsion (72.1%), vaginal bleeding before the baby is born (61.3%), and retained placenta (61.3%). And the least recognized danger signs were labor that lasts for more than 12 hours (19.8%), and the presence of green or brown waters (36.0%) during labor and childbirth. In the postpartum period high fever (78.4%), and a foul smelling discharge (76.6%) were the most recognized danger signs, and problems of urinating or leaking (40.5%) was the least recognized danger signs during the postpartum period.

KEYWORDS: Knowledge, women, obstetric, obstetric danger signs

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I. Introduction

Pregnancy is a term which is used to describe the period in which a fetus develops in the uterus [Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), 2017]. Worldwide women get pregnant and about 15% of expected births worldwide results in life-threatening complications during pregnancy, delivery, or at the postpartum period. This requires experienced and skilled providers of emergency obstetrics and newborn care in order to prevent death or life threatening problems, particularly in countries with a high burden of maternal and newborn mortality (Otolorin et al., 2015; Hibstu&Siyourn, 2017). Most pregnancies are uneventful however, some women experience complications related to their health, the fetus's health or both (Cafasso, 2016; NICHD, 2021).

Maternal mortality refers to deaths that occur due to complications from pregnancy or child birth [United Nations International Children's Emergency Fund (UNICEF), 2021]. According to WHO (2019) approximately 295,000 women died during and following pregnancy and childbirth in 2017. About 94% of these deaths occurred in low resource countries and most of the deaths were preventable. Sub-Saharan Africa and Southern Asia accounted for approximately 86% (254 000) of the estimated global maternal deaths in 2017. Sub-Saharan Africa alone accounted for roughly two-thirds (196 000) of maternal deaths, while Southern Asia accounted for nearly one-fifth (58 000). However, despite its very high maternal mortality rate in 2017, sub-Saharan Africa as a sub-region has also achieved a substantial reduction in maternal mortality rates of nearly 40% since 2000. Despite this it is estimated that over 800 women die daily from complications in pregnancy and childbirth and for every woman who dies approximately 20 suffers serious injuries, infections or disabilities (UNICEF, 2021).

Nigeria accounts for 34% of global maternal deaths; the maternal mortality rate of Nigeria is estimated to be 814 (per 100,000 live births). The lifetime risk of a Nigerian woman dying during pregnancy, childbirth, postpartum or post-abortion is 1 in 22, in contrast to the lifetime risk in developed countries which is estimated at 1 in 4,900 (Ope, 2020).

Obstetric danger signs are unexpected obstetric signs which can lead to complications in maternal health. These danger signs are mainly classified into three. The key danger signs during pregnancy include: severe vaginal bleeding, swollen hands/face, and blurred vision. The key danger signs during labor and childbirth include severe vaginal bleeding, prolonged labor (>12 h), convulsions, and retained placenta. The key danger signs during the postpartum period include severe vaginal bleeding, foul-smelling vaginal discharge, and fever (Bintabara et al., 2017).

Women's knowledge about these obstetric danger signs during pregnancy, delivery and postpartum remains low in sub-Saharan African countries this is evidenced by studies conducted in Ethiopia (Geleto, 2019), Tanzania (Bintabara et al., 2017) and Nigeria (Okoror, 2020; George et al., 2014).

A woman's knowledge of obstetric danger signs is extremely vital, this is because if a woman and her family are able to recognize the obstetric danger signs and promptly seek health care services, there will be a significant reduction in maternal morbidity and mortality. Therefore, women's knowledge about the obstetric danger signs would not only improve early detection and recognition of problems but also reduce the delay in deciding to seek obstetric care (Maseresha et al., 2016; Woldeamanuel et al., 2019). All of which will help to achieve the target of reducing global maternal mortality to less than 70 maternal deaths per 100,000 live births by 2030 (Woldeamanuel et al., 2019). Thus, an essential strategy for reducing maternal mortality is increasing knowledge of the obstetric danger signs among women, family and community at large (Maseresha et al., 2016). It is against this background that the researcher decided to investigate the level of knowledge of women attending ante-natal clinic at Obio Cottage Hospital (OCH).

Statement of the Problem

Maternal morbidity and mortality remain a global public-health concern, especially in low-and middle-income countries. Although significant progress has been made, countries in sub-Saharan Africa still bear a substantial burden of maternal morbidity and mortality (Oguntunde, 2020). Nigeria accounts for 34% of global maternal deaths (Ope, 2020). Between 2005 and 2015, it is estimated that over 600 000 maternal deaths and no less than 900 000 maternal near-miss cases occurred in the country. However, majority of the deaths were preventable. Knowledge of the obstetric danger signs would modify behavioral patterns therefore allowing for the early detection of problems and prompt and adequate access to healthcare services. This will in turn lead to a reduction in maternal mortality rates. Related researches on the knowledge of obstetric danger signs among pregnant women has been done in other parts of Nigeria. In Rivers State, Dagogo, et al (2022) did a similar work on Rivers State University Teaching Hospital. However, it is doubtful if any of such has been conducted in Obio Cottage Hospital, Rivers state. It is for this reason that this study seeks to investigate the knowledge similar researches has of obstetric danger signs among women attending ante-natal clinic at Obio Cottage Hospital (OCH).

Objectives of the Study

To assess the knowledge of women attending ante-natal clinic at Obio Cottage Hospital (OCH) regarding the danger signs in pregnancy.

To assess the knowledge of women attending ante-natal clinic at Obio Cottage Hospital (OCH) regarding the danger signs in labor and child-birth.

To assess the knowledge of women attending ante-natal clinic at Obio Cottage Hospital (OCH) regarding the danger signs in the post- partum period.

Concept of Obstetric Danger Signs

Obstetric danger signs are unexpected signs that can lead to complications in maternal health. Obstetric dangers are either seen or felt by the pregnant woman and it indicates that there is something either wrong with the baby or her (Terefe, 2020). Obstetric danger signs are not literal complications; they are symptoms that could be identified by the woman and her family.

Obstetric danger signs are mainly classified into three categories namely;

Danger signs during pregnancy,

Danger signs during labor and childbirth, and

Danger signs during the postpartum period (Bintabara et al., 2017).

Danger Signs during Pregnancy

Danger signs during pregnancy are signs that indicate a problem or problems during pregnancy which requires urgent medical attention (Ministry of Health – ManatūHauora, 2017).

The key/ major danger signs in pregnancy include the following;

Severe vaginal bleeding,

Swelling of fingers, face and legs, and

Severe headaches with blurred vision (WHO, 2013; Bintabara et al., 2017).

Danger Signs during Labor and Childbirth

Danger signs in labor and childbirth or delivery are signs that indicate an obstetric complication or problem during labor and childbirth (Mwilike et al., 2018)

The key/ major danger signs during labor and childbirth include:

Severe vaginal bleeding before the baby is born,

Prolonged labor (greater than 12 hours),

Convulsions, and Retained placenta (Bintabara et al., 2017; Hesperian Health Guides, 2020).

Danger signs during the postpartum period

The postpartum period is defined as period beginning after the delivery of the placenta and continuing until 6 weeks after the birth. Danger sign in the postpartum period refers to signs of an obstetric complication or problem during this period (Mwilike et al., 2018).

The key/major danger signs during the postpartum period in the woman include;

Severe vaginal bleeding like soaking through more than one pad in an hour or noticing large blood clots

Foul-smelling vaginal discharge

High fever (WHO, 2013; Bintabara et al., 2017; Taylor, 2021)

Knowledge of Obstetric Danger Signs

Women's knowledge of obstetric danger signs is extremely important as it allows for reduction of the high rate of preventable deaths, which has been linked to three delays; delay in making decision to seek maternal health care; delay in locating and arriving at a medical facility; and delay in receiving skilled pregnancy care when the woman gets to the health facility. A woman's knowledge of obstetric danger signs prompts her to seek skilled care and emergency healthcare services when she notices a danger sign (Amenu et al., 2014). However, the level of women's knowledge of obstetric danger signs remains quite low in sub-Saharan African countries this is evidenced by studies conducted in Ethiopia (Geleto, 2019), Tanzania (Bintabara et al., 2017) and Nigeria (Okoror, 2020; George et al., 2014). This therefore, poses a problem as lack of knowledge of obstetric danger signs affects the woman's ability to seek timely and appropriate emergency care when required (Amenu et al., 2014).

Benefits of the Knowledge of Obstetric Danger Signs

A majority of pregnant women and their families are not knowledgeable of obstetric danger signs, this leads to them wasting a lot of time in recognizing the problem, getting organized, getting money, finding transport and reaching the appropriate referral facility when obstetric danger signs presents itself. Knowledge of obstetric danger signs will allow for both the woman and her family to stay healthy, take appropriate measures to ensure a safe birth, allow for the early detection of problems, reduce the delay in deciding to seek skilled obstetric care, and also allow for appropriate referral(Woldeamanuel et al., 2019; Bogale&Markos,2015).

EMPIRICAL REVIEW

According to the study carried out by Kumar et al. (2019), on Knowledge about obstetric danger signs among pregnant women attending antenatal clinic in a tertiary care hospital in Delhi, utilizing convenience sampling technique involving a cross-sectional research study design. Three hundred and fifty-four participants were used as the sample size. The major of findings of this study showed that overall knowledge of obstetric danger signs among pregnant women was low. 48.3%, 35.6%, and 40.1% of pregnant women had knowledge about danger signs during pregnancy, labor and postpartum respectively. Majority of the women had knowledge about abdominal pain (58.4%) and severe fatigue (80.7%) as danger signs of pregnancy, while bleeding (82.5%) was the most common response as danger sign of labor. More than half had knowledge about heavy bleeding (59.9%) as danger sign of postpartum. The women lacked awareness about Convulsions (92.9%) as danger signs of pregnancy and labor, as well as smelly vaginal discharge (79.6%) in postpartum. It was recommended that awareness should be raised about obstetric danger signs as it can help in early diagnosis and referral of patients thus reducing maternal mortality and morbidity.

Similarly, Phanice and Zachary (2018), conducted a study on knowledge of obstetric danger signs among pregnant women attending antenatal care clinic at health facilities within Bureti Sub-County of Kericho County, Kenya. The research utilized an analytic cross sectional study design. One hundred and forty-nine participants were used as the sample size. The result from this study shows that overall knowledge of obstetric danger signs among pregnant women was poor. Only 4.7% of the respondents were knowledgeable about obstetric danger signs. Vaginal bleeding was the most mentioned obstetric danger sign during pregnancy (55%), at birth (32.9%) and after delivery (37.6%). The study also shows that there was a decline in the proportion of women who were knowledgeable about obstetric danger signs in pregnancy (34.2%), at birth (14.1%), and postpartum (10.1%). It was recommended that there should be sensitization campaigns to raise awareness on obstetric danger signs, organized at community level and in hospitals so as to reach all women irrespective of their social- demographic characteristics.

Another research was conducted by Thapa and Manandhar (2017), on knowledge on obstetric danger signs among antenatal mothers attending a tertiary level hospital, Nepal, using non probability, purposive sampling technique. Cross sectional study design was utilized. Three hundred participants were used as the sample size. The major findings in this study indicated that two third of the respondents (66.0%) had adequate knowledge on obstetric danger signs, while 21.0% of respondents had inadequate knowledge and few respondents (13.0%) had moderate knowledge on that. Age, educational status and gravida were not significantly associated with knowledge on obstetric danger signs but occupation and trimester of pregnancy were found to be associated with the same. It was recommended that the quality of health information about obstetric danger signs during ANC follow up should be improved.

Another research study was conducted by Maseresha, Woldemicheal, and Dube (2016), on Knowledge of obstetric danger signs and associated factors among pregnant women in Erer district, Somali region, Ethiopia, utilizing a cross sectional study design. Six hundred and sixty six participants were used as the sample size. The major findings showed that a significant proportion of pregnant women do not have knowledge of obstetric danger signs. It was recommended that intervention programs aiming to improve women's knowledge about obstetric danger signs and symptoms should consider the factors independently associated. It was also recommended that ANC service utilization should be increased as it would improve pregnant women's knowledge about obstetric danger signs and symptoms.

Similarly, Woldeamanuel, Lemma, and Zegeye (2019), conducted a research on knowledge of obstetric danger signs and its associated factors among pregnant women in AngolelaTera District, Northern Ethiopia. Multi-stage cluster sampling technique was used. The research utilized a cross sectional study design. Five hundred and sixty three participants were used as the sample size. Results from this study indicated that a significant proportion of pregnant women were not knowledgeable about obstetric danger signs during pregnancy, delivery and postpartum. It was recommended that continuous health education, improving the quality of health information, increasing accessibility of health facilities and appropriate counseling to pregnant mothers were important to promote the knowledge of pregnant women about obstetric danger signs.

Similarly, Tamang et al. (2021), conducted a research on knowledge and understanding of obstetric danger signs among pregnant women attending the antenatal clinic at the National Referral Hospital in

Thimphu, Bhutan, utilizing a cross sectional study design. Four hundred and twenty-two participants were used as the sample size. The major findings from the study showed that a very low proportion of women (4.7%) had good knowledge, 58.1% had satisfactory knowledge and 37.2% had poor knowledge.

Similarly, Hibstu and Siyourn (2017), conducted a study on knowledge of obstetric danger signs and associated factors among pregnant women attending antenatal care at health facilities of Yirgacheffe town, Gedeo zone, Southern Ethiopia, utilizing systematic random sampling technique involving a cross-sectional research study design. Three hundred and forty-two participants were utilized as the sample size. Findings from this study showed that the level of obstetric knowledge of danger signs was low (21.9%). It was recommended that increasing knowledge or awareness of key obstetric danger signs need to be given focus as it makes women and their families ready for prompt and appropriate decisions and measures in case of obstetric danger signs among pregnant women. Also, health education dissemination strategies on obstetric danger signs and creating and promoting income generating mechanisms need to be continuously done at the health facility and community.

Similarly, Salem et al. (2018), conducted a study on Cross-sectional survey of knowledge of obstetric danger signs among women in rural Madagascar, utilizing convenience sampling technique involving a cross-sectional research study design. Three hundred and seventy-two participants were used as the sample size. The findings from this study showed that overall knowledge of obstetric danger signs was low.

Similarly, Workineh et al. (2014), conducted a study on knowledge of obstetric danger signs and its associated factors in Arba Minch town, Ethiopia. A cross sectional study design was utilized. Three hundred and ninety participants were used as the sample size. The major findings indicated that a low percentage of the women (24.1%) were knowledgeable while a majority of the women (75.9%) were not knowledgeable about obstetric danger signs that occurred during pregnancy, labor and postnatal period. It was recommended that there should be provision of information, education, facilitate income generating mechanisms, and communication targeting women, family and the community on danger signs of pregnancy and childbirth.

Another study was conducted by Tsegaye et al. (2017), on knowledge of obstetric danger signs and associated factors among pregnant women attending antenatal care at selected health facilities in IlluAbabor zone, Oromia National Regional State, south-west Ethiopia. A cross-sectional study design was utilized. Eight hundred and eight-four participants were used as the sample size. The major findings from this study suggested that the respondents were not knowledgeable about obstetric danger signs during pregnancy, labor and delivery and postpartum. It was recommended that there should be provision of information, education, and also, communication targeting women, family and the general community on danger signs of pregnancy and childbirth.

Another study was conducted by George et al. (2014), on knowledge of obstetric danger signs amongst women of reproductive age in PATHS2 Zaria cluster, Kaduna Nigeria. A cross-sectional study design was utilized. Six hundred and seventeen participants were used as the sample size. The major findings from this study suggested that a high proportion of the respondents are unaware of obstetric danger signs. It was recommended that radio broadcast should be utilized as be utilized as part of efforts towards increasing the proportion of women with knowledge obstetric danger signs.

Similarly, Agunwa et al. (2015), conducted a study on knowledge of obstetric danger signs amongst women of reproductive age in rural communities in Enugu State, Nigeria. Ethiopia. A cross sectional study design was utilized. Six hundred and two participants were used as the sample size. The findings from this study indicated that majority of the respondents had a poor level of knowledge of obstetric danger signs. It was recommended that effective and sustained health education and behavioral change programs with high local content should be instituted in rural communities.

THEORETICAL FRAMEWORK

The theoretical framework adopted for this study is the health belief model (HBM). The health belief model (HBM) is a social psychological health behavior change model developed to explain and predict health-related behaviors, particularly in regard to the uptake of health services. The HBM was developed in the 1950s by social psychologists (Rosenstock, Godfrey, Hochbaum, Stephen Kegeles, and Howard Leventhal) at the U.S. Public Health Service. The HBM suggests that a person's belief in a personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood the person will adopt the behavior. There are six constructs of the HBM namely; perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action and self-efficacy. The first four constructs were developed as the original tenets of the HBM. The last two were added as research about the HBM evolved (Wayne, 2019).

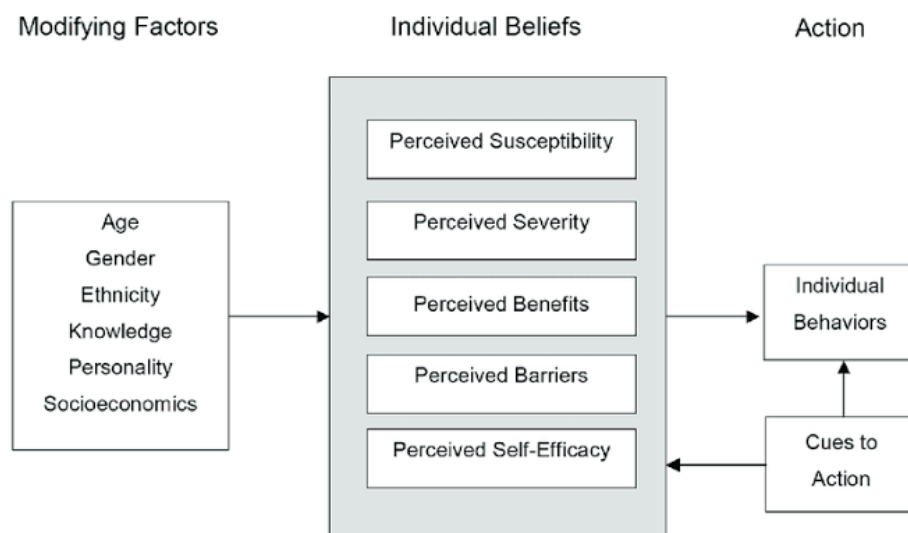


Fig 1. The health belief model (Colley et al., 2019)

Perceived susceptibility: This refers to a person's subjective perception of the risk of acquiring an illness or disease. There is wide variation in a person's feelings of personal vulnerability to an illness or disease (Wayne, 2019; Urich, 2017).

Perceived severity: This refers to a person's feelings on the seriousness of contracting an illness or disease (or leaving the illness or disease untreated). There is wide variation in a person's feelings of severity, and often a person considers the medical consequences (e.g., death, disability) and social consequences (e.g., family life, social relationships) when evaluating the severity (Wayne, 2019).

Perceived benefits: This refers to a person's perception of the effectiveness of various actions available to reduce the threat of illness or disease (or to cure illness or disease). An individual is much more likely to take a course of action in the prevention (or curing) a disease if he or she perceives such action has been beneficial (Wayne, 2019).

Perceived barriers: This refers to a person's feelings on the obstacles to performing a recommended health action. Even if an individual perceives a health condition as threatening and believes that a particular action will effectively reduce the threat, barriers may prevent engagement in the health-promoting behavior. Perceived barriers to taking action include the perceived inconvenience, expense, danger (e.g., side effects of a medical procedure) and discomfort (e.g., pain, emotional upset) involved in engaging in the behavior (Wayne, 2019).

Modifying variables: Individual characteristics, including demographic variables (age, sex, race, ethnicity, education etc), psychosocial (personality, social class, and peer and reference group pressure etc), and structural variables (for example knowledge about a given disease and prior contact with the disease), can affect perceptions (i.e., perceived seriousness, susceptibility, benefits, and barriers) of health-related behaviors. The HBM suggests that modifying variables affect health-related behaviors indirectly by affecting perceived seriousness, susceptibility, benefits, and barriers (Urich, 2017).

Cues to action: This is the stimulus needed to trigger the decision-making process to accept a recommended health action. These cues can be internal (e.g., chest pains, wheezing, etc.) or external (e.g., advice from others, illness of family member, newspaper article, etc.) (Wayne, 2019).

Self-efficacy: Self efficacy refers to the level of a person's confidence in his or her ability to successfully perform a behavior. Self-efficacy is a construct in many behavioral theories as it directly relates to whether a person performs the desired behavior (Wayne, 2019).

Research Setting

This research was conducted in Obio Cottage Hospital (OCH). It is located in Trans-Amadi Industrial Layout Road, Rumuobiakani Port Harcourt. Obio Cottage Hospital was established by the Rivers State Government as a primary health center (PHC) providing preventive and curative healthcare services. The hospital is also supported by Shell Petroleum Development Company (SPDC) as part of its Corporate Social Responsibilities. The hospital offers maternal and child care services as well as general medical services to both men and women. It is the pioneer hospital that implements the community healthcare insurance scheme which is supported by the Shell Petroleum Development Company (SPDC).

Target Population

The target population of this research consisted of pregnant women attending ante-natal clinic at

Obio Cottage Hospital (OCH) during the period of the research. A total of 500 women were targeted as the population for the study. This is the average number of women who attended the antenatal clinic in the facility in the month of March 2022.

Sampling Technique

Convenience sampling technique was utilized to select respondents during the period of study. The researchers chose this design because it allows for easy accessibility of the respondents.

Sample size

The sample size was determined using Fischer's formula; a sample size of 111 respondents was gotten from the calculation.

Instrument for Data Collection

The instrument for data collection was a questionnaire designed by the researchers. The instrument was designed so as to ascertain the Knowledge of Obstetric Danger Signs among Women Attending Ante-Natal Clinic at Obio Cottage Hospital (OCH). The questionnaire comprised of four sections, A, B, C and D. Section A, comprised of the social demographic data of the respondents. Section B, C, and D comprised of 5 close ended questions on knowledge of danger signs in pregnancy, labor and childbirth and the post partum period respectively. Knowledge items were rated using a 3 point likert scale. Knowledge items on sections B and D were rated; Yes = 3 points, No = 2 points, and I don't know = 1 point. While knowledge items on section C were rated; No = 3, Yes = 2 points, points, and I don't know = 1 point. For knowledge a mean score of 1-2.00 was considered as poor knowledge, 2.01-3.00 was considered good knowledge.

Reliability of the Instrument

Reliability of the instrument was done using the Test-Retest technique. A pre-test was conducted among pregnant women attending ante-natal clinic at Rivers State University Teaching Hospital (RSUST) using 20 copies of the questionnaire; however, they were not included in the study population. After the pretest exercise, the data obtained was subjected to test-retest to evaluate the instrument's ability to be consistent. The 20 copies of questionnaire for the pretest was analyzed using Statistical Package for Social Sciences V.26 with the help of Cronbach's Alpha, it was detected that 19 of the items based Cronbach's Alpha was 80.5% reliable, that means that instrument was credible. A Cronbach's Alpha value above 70 is considered highly reliable.

Method of Data Collection

The data was collected over a period of one week with the researchers administering the developed questionnaire on ante-natal clinic days. Three researchers administered the questionnaire to respondents. Reason for the research and necessary information on how to complete the questionnaire was given to the respondents. Respondents were given the opportunity to participate in the study or not and also to ask questions freely. The questionnaire was completed within 10-20 minutes and retrieved by the researchers. A total of one hundred and eleven (111) were administered and the same quantity were retrieved and analysed.

Ethical Consideration

The researcher obtained verbal consent from the respondents after they were adequately informed about the purpose of the study. The respondents also had the freedom to withdraw their consent if she wished to do so. The respondents were assured of confidentiality. Information provided was treated confidentially and respondent's anonymity was adequately maintained. Also, an ethical approval was obtained from the ethical committee of Rivers State University Teaching Hospital (RSUSTH).

II. DISCUSSION

Knowledge of Danger Signs in Pregnancy among Women Attending Ante-Natal Clinic at Obio Cottage Hospital (OCH).

Findings from this study shows that the women had a good knowledge of the danger signs in pregnancy. The most recognized danger in pregnancy was found to be severe vaginal bleeding 111(100%). This finding is in agreement with Phanice and Zachary (2018), who indicated that vaginal bleeding was the most mentioned obstetric danger sign in pregnancy. The women however lacked awareness about severe headache as a danger sign in pregnancy.

Generally, majority of the respondents reported good knowledge. This shows that a majority of the women attending ante-natal clinic at Obio Cottage Hospital (OCH) were knowledgeable on the danger signs in pregnancy. In contrast to this, Kumar et al. (2019), reported unacceptably low level of knowledge of danger signs in pregnancy.

Knowledge of Danger Signs during Labor and Childbirth among Women Attending Ante-Natal Clinic at Obio Cottage Hospital (OCH).

Findings from this study shows that the most recognized danger signs during labor and childbirth were convulsion, vaginal bleeding before the baby is born and retained placenta. This finding disagrees with Kumar et al. (2019), who indicated that women lacked knowledge of convulsion as been a danger sign in labor. Also and the least recognized danger signs was labor that lasts more than 12 hours and the presence of green or brown waters during labor and childbirth.

Generally, majority of the respondents had good knowledge on danger signs during labor and childbirth. This finding however, disagrees with Woldeamanuel et al. (2019), who indicated that pregnant women were not knowledgeable about obstetric danger signs during labor and delivery.

Knowledge of Danger Signs during the Postpartum Period among Women Attending Ante-Natal Clinic at Obio Cottage Hospital (OCH).

Findings from this study shows that high fever, and a foul smelling discharge were the most recognized danger signs during the postpartum period. This finding disagrees with Kumar et al. (2019), who indicated that women lacked knowledge of foul smelling discharge as a danger sign during the postpartum period. Women were also knowledgeable on severe vaginal bleeding like soaking through more than one pad in an hour or noticing large blood clots, and swollen, red or tender breasts or nipples as been danger signs during the postpartum period. However, a low percentage of the respondents were there knowledgeable on problems urinating or leaking as been danger signs during the postpartum period. Generally, a majority of the respondents had good knowledge on danger signs in the postpartum period. This disagrees with Tsegayeet et al. (2017), who indicated that pregnant women were not knowledgeable of the dangers signs during the postpartum period.

III. Conclusion

Based on the findings, the following conclusions were drawn: majority of women attending ante-natal clinic at Obio Cottage Hospital (OCH) have good knowledge of obstetric danger signs. However, a low percentage of the respondents are not knowledgeable about obstetric danger signs.

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