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**MOTHERCARE NIGERIA MATERNAL HEALTHCARE  
PROJECT QUALITATIVE RESEARCH:  
LITERATURE REVIEW**

**WORKING PAPER: 17A**

**August, 1993**

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PROJECT QUALITATIVE RESEARCH:  
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**August, 1993**

**Public Opinion Polls, Ltd.  
Lagos, Nigeria**

**MotherCare Project  
1616 N. Fort Myer Drive, 11th Floor  
Arlington, Virginia 22209 USA**

**Report prepared for  
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**MOTHERCARE NIGERIA MATERNAL HEALTHCARE PROJECT FORMATIVE RESEARCH:  
LITERATURE REVIEW**

**Public Opinion Polls, Ltd.**

**EXECUTIVE SUMMARY**

**by Deborah Gordis, MotherCare**

The following is a review of the medical literature on pregnancy-related morbidity and mortality research conducted in Nigeria. The 184 entries are arranged alphabetically by author; indexes are arranged alphabetically by author, by region, and by subject category.

Topics covered by the abstract review include the direct and indirect causes of maternal death; the circumstances leading to and consequences of caesarian section; the incidence, causes and consequences of obstetrical complications (such as anemia, diabetes, hypertension, obstructed labor, premature rupture of membranes), prenatal screening, nutrition, abortion, traditional health practices and pregnancy outcomes, rural women's health perceptions.

The entries include published and unpublished reports, conference proceedings and articles from medical journals such as the West African Journal of Medicine; the International Journal of Gynaecology and Obstetrics; the Nigerian Medical Journal, Studies in Family Planning, the Tropical Journal of Obstetrics and Gynaecology.

This review was prepared by Public Opinion Polls Ltd. at the request of the MotherCare/Nigeria Maternal Care Project. It is not an exhaustive review but is meant to provide a basis for further updating and expansion.

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**ABSTRACT NO.**

1 ABENGOWE, C.U.,

1980 MEDICAL

NORTH

**AUTHOR**

Abengowe, C.U; Das, C.K; Siddique, A.K.,  
Cardiac Failure in Pregnant Northern  
Nigerian Women, International Journal of  
Gynaecology and Obstetrics, 17, 5, pp  
467-70, 1980.

**SUMMARY**

This paper describes the findings in 39 gravidae with congestive cardiac failure and 10 pregnant women with acute pulmonary oedema, all treated at the Ahmadu Bello University Hospital in Kaduna over a 5-year period. Congestive cardiac failure was reported to occur more frequently in the postnatal period. Parity and socioeconomic factors were not considered significant. In spite of all patients being in functional grades 3 and 4, mortality was reported to be low. Idiopathic cardiomegaly and chronic rheumatic heart disease were the most common causes of heart failure in pregnancy. In patients with rheumatic heart disease, the dominant valvular lesion was mitral incompetence.

**ABSTRACT NO.**

2 ABUDU, O.O.,

1989 P.P.H.

WEST

**AUTHOR**

Abudu, O.O.; Awonuga, A.O.; Fetal  
Macrosomia and Pregnancy Outcome in  
Lagos, International Journal of  
Gynaecology and Obstetrics, 28, 3, pp  
257-62, 1989.

**SUMMARY**

This study was conducted to define the prevalence of macrosomia, characterize the mothers of such babies and evaluate the contribution of macrosomia to obstetric complication and perinatal morbidity and mortality at the Lagos University Teaching Hospital. The study took place between January 1, 1983 and December 31, 1985 and included all non-malformed singleton babies delivered at term and weighing 4.1kg or more, who were classified as macrosomic. Normal singleton babies who weighed between 3.24kg and 3.25kg and who were delivered at term within 24 hours after an index case, served as the control babies. Only patients with known dates of last menstrual period were included in the study. Of the 63,776 normal babies singleton delivered during the 3-year period of study, 312 of them weighed 4.1kg or more, giving a prevalence of macrosomia of 4.9%. The mothers of macrosomic babies were significantly older and taller than mothers of control babies. Diabetes mellitus and hypertension were significantly commoner in the study group.

Perinatal mortality were 58/1000 and 18/1000 for the study and control groups respectively. Pregnancy was significantly prolonged with higher incidence of emergency sections and primary postpartum haemorrhage. Fetal sex was found to be an unimportant factor in macrosomia.

**ABSTRACT NO.**

3 ABUDU, O.O.,

1985

SEPSIS

WEST

**AUTHOR**

Abudu, O.O.; and Odugbemi, T.O.;  
Gardnerella Vaginalis Vaginitis in  
Pregnancy, W. Afr. Journal of Med., 4,  
1, pp 5-8, 1985.

**SUMMARY**

One hundred and sixteen pregnant Nigerian women with abnormal vaginal discharge were screened for gardnerella vaginalis. Clinical diagnostic criteria like positive amine test, vaginal Ph > -5 and presence of epithelial cells at microscopy were correlated with positive culture. There was a statistically significant difference in the prevalence rate of 30% in pregnant women and 51% found in a previous study in non-pregnant women (p < 0.01) however, pregnancy did not appear to alter significantly the sensitivity of the diagnostic criteria used. The efficacy of metronidazole in the treatment of gardnerella vaginalis vaginitis was excellent.

**ABSTRACT NO.**

4 ADELEYE, J.A.,

1984

CAESAREAN SECTION

WEST

**AUTHOR**

Adeleye, J.A., and Ogunseyinde, A.O.,  
Hysterography after lower-uterine-  
segment Caesarian Section, Afr. J. of  
Med. & Med. Sci., 13, 155-60, 1984.

**SUMMARY**

A radiological method of assessment of caesarian section wound healing is described. A total of 58 cervico-hysterosalpingo-grams were performed, ten as controls and 48 on patients each of whom had primary or multiple caesarian sections. Radiological changes were noted in the cervix, isthmus, uterus and the fallopian tubes. The exact significance of some of the radiological changes demonstrated in the cervico-hysterosalpingo-grams is not yet clear but it is believed that the follow-up of these patients in subsequent deliveries will amplify the significance of these changes which may revolutionise the present policy of delivery following lower-segment-Caesarian section in our community.

**ABSTRACT NO.**

5 ADELEYE, J.A.,

1981

CAESAREAN SECTION

WEST

**AUTHOR**

Adeleye, J.A., Caesarean Section in the University College Hospital, Ibadan, Nigeria: A Reappraisal (1977-1978), Trop. Journal of Obs & Gynae, 2, 1, pp 67-71, 1981.

**SUMMARY**

A 2-year study (1977 and 1978) of all the Caesarean sections performed at the University College Hospital, Ibadan, Nigeria, was carried out. During this period, a total of 1,305 Caesarean sections was performed. There were 202 elective procedures, 65 planned procedures were performed as emergency and 1,038 emergency Caesarean sections were performed. The indications were mainly due to dystocia in labour due to foeto-pelvic disproportion, anticipated dystocia and antepartum haemorrhage. The maternal morbidity showed an increasing trend in wound sepsis which is the commonest morbidity in this series. The maternal mortality and perinatal mortality rates were 6.9 and 65.1 per thousand respectively. The incidence, indications, morbidity, blood loss and blood transfusion were discussed in the light of the experience in the developed countries.

**ABSTRACT NO.**

6 ADELEYE, J.A.,

1985 BREECH

WEST T

**AUTHOR**

Adeleye, J.A.; A two-year assessment of aspects of Breech Delivery: Caesarean section in Breech presentation and perinatal mortality at the University College Hospital Ibadan, Trop Journal of Obs. and Gynae, 5, 1, pp 31-34, 1985.

**SUMMARY**

In a study of breech delivery and perinatal mortality carried out at the University College Hospital Ibadan, Nigeria, a total of 441 deliveries that involved breech presentation in both singleton and multiple pregnancies were investigated during a period of two years, 1977 and 1978. There were 295 (67.0%) assisted breech delivery. 128 (29.0%) were delivered by caesarean section, 11 (2.5%) spontaneous breech delivery and 7 (1.5%) breech extraction. 114 (38.6%) were associated with multiple pregnancy amongst those delivered by assisted breech delivery and 24 (18.8%) amongst those that were delivered by caesarean section. Perinatal mortality was high in spontaneous breech delivery (90.9%), breech extraction (71.4%) and relatively low in assisted breech delivery (20.0%). Caesarean section appears to offer best prognosis for breech, as perinatal mortality of 4% occurred in this group in the study which was the lowest. Factors which influenced the perinatal mortality rate were multi-gravidity, caesarean section, prematurity and multiple pregnancy. The risk to the foetus was demonstrated to be greater with a breech than with a cephalic presentation.

**ABSTRACT NO.**

7 ADELEYE, J.A.,

1982 CAESAREAN SECTION

WEST

**AUTHOR**

Adeleye, J.A.; Maternal Mortality and Caesarean section at the University College Hospital, Ibadan, Nigeria (A 2-year study), Trop. Journal of Obs and Gynae., 3, 1&2, pp 37-43, 1982.

**SUMMARY**

During the period January 1st 1977 to December 31st 1978, a total of 1,305 Caesarean section were performed at the University College Hospital, Ibadan, Nigeria. During this period, a total of 41 maternal deaths occurred, 9 of which were associated with caesarean section. A study of all maternity deaths was carried out to find out if there had been a change in trend, the major causes of death during this period and the role which caesarean had played. Attention was focussed on the influence of the socioeconomic factors on maternal mortality in our environment.

**AUTHOR**

Adeoye, C.O. and Okoye, S.I.; Relevance of Estriol/Creatinine Ratio in random Urine sample in the Management of High risk pregnancy in a tropical Environment, Trop. J. of Obs and Gynae, 4, 3, pp 19-21, 1984.

**SUMMARY**

Several authors have established the usefulness of 24 hour urinary estriol in the management of high risk pregnancy (3,7,12,13).

The feasibility of the use of this parameter in a tropical environment has been questioned because of the problems of urine collection and most important, the lack of adequate storage facilities at the correct temperature. The usefulness of Estriol/creatinine ratio in a single voided urine sample has therefore been considered to be of better value in this environment. In this study, a high correlation was obtained between Estriol/creatinine ratio for both the first morning urine (FMU) and the random urine sample (RUS) compared with the estriol excreted in carefully collected 24 hour urine sample. While a correlation coefficient of 0.68 was obtained with the random urine sample, a correlation coefficient of 0.69 was obtained with the first morning urine. It is then suggested that Estriol/creatinine ratio in either FMU or RSU may be substituted for 24 hour urine estriol in these high risk patients.

**ABSTRACT NO.**

9 ADETORO, O.O.,

1991 SOCIOCULTURAL

NORTH

**AUTHOR**

Adetoro, O.C., Babarinsa, A.B., and Sotiloye O.S.; Sociocultural factors in adolescent septic illicit abortions in Ilorin, Nigeria, Afr. Journal of Med. & Med. Science, 20, 149-53, 1991.

**SUMMARY**

One hundred and ninety-two adolescents (aged 12-18yrs) with septic illicit abortions were interviewed to assess sociocultural factors associated with illegally induced septic abortions at Ilorin, Nigeria. They were mostly unmarried schoolgirls who were ignorant of contraception.

Inadequate parental supervision contribute largely to unplanned pregnancies, while poor economic state of these patients influenced the occurrence of illegal septic abortions. Widespread availability of an acceptable family life education, with improved socioeconomic state of the adolescents would most probably reduce the sociocultural factors favouring illicit septic induced abortions in this community.

**ABSTRACT NO.**

10 ADETORO, O.O.,

1990 ECLAMPSIA

NORTH

**AUTHOR**

Adetoro, O.O., "The Pattern of Eclampsia at the University of Ilorin Teaching Hospital (UITH) Nigeria", International Journal of Gynaecology and Obstetrics, 31, pp 221-226, 1990.

**SUMMARY**

In Ilorin, Nigeria; 788 cases of eclampsia were managed between 1968 and 1987. The incidence was thus 4.2/1000 deliveries. 535 of the patients were nulliparous and 353 had received some form of antenatal care. There was no apparent change in the pattern of eclampsia over the years. The predisposing factors to developing eclampsia are examined, and the study suggested that more efforts are needed to make drastic changes in the socioeconomic status, environmental conditions, and health care services for a significant improvement in the incidence of eclampsia, and that reduction of morbidity and mortality from eclampsia can probably be achieved through the formation of a task force group in both urban and rural centers with high incidence of the disease, and that any referral of primigravidae (even those without hypertension) to large units, in addition to selected bookings of primigravidae in hospital coupled with aggressive management of pre-eclampsia particularly in labor would most probably assist in reducing the incidence.

**ABSTRACT NO.**

11 ADETORO, O.O.,

1988

FAMILY PLANNING

NORTH

**AUTHOR**

Adetoro, O.O.; and Anate, M.; Family Planning Practice Among Nigerian Student Midwives, International Journal of Gynaecology and Obstetrics, 27, pp 415-420, 1988.

**SUMMARY**

An analysis of the various contraceptive methods practised by a total of 462 student midwives from the Northern and Southern parts of Nigeria, over a 3-year period is presented. The differences in age distribution, the type of contraceptive agents used, the reasons for using them, and the side effects in the 2 groups are statistically significant. The need to provide acceptable contraceptive advice to the rural communities by the midwives is discussed.

**ABSTRACT NO.**

12 ADETORO, O.O.,

1987

CAUSES

NORTH

**AUTHOR**

Adetoro, O.O.; Maternal Mortality - A Twelve-Year Survey at the University of Ilorin Teaching Hospital, (U.I.T.H) Ilorin, Nigeria, International Journal of Gynaecology and Obstetrics, 25, pp 93-98, 1987.

**SUMMARY**

This paper concerns an analysis of maternal death at the University of Ilorin Teaching Hospital (U.I.T.H) Ilorin over a 12-year period (1972-1983). There were 138,577 births and 624 deaths making a maternal mortality rate of 4.50 per 1000 births. Haemorrhage, ruptured uterus and obstructed labor were the major direct obstetric causes of death. The most important indirect causes were cerebrospinal meningitis, pulmonary infections and fulminating hepatitis. The main avoidable factors were ineffective and cumbersome blood transfusion services; poor management of the third stage of labor; large number of unbooked patients and poor delivery room structure encouraging sepsis. Suggestions are made for a more integrated type of maternity services in our hospital, health education programs for the public and particularly the expectant women and availability of an effective blood bank service within the maternity hospital premises for prompt treatment of patients requiring emergency blood transfusion. The analysis underlines the great problem of maternal mortality in the developing world.

**AUTHOR**

Adewunmi, A.O.; Maternal Mortality in Ibadan City, 1982, W. Afr. Journal of Med., 5, 2, pp 121-77, 1986.

**SUMMARY**

Maternal mortality in Ibadan City for the year 1982 was determined by examining the maternity data from five main obstetric institutions in Ibadan. During the year there were 35,650 deliveries with a total of 110 maternal deaths. A crude maternal mortality rate of 3.1 per 1000 deliveries was obtained. The leading cause of maternal mortality was obstetric haemorrhage followed by acute hepatic failure, eclampsia, ruptured uterus complicating obstructed labour and septicaemia. There was no death due to anaemia of pregnancy which was the commonest cause of death in an earlier series in Ibadan. Aetiological factors influencing, and suggestions on ways of prevention of maternal deaths are discussed.

**ABSTRACT NO.**

14 ADINMA, J.I.B.,

1991 BRELCH

EAST

**AUTHOR**

Adinma, J.I.B.; Breech Delivery at the University of Nigeria Teaching Hospital - Maternal and Fetal Outcomes in 384 Singleton Breech Deliveries, Orient Journal of Medicine, 3, 3, pp 207-211, 1991.

**SUMMARY**

A review of 384 consecutive singleton breech deliveries at the University of Nigeria Teaching Hospital over a five-year period, July 1982 to June 1987 was made. Premature rupture of membranes played a major role in the outcome of breech birth being the commonest antenatal complication and also being responsible for 32.7 percent of cases of fetal wastage. There was no significant difference between the mean birth weight of breech deliveries for primigravidae and those of multigravidae but mean birth weight was higher in the 4th and 5th parity groups. There was a maternal mortality rate of 13.02/1000. The perinatal mortality rate (PMR) was 279/1000 (107/384) and after correction for breech-unrelated deaths, gave a true breech-related mortality rate of 151/1000 (58/384). Perinatal mortality rate was also relatively higher in the primigravida and the grand-multipara. Caesarean section as a mode of delivery carried a relatively low PMR-026/ 1000 (2/77). The incidence of caesarean section for breech presentation was only 20 percent and intervention was late and had little regard to the existing complications. Proper patient evaluation is considered to be of paramount importance in deciding the mode of delivery of breech presenting fetuses. Earlier intervention by caesarean section for the big breech (estimated birth weight above 4.5kg) and those complicated by premature rupture of membranes particularly after the 32nd week of pregnancy will go a long way towards improving the overall outcome of breech birth for the mother and the fetus.

**ABSTRACT NO.**

15 ADINMA, J.I.B.,

1991 CANCER

EAST

**AUTHOR**

Adinma, J.I.B.; Cancer of the cervix uteri in pregnancy, *Orient Journal of Medicine*, 3, 1, pp 47-49, 1991.

**SUMMARY**

A case of cancer of the cervix uteri presenting at the last trimester of pregnancy is presented. Guided counselling and conservative management of the patient was done. Ultimately she was delivered of a live fetus by classical caesarean section. The value of health education and routine cytological screening of the cervix of every antenatal patient in the improvement of the outcome of cancer of the uterine cervix in pregnancy is highlighted.

**ABSTRACT NO.**

16 AGBOOLA, A.,

1982 NUTRITION

WEST

**AUTEOR**

Agboola, Akin.; and Esomonu, Alex.; Weight gain patterns of the pregnant Nigerian Woman, *Trop. Journal of Obs & Gynae*, 3, 1 & 2, pp 1-6, 1983.

**SUMMARY**

The weight gain pattern of the pregnant Nigerian woman is described. The average total weight gain of the primigravida is 10.17k, as compared to 8.32kg for the multipara and 7.03kg for the grand multipara, thus showing the influence of parity on weight gain. The net average weight gain for all the women is 8.76kg which is lower than that of the American or European women. An attempt has been made to explain this difference. The Nigerian woman gains very little weight in the first trimester and her maximum weight can occur in the second or middle trimester. About 20 percent of the pregnant women in this study are underweight by a standard definition, and as expected this group gained the most weight in pregnancy. Perinatal mortality does not appear to be affected by variation of maternal weight gain in pregnancy per se from this study. However, the incidence of babies who were limp at birth and with a low apger scores was observed to be higher when maternal net weight gain was greater than the mean for the particular parity group.

**ABSTRACT NO.**

17 AGBOOLA, A.,

1972

UTERINE RUPTURE

WEST

**AUTHOR**

Agboola, A.; Rupture of the Uterus: A Clinical Study of 225 Cases, Nigerian Medical Journal, 2, 1, pp 19-23, 1972.

**SUMMARY**

Two hundred and twenty-five cases of uterine rupture treated at the Lagos Island Maternity Hospital during a five-year period (1966-1970) are reported; there was an incidence of 0.24%. Anterior rupture was about three times as common as posterior. Two of the 225 cases were primigravida T. The aetiological factors are analysed and discussed, those factors involved in traumatic rupture are catrogenic in origin and therefore preventable. Repair of the uterine rupture following active resuscitation with or without sterilisation yielded a lower maternal mortality than hysterectomy. The maternal and perinatal mortality were 17.8 and 94.7 percent respectively.

**ABSTRACT NO.**

18 AIMAKHU, V.E.,

1972

UTERINE RUPTURE

WEST

**AUTHOR**

Aimakhu, V.E., Ruptured Uterus from Pilocin Induction for Intra-Uterine Foetal Death - A Case Report, Nigerian Medical Journal, 2, 1, pp 17-21, 1972.

**SUMMARY**

A case of ruptured uterus following the induction of labor by oxytocin infusion for infected intra-uterine foetal death is presented. The uterine rupture was due to obstructed labor as a result of cervical stasis. This cervical stasis probably resulted from her two previous curetages. These curetages could also possibly have damaged the myometrium leading to its healing by fibrosis and making rupture easier.

A brief review of 25 cases of intra-uterine foetal deaths seen in booked cases over a 10-year period was also presented. There were no cases of coagulation failure, even in patients where spontaneous onset of labor occurred six weeks after the diagnosis of an intra-uterine death. Authors suggested that the routine induction of all patients with a dead foetus in-utero in a community that is by and large unsophisticated should be viewed with caution.

**ABSTRACT NO.**

19 AJABOR, L.N.,

1981

RUPTURE OF MEMBRANES

BENDEL

**AUTHOR**

Ajabor, L.N. and Omu, A.E.; Premature rupture of fetal Membranes and Maternal Morbidity, Trop. J. of Obs and Gynae, 2, 1, pp 95-100, 1981.

**SUMMARY**

In a 3-year period, 150 of 4,500 total deliveries had premature rupture of fetal membranes. 110 of these patients were analysed to determine the effect of premature rupture of fetal membranes on the mother. It has been clearly demonstrated that it is a hazard not only to the baby, but also to the mother. It is a major cause of pre-term labour. Maternal infection increases exponentially with the latent periods. A programme of active management of premature rupture of fetal membranes, is therefore recommended.

**ABSTRACT NO.**

20 AJABOR, L.N.,

1972

MEDICAL

BENDEL

**AUTHOR**

Ajabor, L.N.; The Correlation between Maternal Serum and Amniotic Fluid Human Chorionic Somatomammotropin in Mid-Pregnancy, Nigerian Medical Journal, 2, 3, July 1972.

**SUMMARY**

A report is presented correlating the relative concentrations of maternal serum and amniotic fluid human chorionic somatomammotropin in 5 healthy volunteers in mid-pregnancy using a highly sensitive double antibody radioimmunoassay.

It was found that amniotic fluid human chorionic somatomammotropin concentration at this period of normal gestation was as low as 12 1/2% (mean) of the level in maternal serum. The data presented is in agreement with previous reports that the production of human chorionic somatomammotropin would seem to be related to the placenta than the foetus. Possible mechanisms for the excretion of human chorionic somatomammotropin into the amniotic fluid compartment will be advanced.

**ABSTRACT NO.**

21 AKENZUA, G.I.,

1981

SOCIOCULTURAL

BENDEL

**AUTHOR**

Akenzua, G.I., Akpovisu, O.O.; Maternal and Child Care in Rural Areas: The Role of Traditional Birth Attendants in Bendel State of Nigeria, Journal of Tropical Pediatrics, 27, pp 210-214, 1981.

**SUMMARY**

Among the 30 people considered by community leaders of Obadan in Bendel, Nigeria, to be traditional birth attendants, 25 of them admitted that they performed midwifery including five men. They all did midwifery part time, the rest of their time being spent in farming or trading.

The traditional birth attendants acquired their skill through apprenticeship, mostly from their fathers. A female had to accompany the male traditional birth attendants during delivery. The traditional birth attendants tended to perform breech deliveries, but usually referred cases of transverse lie and prolapsed cord to the hospital.

During pregnancy no food taboos were observed, in contrast to other parts of Nigeria. Delivery took place at the traditional birth attendants' home or that of the pregnant woman's mother. About half of the traditional birth attendants did not tie the umbilical cord before cutting it. Retained placenta was generally treated with herbal medicines. Resuscitation of the newborn was treated by sprinkling pepper or pouring cold water on the baby. The authors were encouraged by the fact that all the traditional birth attendants responded positively towards the prospect of training to improve their services.

**ABSTRACT NO.**

22 AKINGBA, J.B.,

1975 ABORTION

WEST

**AUTHOR**

Akingba, J.B., Abortion, Maternity and other Health Problems in Nigeria, Nigerian Medical Journal 7, 4, 465-71, 1975.

**SUMMARY**

The 1966-72 abortion and maternity data from the Lagos University Teaching Hospital (LUTH) and the Lagos Island Maternity Hospital (LIMH) are reviewed and discussed: The following disturbing facts emerged. First the incidence of abortion in Lagos - A ROUGH GUIDE to the incidence in Nigeria as a whole was high over the review period. At an estimated 3.5 per thousand population it was higher than in many Northern and Western European countries and the North American Continent. For instance, the British recorded 2.8 abortion per thousand population in 1972, four years after the introduction of their liberal Abortion Act.

Secondly, abortion mortality was disturbingly very high. The LIMH (better, than the national) average are 445 fatalities per 100,000. Abortion patients were from 30 to 200 times higher than for developed countries.

Thirdly, the maternal mortality rate was also very high. For instance the LIMH 2255 deaths per 100,000 for booked mothers and the LUTH 339 per 100,000 for booked and unbooked mother were respectively 11 and 17 times higher than either the British or the American figures of only 20 in 1970.

Fourthly, even preventable diseases such as tetanus caused 403 deaths in adults, children and infants of both sexes at LUTH as against 18 abortion deaths in the review period. Remedial action is suggested.

**ABSTRACT NO.**

23 AKINGBA, J.B.,

1971 ABORTION

WEST

**AUTHOR**

Akingba, J.B.; The Nigerian Attitude to Unwanted Pregnancies, Journal of the Nigerian Medical Association, 1, 3, pp 179-183, July 1971.

**SUMMARY**

A determination by questionnaire of the Nigerian attitude to the problem of unwanted pregnancies showed that Nigerians want family planning clinics catering for all females established at several centres all over the country. Contraceptives should be freely available at the chemist shops but not through self-dispensing machines. Unmarried students who become pregnant should be suspended till the "end" of the pregnancy. The panels recommended legalized abortion covering all females should be introduced. Many respondents also favoured the introduction of abortion on demand. The importance of sex education at home and school was stressed.

**ABSTRACT NO.**

24 AKINGBA, J.B.,

1970 ABORTION

WEST

**AUTHOR**

Akingba, J.B., and Gbajumo, S.A.; Procured Abortion: Counting the Cost, Journal of the Nigerian Medical Association, 7, 2, pp 17-28, 1970.

**SUMMARY**

The true incidence of procured or criminal abortion in any country is usually largely guesswork, so closely guarded is the secret of the abortionists and their clientele. This study was undertaken largely out of pity for the suffering, and sometimes death, of Nigerian girls, especially those whose criminally procured abortions became complicated by tetanus.

This study reviewed data on procured abortion and its sequelae in girls aged 20 and under, treated at the Lagos University Teaching Hospital (LUTH) during the 1963-1967 quinquennium.

**ABSTRACT NO.**

25 AKINGBA, J.B.,

1974 ABORTION

WEST

**AUTHOR**

Akingba, J.B.; Some Aspects of Prgenancy and Abortion in Some Nigerian Adolescents, Paper presented at WHO Meeting on Pregnancy and Abortion in Adolescents, Geneva, pp 24-28, June 1974.

**SUMMARY**

Since there are as of yet no national surveys available on adolescent pregnancy and abortion in Nigeria, the author undertook a study of adolescent admissions for pregnancy and abortion to the Lagos University Teaching Hospital. In a 5-year review of hospital admissions for complications arising from illegally induced abortions, the author found the numbers of teenage pregnancy and abortion to be rising. 93% of adolescents admitted were single girls of school age.

**ABSTRACT NO.**

26 AKINGBA, J.B.,

1971 CAUSES

WEST

**AUTHOR**

Akingba, J.B.; Outcome of Pregnancy in Short Nigerians, Journal of the Nigerian Medical Association, 1, 2, pp 52-57, 1971.

**SUMMARY**

In a review of 300 of the Nigerian mothers delivered at the Lagos University Teaching Hospital (LUTH) in 1969, the maternal performance of the 49 short mothers - i.e. those who were 5 feet tall or less is contrasted with that of the tall mothers - i.e. those over 5 feet in height.

In their previous confinements, the short mothers had 87.9% of their babies normally as against 95.7% by the tall mothers; corresponding survival rates of offspring were 85.2% and 80.6% respectively. Under L.U.T.H. supervision along British traditional lines, the slightly poorer parturitive performance of the short mothers was eliminated. Thus the figures corresponding to the above were 91.5% against 90.0% and 96.0% (owing to default and severe congenital abnormality) against 99.2% respectively. The results justify special obstetric supervision of short Nigerian mothers.

**ABSTRACT NO.**

27 AKINKUGBE, A.,

1966

HAEMORRHAGE

WEST

**AUTHOR**

Akinkugbe, Ajibayo.; Auto-Transfusion as a Life Saving Measure in Ruptured Ectopic Pregnancy, Journal of the Nigerian Medical Association, 3, 3, pp 379-382, July 1966.

**SUMMARY**

Rupture of an ectopic gestation even in large centres not infrequently constitutes a sudden threat to the life of a young woman. Fourteen cases of ectopic gestations personally attended to over a period of 15 months (December 1961 to October 1962-(6 cases); June to October 1965-(8 cases) are reviewed. All these cases come from Ondo town and the surrounding areas.

**ABSTRACT NO.**

28 AKINKUGBE, A.,

1970

ANAEMIA

WEST

**AUTHOR**

Akinkugbe, A.; Haemoglobin level in pregnant women in Ile-Ife, Journal of the Nigerian Medical Association, 7, 2, 29-31, 1970.

**SUMMARY**

Haemoglobin estimation is the single most important observation in the clinics and in most centres, including the hospitals, the Talquist method - (using a blotting paper and comparing to standards) is widely used. This method of Haemoglobin estimation is known to be inadequate, but being simple and very cheap to perform, it continues to enjoy considerable popularity. In the smaller maternity centres, no other method is available but the Sahli Haemoglobinometer is used in many hospitals to recheck those whose Haemoglobins are low by the the Talquist method. It was decided to compare these 2 methods with the more accurate method. This third method estimated haemoglobin as Cyanmethaemoglobin, a commercially obtained standard being used in a Colorimeter. The colorimeter was being introduced to the study laboratory for the first time. The results showed the incidence of anaemia among 614 pregnant women to be high, with only 13.7% having a Haemoglobin level of 11.6 gm/100ml blood. The Talquist method was found to be very inefficient compared to the other methods such as the Sahli and the Colorimeter.

**ABSTRACT NO.**

29 AKINLA, O.

1969 ABORTION

WEST

**AUTHOR**

Akinla, O. and Adadevoh, B.K.; Abortion, A Medico Social Problem, J. of the Medical Association 6, 3, 16-22, 1969.

**SUMMARY**

The problem posed by abortion, both spontaneous and induced are manifold but may be broadly classified as social and medical. This is based on sample data obtained from cases of abortion seen at the Lagos University Teaching Hospital from January 1963 to December 1966. The hospital was opened towards the end of 1962 and admission and out patient attendance during the earlier period were few but have increased gradually to the present high level. Also, inadequate records especially during the early periods, prevent consideration of the total figures of abortion patients. However this review of sample data is intended to bring out clearly some of the medico social problems posed by all types of abortion.

All cases of abortion except those complicated by tetanus are admitted to the gynaecological ward. This system can be inconvenient especially if the annual number of admissions is high. Beds that could be used for other cases are unavoidably occupied, and routine clinic admissions delayed. In addition, the sudden demand on operation theatre staff and accomodation may be taxing. Cases complicated by tetanus are admitted directly or transferred from the gynaecological ward to the intensive care unit under the management of an anasthetist, a physician, a surgeon and a gynaecologist.

**ABSTRACT NO.**

30 AKINLA, O.,

1973 ABORTION

NATIONA

**AUTHOR**

Akinla, O.; Africa: Abortion and the Law, Nigerian Medical Journal, 3, 3, 128-130, 1973.

**SUMMARY**

A brief review is presented of the laws of abortion in a cross section of African countries. In most cases these laws are out of date and are doing more harm than good, both to the women whose interest they are intended to protect and to the public in general. A strong plea is therefore made for their urgent review and liberalisation.

**ABSTRACT NO.**

31 AKINLA, O.,

1972 ANAEMIA

WEST

**AUTHOR**

Akinla, Oladele.; Abnormal Haemoglobins in Pregnancy, Nigerian Medical Journal, 2, 1, pp 11-13, January 1972.

**SUMMARY**

The outcome of pregnancy in 44 patients with Sickle Cell disease is presented in terms of both maternal and foetal mortality and morbidity. The result of pregnancy in terms of maternal and foetal survival are good. However, stormy periods are encountered especially late in pregnancy, during labor and early in the puerperium. Methods of management are outlined. The hazards associated with Sickle Cell Anaemia appear to be greater than those with Sickle Cell Haemoglobin-C disease.

**ABSTRACT NO.**

32 AKINYANJU, O.O.,

1979 SEPSIS

WEST

**AUTHOR**

Akinyanju, O.O., and Kuku, S.B.; Sickle Cell Trait and Bacteriuria during Pregnancy, Nigerian Medical Journal, 9, 4, pp 443-444, April 1979.

**SUMMARY**

The prevalence of bacteriuria has been investigated in 111 pregnant women including 47 with the sickle cell trait and 57 without the trait. The prevalence was approximately 25% in both groups of women. A second study of 137 pregnant women including 51 with the trait, and 86 without the trait was similar but employed quick dip triphenyltetrazolium reagent strips (microstix) for quantitative urine culture. The prevalence of bacteriuria was 47% in women with the trait and 39.5% in women without the trait. The differences were found to be significant. The results do not support reports that pregnant women with the sickle cell trait have increased risk of bacteriuria.

**ABSTRACT NO.**

33 AKPALA, C.O.,

1991 CAUSES

NORTH JP

**AUTHOR**

Akpala, C.O.; and Ozumba, B.C.; Maternal Mortality in A Rural Community in Northern Nigeria, Orient Journal of Medicine, 3, 3, pp 168-71, 1991.

**SUMMARY**

Maternal mortality in Nigeria is one of the highest in the world. Previous reports were based on urban and semi-urban hospital studies. In a rural community in Sokoto State, a mortality rate of 4.7 per 1000 births was found. The highest rate was recorded amongst adolescent mothers (67%) and in primipara (50%). Obstructed labour, postpartum haemorrhage, infection and eclampsia were the common causes of death. Most of these factors are preventable.

**ABSTRACT NO.**

34 ALABI, E.M.,

1989

SOCIOCULTURAL

NATIONAL

**AUTHOR**

Alabi, E.M.; Nutritional Taboos in Africa: Federal Ministry of Health Lagos, Nigeria, 1989.

**SUMMARY**

Food taboos from different states of Nigeria are studied using reports from participants in nutrition courses. The participants are extension workers, health, agriculture, education, and community development sectors. In Bendel State it is customary for women and children to eat last, so that they tend to obtain less of the more costly protein foods. Different taboos are observed depending on the states: In the Western States, the pregnant woman should avoid a variety of fruits and vegetables for fear of neonatal jaundice and worm infestations. In the Eastern States, rice is thought to cause pemphigus neonatorium (boils) and skin diseases if eaten during pregnancy. In Imo, Cross River and some Yoruba States, antelope meat consumed by the pregnant woman is thought to cause prolonged labour. The intake of milk is believed to lead to infection with purulent discharge in the pregnant woman, which is thought to affect the eyes of the newborn at birth. Taboos on infant's nutrition relate to breast-feeding. In some parts of Yorubaland colostrum is considered to be dirty milk and is therefore discarded. The infant is not breastfed for three days and is fed with stream water instead. Furthermore, before each breast-feed, the baby is given brew from the bark of a tree. If he is not thirsty, milk intake is decreased. Food rich in protein, for example meat, fish, and beans, is withheld from the persons suffering from measles. Food and fluid are withheld as part of diarrhoea treatment, with the underlying belief that resting the intestines would help recovery. Taboos on maternal nutrition terminate as soon as delivery occurs. The new mother is encouraged to eat more protein and high calorie foods, and to rest. In Cross River State, the bride is overfed, placed in a fattening room for some time, since very robust women are preferred by the men in that area. (Authorisation for reproduction not yet received).

**ABSTRACT NO.**

35 AROMASODU, M.O.,

1982

SOCIOECONOMIC

NATIONA

**AUTHOR**

Aromasodu, M.O.; Traditional Practices Affecting the Health of Women in Pregnancy and Child birth In: Traditional Practices Affecting the Health of Women and Children, WHO Regional Office for the Eastern Mediterranean, Technical Publication, 2, 2, pp 57-62, 1982.

**SUMMARY**

Among some ethnic groups in certain areas of Southern Nigeria, it is common for male traditional leaders to provide antenatal care and to perform deliveries. When a woman is about three months pregnant, she consults a traditional healer who performs rituals to decide whether he will take her under his care. The women strongly believe in the influence of evil spirits during pregnancy. Dietary restrictions are observed so as to avoid certain undesirable things happening infants.

The traditional healer is consulted early in labour. Ritual is performed. In case of malpresentation of the foetus, incantations are recited and it is believed to be successful without external version being physically performed. Delay in labour is thought to be caused by evil spirits and is treated by incantations. For delivery, the labouring woman is on her knees and she pulls a rope for support or an older woman physically supports her. The umbilical cord is cut with the sharp edge of a broken bottle, and cow dung is applied to the cord. The placenta is buried. For 40 days after delivery, the mother's abdomen is massaged with very hot water with herbs. She also sits on top of a pot of hot water with herbs to help uterine contraction.

**ABSTRACT NO.**

36 ASUEN, M. I.,

1981

OBSTRUCTED LABOUR

BENDEL

**AUTHOR**

Asuen, M.I. and Oronsaye, A.U.;  
Obstructed Labour - A 4-year survey, 1st  
April, 1973 - 31st March, 1977 at the  
University of Benin Teaching Hospital,  
Benin City Nigeria, Trop. J. of Obs and  
Gynae, 2, 1, pp 81-5, 1981.

**SUMMARY**

One hundred and twenty-six cases of obstructed labour managed at the University of Benin Teaching Hospital, Benin City, Nigeria, during four years are presented. Twenty-eight of the patients were booked. The management included rapid restoration of the patients' general condition and emergency caesarean section in all cases where the fetal heart beat was present and in very few cases of absent or questionable fetal heart on the one hand, and destructive operation in all cases with absent fetal heart beat and malformed fetuses on the other hand. The perinatal mortality was 309.5/1000 and maternal mortality of 8/1000 births. The maternal morbidity was equally high with 3 vesico-vaginal fistulae, stormy post-operative course in some cases and an average hospital stay of 26 days. The serious maternal risks involved in a destructive operation would make it mandatory to limit this procedure to extremely few cases. There may be a place for extraperitoneal caesarean section in the management of obstructed labour to reduce the incidence of clinical intraperitoneal infection.

**ABSTRACT NO.**

37 BAMISAIYE, A.,

1978

FAMILY PLANNING

WEST

**AUTHOR**

Bamisaiye, A., De-Sweemer, C., and  
Ransome-Kuti, O.; Developing a Clinic  
Strategy Appropriate to Community Family  
Planning Needs and Practices: An  
Experience in Lagos, Nigeria, Studies in  
Family Planning, 9, 2-3, pp 44-48, 1978.

**SUMMARY**

In southern Nigeria, birth intervals of around two to three years, which have important health benefits for the mother and child have been the result of the traditional practices of breastfeeding and postpartum sexual abstinence. Over the last decade, these practices have declined, especially among urban residents and the more educated groups in the population. Adoption of modern contraception, which might have similar benefits, has not kept pace with this decline; particularly among poor urban residents, modern contraceptive use is extremely limited.

**ABSTRACT NO.**

38 BRINK, P.J.,

1982

SOCIOCULTURAL

EAST

**AUTHOR**

Brink, P.J.; Traditional Birth Attendance Among the Annang of Nigeria, Social Science and Medicine, 16, pp 1883-1892, 1982.

**SUMMARY**

This paper describes the care provided the traditional birth attendants (TBAs) during labour, though they also give prenatal and postnatal care among the Annang, a culturally, linguistically and geographic distinctive ethnic group of South-Eastern Nigeria. There is at least one traditional birth attendant in each village. There are also healers with expertise in difficult births. It is the custom for the young wife to return to her mother's village at the sixth month of her pregnancy and stay there for several months of delivery. The labouring woman is free in her movements: she can walk around, sit or lie down. She grips on to a log during contractions.

She is in a squatting position for delivery, physically supported by the traditional birth attendant in front, and by another woman behind. The traditional birth attendant performs vaginal examinations. The TBA pulls on the umbilical cord to deliver the placenta. The cord is milked and cut with a razor blade after the delivery of the placenta. The baby is washed with cold water. Traditional practices are compared by American and Nigerian obstetric teams and a programme for training traditional birth attendants is suggested.

**ABSTRACT NO.**

39 CHILAKA, V.N.,

1990

FP/FERTILITY

EAST

**AUTHOR**

Chilaka, V.N.; A comparative study of the copper bearing intrauterine Devices, (IUDs) - TCU 380A and TCU 200 at the University of Nigeria Teaching Hospital, Enugu, Orient Journal of Medicine, 4, pp 159-165, 1990.

**SUMMARY**

A total of 459 women using copper bearing devices were studied. Of these, 302 were using TCU 380A, while 157 were on TCU 200. They were followed up for 24 months. Continuation rates of 84.44% and 76.43% for TCU 380A and TCU 200 respectively were observed after 24 months. This was higher than the rates observed in most other centers. Discontinuations for side effects were low and showed little or no variation between the two devices studied. However, Tcu 380A besides being active for a longer period of time manifested obvious contraceptive superiority over TCU 200 with low pregnancy rates. TCU 380A is therefore recommended for use in this environment when there is a choice.

**ABSTRACT NO.**

40 COKER, O.O.,

1972

ABORTION

WEST

**AUTHOR**

Coker, O.O.; Habitual Abortion in the Mid-Trimester, Nigerian Medical Journal, 2, 1, pp 14-16, 1972.

**SUMMARY**

14 out of 119 pregnant women diagnosed as cases of habitual abortion were found to have incompetent cervix. The diagnosis, pre-operative management, the operative technique and post-operative management are discussed. There were 11 successes and 3 failures. Of the 11 successes, 2 patients have had operations performed successfully on 2 occasions and one had a set of male twins. All were allowed to deliver vaginally.

**ABSTRACT NO.**

41 COKER, O.O.,

1972 ECLAMPSIA

WEST

**AUTHOR**

Coker, O.O.; Evaluation of the Efficacy of the modified Lytic Cocktail in the Treatment of Eclampsia, Nigerian Medical Journal, 2, 1, pp 22-24, 1972.

**SUMMARY**

56 eclamptic patients were treated with the lytic cocktail; 50 patients had their fits controlled within 4 hours of admission; 40 patients belonged to antepartum and intrapartum groups of eclampsia; 12 of these had Caesarian section, 18 had forceps delivery; 3 had vacuum extraction; 7 had spontaneous vaginal delivery and sixteen cases were postpartum. There were three maternal deaths in the series, these occurred during the initial stages of the treatment, before members of staff grasped the technique and before dosages were properly adjusted. There were 4 foetal deaths. Early intervention as well as high rate of operative intervention is advocated.

**ABSTRACT NO.**

42 COKER, O.O.,

1972 MEDICAL

WEST

**AUTHOR**

Coker, O.O., and Sanyaolu, A.A.; Urinary Oestriol Levels in Pregnant Nigerian Women, Nigerian Medical Journal, 2, 3, pp 133-134, July 1972.

**SUMMARY**

The urinary levels of oestriol in 50 Nigerian pregnant women have been studied. A "baseline" for "maximum" and "minimum" excretion of urinary oestriol in pregnant Nigerian women is established. The modified method described by Oakey et al, (1967) was employed being the quickest and most reliable. Over 300 estimations were carried out in all the three trimesters. A rise was found at the 36th week of pregnancy. The lowest level of oestriol was between 36th and 40th week, compatible with foetal survival in normal pregnancy was 8.3mg/24 hours.

**ABSTRACT NO.**

43 COKER, O.O.,

1971 ABDOMINAL PREGNANCY

WEST

**AUTHOR**

Coker, O.O., and Effiong, E.I.; Advanced Extrauterine Pregnancy Delivered at Term of a Life Normal Foetus, Nigerian Medical Journal, 1, 4, pp 259-260, Oct. 1971.

**SUMMARY**

The following case of advanced extrauterine pregnancy is considered to be of sufficient interest to warrant publication. The patient was a 5'4" tall Nigerian aged 32, employed as a Pharmacy Assistant in Lagos. She had a myomectomy at the Lagos University Teaching Hospital in 1965. Her past obstetric history consisted of a spontaneous abortion of a 3-month pregnancy in 1961 followed by dilatation curettage.

**ABSTRACT NO.**

44 DADA, O.A.,

1981 MEDICAL

WEST

**AUTHOR**

Dada, O.A, and Osinusi, B.O.; Urinary Oestriol and Plasma Oestradiol Assay in Obstetric care, Trop. J. Obs and Gynae, 2, 1, pp 63-6, 1981.

**SUMMARY**

Oestriol excretion in mid-morning urine of pregnant women shows wide woman-to-woman variation at the different stages of pregnancy (mean coefficient of variation, C.V = 52.1%), which is not reduced by relating the oestriol to creatinine excretion (mean C.V = 53.0%). In contrast, the mean C.V. for oestriol excretion in 24 hour urine and for plasma oestradiol were found to be 22.9% and 23.7% respectively. It is concluded that mid-morning urine collections may be adequate for serial monitoring but not for single isolated estimations of oestriol levels in pregnancy.

**ABSTRACT NO.**

45 DAVIDSON, N.,

1974

CARDIOVASCULAR

NORTH :L

**AUTHOR**

Davidson N. et al; Peripartum Cardiac Failure - An Explanation for the Observed Geographical Distribution in Nigeria: Bulletin of the World Health Organization, 51, pp 203-208, 1974.

**SUMMARY**

Peripartum cardiac failure is common in Zaria and it has not been described elsewhere in Nigeria apart from Ibadan. The incidence of peripartum cardiac failure was observed in about one percent of deliveries among the Hausa in Zaria.

A survey showed that peripartum cardiac failure was common in areas where methods for preventing cold from entering the woman's body were practiced, for example hot scalding baths and the intake of food with a lot of pepper. In Zaria during puerperium, the woman has two scalding baths daily after which she lies in a hot bed with fire underneath. In other parts of Nigeria, women take hot baths as opposed to scalding ones. The intake of lake salt, rich in sodium, added to guinea corn or millet to increase the amount and quality of breastmilk might also contribute to the syndrome of peripartum cardiac failure. Massive amounts of sodium in the diet may increase cardiac work by increasing the extracellular fluid and plasma volumes. The excessive heat from lying on a hot bed may also increase cardiac activity. These two factors may cause cardiac failure when the myocardium is vulnerable.

EL

**ABSTRACT NO.**

46 DIDIA, B.C.,

1990

NUTRITION

EAST

**AUTHOR**

Didia, B.C.; Orakwe, R.C.; Igbigbi, P.S.; Asomugha, A.L.; and Kurobo-Owiye, T.; Relationship of head circumference and weight of New born to Selected Maternal Anthropometric Parameters. Orient Journal of Medicine, 2, 3, pp 116-118, 1991.

**SUMMARY**

The maternal weight and height of two hundred were correlated with the birth weight and head circumference of 200 singleton babies which they delivered. Positive correlation was found between weight of mother ( $r = 0.4$ ,  $p = 0.01$ ) and between weight of newborn and maternal weight ( $r = 0.4$ ,  $p = 0.01$ ). A weak positive relationship existed between weight of newborn and maternal height ( $r = 0.2$ ,  $p = 0.01$ ) and a negative correlation was found between head circumference of new born and maternal height ( $r = 5.8$ ,  $p = 0.01$ ). It is concluded therefore, that when other influences are removed, maternal weight is a good indicator of fetal growth.

**ABSTRACT NO.**

47 DIEJOMAOH, F.M.E.,

1981

CARDIOVASCULAR

BENDEL

**AUTHOR**

Diejomaoh, F.M.E., Asuquo, E.E.J., and Oviasu, V.O.; Cardiac Disease in Pregnancy, Trop. Journal of Obs and Gynae, 2, 1, pp 23-6, 1981.

**SUMMARY**

A retrospective analysis of cardiac disease in pregnancy has been reported. The low incidence of 0.11% for cardiac disease is highlighted. The age range of the patient as 20-43 years and the parity range 1-8. Five of the ten cases were unbooked, four of these being admitted in cardiac failure. Rheumatic Heart Disease (5 cases) was the commonest cause of cardiac disease in pregnancy. There were three neonatal deaths, one case of subacute bacterial endocarditis in the puerperium and one maternal death. The role of good antenatal care and careful monitoring of cardiac patients in the reduction of morbidity and mortality due to cardiac disease is highlighted.

**ABSTRACT NO.**

48 DIEJOMAOH, F.M.E.,

1985

MULTIPARITY

BENDEL

**AUTHOR**

Diejomaoh, F.M.E. et al; The problems of the Grand multipara as seen at the University of Benin Teaching Hospital, Benin City, Nigeria, Trop. J. of Obs and Gynae, 5, 1, pp 13-17, 1982.

**SUMMARY**

Seven hundred (700) cases of grand multiparity were studied. The incidence of grand multiparity in the study period was 17.3%. Seventy percent (70%) of the grand multiparae were 35 years and below. 84% of the cases were between the range of 5-8 parity. Grand multiparity was more prevalent in the illiterate and in the lower social classes. Anaemia, hypertension, pre-eclampsia and placenta praevia were the commonest complications in pregnancy. There was a high incidence of twinning. Postpartum haemorrhage and retained placenta were important complications in labour while genital sepsis and postpartum haemorrhage featured more significantly in the puerperium. The fetal well being and weight of the fetus at birth were satisfactory. The corrected perinatal mortality was 51.4 per 1000. The maternal mortality was 1.8 per 1000. Haemorrhage was the most significant cause. Lack of antenatal care was also deleterious as 11 of the 13 maternal death were unbooked. Steps to reduce grand multiparity are suggested.

**ABSTRACT NO.**

49 DIEJOMAOH. F.M.E.,

1982

DIABETES

EAST

**AUTHOR**

Diejomaoh, F.M.E. Asuquo, E.E.J., Omene, J.A. and Abu-Bakare, A.; An Active approach to the management of Diabetes Mellitus in Pregnancy in Nigeria, Trop. J. of Obs & Gynae, 3, 1 & 2, pp 7-12, 1982.

**SUMMARY**

The incidence of Diabetes Mellitus of 0.13% in the Benin Teaching Hospital is quite low. With the use of active management of Diabetes in pregnancy, the antenatal complications of Diabetes Mellitus were reduced. There were no maternal deaths. Good control of Diabetes Mellitus was associated with average birth weight and lack of neonatal complications. The perinatal mortality was 16.7%. This rate though high compared with other modern centres, could be further reduced by the introduction of antenatal fetal monitoring and more effective control of Diabetes Mellitus in pregnancy.

**ABSTRACT NO.**

50 DOZIE, I.,

1991

CAESAREAN SECTION

EAST

**AUTHOR**

Dozie, Ikedife.; Post mortem Caesarean Section, Orient Journal of Medicine, 3, 1, pp 32-35, 1991.

**SUMMARY**

Three cases of post mortem caesarean section with two normal surviving children are presented. The circumstances for the performance of the operation are reviewed and preparedness for performing the operation is advocated.

**ABSTRACT NO.**

51 EDEH, J.,

1979

ABORTION

NORTH

**AUTHOR**

Edeh, J.; Abortion and the Law in Nigeria: A Psychiatric View, Nigerian Medical Journal, 9, 5, pp 631-634, 1979.

**SUMMARY**

Legislation on abortion in Nigeria and other countries is briefly reviewed. Morbidity and mortality figures and the complications of criminal abortion are discussed. The psychiatric view on termination of pregnancy is also clearly stated. A plea is made for liberalization of the law and many relevant questions on the medico-social implications of reform are answered.

**ABSTRACT NO.**

52 EFEM, S.E.E.,

1983

SEPSIS

EAST

**AUTHOR**

Efem, Spencer. E.E.; Fulminating Gas Gangrene in Pregnancy, Nigerian Medical Practitioner, 5, 2., pp 57-58, Feb 1983.

**SUMMARY**

A case of fulminating clostridial myonecrosis with severe toxic haemolysis and shock in a pregnant Nigerian mother of 34 weeks gestation is reported. Remarkably, the pregnancy was carried to term and a healthy boy was delivered even though the mother lost her left leg.

**ABSTRACT NO.**

53 EFFIONG, E.I.,

1979

NUTRITION

WEST

**AUTHOR**

Effiong, E.I.; Outcome of Pregnancy in the Underweight Nigerian, Nigerian Medical Journal, 9, 7/8, pp 727-9, July/Aug 1979.

**SUMMARY**

The outcome of pregnancy in one hundred and fifty underweight pregnant Nigerian women was analyzed and compared with that of a similar number of women of average weight. Prematurity, hyperemesis gravidarum and increased incidence of instrumental delivery were the most common complications found in underweight mothers.

**ABSTRACT NO.**

54 EFFIONG, E.I.,

1975

QUALITY OF CARE

WEST

**AUTHOR**

Effiong, E.I., Banjoko, M.O.; The Obstetric performance of Nigerian Primigravidae aged sixteen and under, British Journal of Obstetrics and Gynaecology, 82, 228-233, 1975.

**SUMMARY**

The obstetric performance of 105 primigravidae aged 16 or under who received inadequate antenatal care was compared with that of 95 primigravidae of the same age who had adequate antenatal care, and with 100 primigravidae aged 22 years who also had adequate antenatal care. The increased incidence of pre-eclampsia and babies weighing under 2.5 KG in teenage pregnancy was confirmed. The effects of both hazards were diminished by good antenatal care.

**ABSTRACT NO.**

55 EGWUATU, V.E.,

1986

SOCIOCULTURAL

EAST

**AUTHOR**

Egwuatu, V.E.; Child bearing among the Igbos of Nigeria, International Journal of Gynaecology and Obstetrics, 24, pp 103-109, 1986.

**SUMMARY**

Traditional obstetric care among women of the Igbo tribe in Nigeria is described. The role of traditional birth attendants, antenatal care, management of delivery complications, postnatal care and traditional community practices surrounding birth are discussed.

**ABSTRACT NO.**

56 EKPO, M.D.,

1990

MOLAR PREGNANCY

EAST

**AUTHOR**

Ekpo, M.D.; Hydatidiform mole in Nigeria, Journal of Obstetric and Gynaecology, 10, 5, pp 363-66, 1990.

**SUMMARY**

In a study of 48 hydatidiform moles referred to the University of Calabar Teaching Hospital between January 1980 and June 1986, The ratio of partial to complete moles was six to four. Most moles (80%) aborted in the first trimester were complete and were more commonly associated with a uterine size that was large for dates. Most second (78%) and third (67%) trimester moles were partial with scanty vesicles. An institutional frequency of 1 in 623 deliveries was observed. Multiparity increased the risk of molar pregnancy.

**ABSTRACT NO.**

57 EKWEMPU, C.C.,

1982

ECLAMPSIA

NORTH

**AUTHOR**

Ekwempu, C.C.; Maternal Mortality in Eclampsia in the Guinea Savannah Region of Nigeria, Clinical and Experimental Hypertension, Part B, Hypertension in Pregnancy, 81, 4, pp 531-7, 1982.

**SUMMARY**

This study was a prospective study of 100 eclamptics in 1979 among whom 9 deaths were recorded. Maternal death was found to occur twice as often in those under 16 years of age than in those over the age of 20 years. A two-fold mortality observed in multiparous patients suggested some other underlying medical condition.

Mortality rates of 11.1%, 6.8% and 5.8% were observed for intrapartum, antepartum and postpartum eclampsia respectively. Abdominal delivery was associated with a lower mortality than vaginal delivery. Mortality rose ten fold if eclampsia was associated with sepsis.

It was concluded that lethal factors in eclampsia in this environment differed from those in more industrialised communities. Identified lethal factors in this environment are early marriages, intrapartum fits, and sepsis.

**ABSTRACT NO.**

58 EKWEMPU, C.C.,

1990

SOCIOCULTURAL

NORTH

**AUTHOR**

Ekwempu, C.C.; Overview of Childbearing in Some Northern Parts of Nigeria, Paper presented at the Safe Motherhood Conference, Kaduna, 1990. Safe Motherhood Initiative in Nigeria, Reducing Deaths and Disabilities, 1, SOGON, pp 8-15.

**SUMMARY**

Maternal mortality for Nigeria is high. In the north, out of every 100,000 pregnant women, 2100 die either in pregnancy or during childbirth. Several factors thought to be responsible for the high maternal deaths are lack of antenatal care, poor nutritional status of girls, cultural practices, negative attitude to operative delivery as most women expect delivery to be normal. Some of the cultural practices include waken jago, gishiri cuts (traditional operation in which part of the birth canal, usually the vagina is cut with a razor blade, presumably to widen the birth canal, but sometimes to stop bleeding from vagina) and childhood pregnancies (resulting from girls being given in marriage too early, even before menarche presumably to prevent premarital sex, pregnancy and promiscuity). This early child birth often results in obstructed labour and death of the baby. The woman's low social status in the community, solitary confinement, poor access to health facilities, and the poor state of health facilities further contribute to the problem of maternal mortality.

**ABSTRACT NO.**

59 EKWEMPU, C.C.,

1990

VVF

NORTH

**AUTHOR**

Ekwempu, C.C.; "The Role of Research in Combatting VVF", Presented at the National Workshop on Vesico-vaginal Fistula, Kano, 1990.

**SUMMARY**

The paper reiterates the fact that the high figures for maternal mortality do not reflect the scale of suffering caused by complications resulting from childbirth. Areas of research suggested include: why patients marry so early, why the teenage girls are not as well developed as their counterparts in the more industrialized countries, looking specifically into the feeding pattern as well as the content of the food, the factors affecting lack of use of the antenatal care and reluctance to have operative delivery. Other suggestions are in the area of improved management of VVF patients, social rehabilitation and rehabilitation of reproductive function.

**ABSTRACT NO.**

60 EKWEMPU, C.C.,

1991

FP/FERTILITY

NATIONA

**AUTHOR**

Ekwempu, C.C., Giwa-Osagie, O.F., and Ogedengbe, O.K.; Clinical Treatment Needs and Family Planning Use Among Women Treated for Incomplete Abortion in Teaching Hospitals in Nigeria, Paper presented at the Annual Conference of the Society of Obstetrics and Gynaecology of Nigeria (SOGON), Sept. 5-7, 1991, Lagos, Nigeria.

**SUMMARY**

In Nigeria, Manual Vacuum Aspiration (MVA) technique was used to manage 888 cases of incomplete abortion, endometrial biopsy, therapeutic termination of pregnancy, hydatiform mole, and other procedures that involved uterine evacuation at four sites over varying periods of time (ranging from 3-18 months) between March 1989 and August 1990. Although data were recorded for a wide range of obstetric and gynaecological procedures, this paper considered only those patients treated for incomplete abortion (366 cases). All cases needing treatment for incomplete abortion were clinically managed by either MVA (91%) or MVA plus sharp curettage.

Four hospitals participated in MVA training in Nigeria: Ahmadu Bello University Teaching Hospital Institute of Health in Zaria (ABUTH), the Lagos University Teaching Hospital School of Clinical Sciences (LUTH), the University of Port Harcourt College of Health Sciences (UPTH) and the University of Nigeria Enugu Campus College of Medicine (UNTH-E). The data were collected at each site by the attending Ob-gyn specialists, Ob-gyn residents, general practitioners, house officers and medical students. Results presented and discussed.

**ABSTRACT NO.**

61 ELE, U.P.,

1991 CANCER

EAST

**AUTHOR**

Ele, U.P., Ofoegbu E., and Ikenne, A.C.; Spino-Cerebellar Degeneration in Ovarian Cancer (A Paraneoplastic Syndrome) - Case Report, Orient Journal of Medicine, 3, 3, pp 179-82, 1991.

**SUMMARY**

A case of a 52-year old woman with features of spino-cerebellar degeneration who subsequently developed ovarian carcinoma. She had radical surgery involving intra abdominal hysterectomy with bilateral salpingo-oophorectomy. Histology confirmed an ovarian carcinoma. Three years later she has had no recurrence and has had marginal improvement in her neurologic status following physical therapy. The literature is reviewed and the need for awareness is emphasized.

**ABSTRACT NO.**

62 ELEGBE, I.,

1984 SOCIOCULTURAL

WEST

**AUTHOR**

Elegbe, I., Ojofeitimi, E.O., and Elegbe, I.A.; Traditional Treatment of Pregnancy Anaemia in Nigeria - An Indication for Modern Therapeutics, Tropical Doctor, 14, 4, pp 175-7, Oct 1984.

**SUMMARY**

This is a study of 122 women attending the Modakeke Centre in Ile-Ife in 1980 who complained of constant dizziness during pregnancy and used traditional black rings in their middle finger as a prophylactic against dizziness. 59% of the women were found to be anaemic (Hb less than 10g/100ml). All the women were wearing black rings pre-soaked in native medicine to prevent dizziness. After 2 months of treatment with Ferrous gluconate 300mg thrice daily, folic acid, weekly anti-malarial drugs and individual nutrition counselling, the incidence of anaemia was reduced to 22.7%. The mean Hb levels before and after initiation of drug therapy were 8.5 and 10.8g/100ml respectively. The difference between the two means was significant ( $P > 0.05$ ).

**ABSTRACT NO.**

63 EMBOLU, J.O.,

1990 VVF .

NORTH

**AUTHOR**

Embolu, J.O., The Early Marriage and its Sequelae - Vesicovaginal Fistula: Social Implications and Prevention, Presented at a Workshop on Vesicovaginal Fistula, Kano, 1990.

**SUMMARY**

The paper defines vesicovaginal fistula (VVF) and reports that a hospital in Northern Nigeria operated about 300 young women per month, and has a waiting list of 1000 cases. It describes some of the sociocultural effects and how it occurs - 88.3% of cases being as a result neglected obstructed labour, and complicated by harmful traditional practices such as "gishiri cut". It states another cause which is claimed to be less readily appreciated, that is coital laceration which results from the first act of forceful coitus visited on the undeveloped infantile vagina of the recently married teenager by the adult penis. It paints the characteristics of VVF sufferers: young teenage (6% of pregnant women in Zaria), short stature (75% of all VVF patients), having first pregnancy (52% cases). It went to stress the importance of good nutrition for young girls.

**ABSTRACT NO.**

64 ENELI, A.C.,

1975 ABDOMINAL PREGNANCY

WEST

**AUTHOR**

Eneli, A.C., and Kuku, S.B.; Advanced Abdominal Pregnancy: Two Case Reports, Nigerian Medical Journal, 5, 2, pp 170-71, April 1975.

**SUMMARY**

Two cases of advanced abdominal pregnancy illustrating different modes of presentatio are reported. The diagnosis, management and complications are discussed.

**ABSTRACT NO.**

65 ESU-WILLIAMS, E.,

1991

SOCIOCULTURAL

EAST

**AUTHOR**

Esu-Williams, Eka; Rural Women's Perceptions of Their Health ; A Study in Cross River State of Nigeria, Report Prepared for WIN-CRS, University of Calabar Nigeria, 1991.

**SUMMARY**

The findings of this study provide an insight into women's health concerns and problems as perceived by rural and semi-urban women in Cross River State of Nigeria and by representatives of women's organisations and health experts. This report therefore, offers health policy makers and funding agencies, women's health advocates and medical experts valuable information to guide the design and implementation of health programmes for women, especially rural-based women. The data obtained suggested that women tend to neglect themselves in the appropriation of food in the family because they feel obliged to provide enough food to other family members. It was also noted that food preferences and consumption practices are not primarily geared towards meeting nutritional requirements of women and their families, but that women's overriding concern was to feed their family members with food types which are satisfying or filling. The major barriers which appear to mitigate against adequate nutritional intake and practices were traditional eating habits which focus on one staple food, ignorance about nutrient content and nutrient requirement for the body, inability to afford foods high in protein, and wide compliance with food taboos. There is therefore the need to increase women's ability to purchase an adequate quantity and wider variety of foods, and to promote nutrition education among women in order to encourage the growth of protein yielding crops, modify eating practices, and increase general knowledge about nutritional contents of foods and requirements for proper body growth.

In the area of reproduction, the study findings suggest that women's health is to a large extent compromised by four main factors: ignorance/lack of information; superstition/adverse traditional practices; inadequate and expensive maternal care services, and high fertility. It was seen from the study for instance, that although a downward trend in the practice of female circumcision between generations was evident, (71% of circumcised mothers compared with 40% of circumcised daughters), the practice is still prevalent. Also, the reported use of contraceptives was low despite a high awareness. Another important finding was the high frequency (41%) of chronic lower abdominal pain which was cited as the second most common ailment suffered by the women. The high level of childhood mortality (30% of women reported loss of at least one child ) from preventable disease is of great concern, especially as this tends to encourage replacement birth, and hence a higher number of

pregnancies. The above findings point to the need for a multi-pronged reproductive health programme encompassing maternal health, family planning, sexuality education, and STDs prevention. Paramount is the need to increase women's access to essential information and education, to provide health services especially during and after pregnancy. Services for STD diagnosis and treatment are required as the implications of untreated STDs are grave, leading quite often to high maternal morbidity and facilitating the transmission of HIV infection, a condition which is more life threatening. Educational campaigns based on an in-depth understanding of the harmful ramifications of traditional practices, such as female circumcision are essential to curb undue misconception about their health benefits and to reduce the prevalence of these practices.

The poor state of health facilities, the lack of trained health personnel especially doctors, inadequate information, and high cost of drugs and consultations were construed as the major impediments to rural women's access to adequate health care. It was stressed that since health status and socioeconomic status are intricately intertwined, and because rural women are quite often poor, they are often unable to attend to their health problems. Furthermore, it was emphasised that since rural women lack influence over health policy and programme formulation, they require a strong lobby by health advocates and women's groups to articulate and to present their case to those in authority. To improve health care services for women, and in order to make women's health programmes more relevant and effective, women need to be consulted and integrated at all levels of programme planning and implementation. By up-grading the quality of services provided by health centers and increasing personnel, and providing subsidised drugs in rural health centers, government and agencies will enhance the accessibility of health care for rural women. Programmes which target health needs and problems of rural women are urgently required not only for their good health, but also to ensure and increase women's productivity and the quality of care they provide to their children and families. By and large, intervention programmes which women identify with and can sustain, and which address their own perceived health concerns, including those of their families and communities may find greater acceptance, especially among the rural, who tend to be even more family and community oriented than urban women.

It needs to be stressed that a channel of communication between women's health advocates, women's organisations, agencies, government officials and health experts should be maintained to ensure continuous dialogue and collaboration. This study provided the opportunity for beginning the process of dialogue and collaboration. Not only was this initiative an informative and educative experience, it drew unprecedented public attention to the health problems of women, particularly rural women. The study has provided women's organisations, women's health advocates and experts with essential data and information to press for further research and appropriate programmes. By supporting indigenous organisations which improve access to this

community by utilising research results such as these in their programmes, funding donors have new opportunities to work at the community level to solve these problems. To do this effectively, follow up consultation to discuss the results, and to draw-up a concrete plan for collective action by government, agencies, women's groups and communities becomes imperative.

**ABSTRACT NO.**

66 EZIMOKHAI, M.,

1985 MEDICAL

BENDEL

**AUTHOR**

Ezimokhai, M., Okpere, E.E., Campbell, P. and Agbapuonwu, I.; Diurnal Variation of serum Uric Acid concentrations in the Third Trimester of Normal Pregnancy among Nigerian Women, Trop. J. of Obs and Gynae., 5, 1, pp 1-3, 1985.

**SUMMARY**

An investigation of diurnal variation of serum uric acid concentrations in ten normotensive Nigerian women in the third trimester of normal pregnancy showed wide intersample variations such that no single value was representative of the subject. The wisdom of using random serum values obtained during routine antenatal care to screen pregnant women for hyperuricaemia is questionable. Values of serum uric acid concentrations tend to be lowest at 1800 hours in most of the subjects. This apparent diurnal shift needs to be further investigated.

**ABSTRACT NO.**

67 EZIMOKHAI, M.,

1981 FP/FERTILITY

BENDEL

**AUTHOR**

Ezimokhai, M., Ajobor, L.N., Jackson, M and Izilien, M.I.; Response of Unmarried Adolescents to Contraceptive Advice and Service in Nigeria, International Journal of Gynaecology and Obstetrics, 19, pp 481-485.

**SUMMARY**

This study is based on 2 groups of unmarried adolescents attending a Teaching Hospital in Benin City: patients admitted to the hospital with complications following illegally induced abortions, and those attending the family planning center for contraceptive advice. The majority of respondents were secondary school students and came from the lower socioeconomic class. Although the majority of respondents had attempted to use some form of contraception, most used unreliable methods. Although 87% accepted some method of contraception while attending the hospital, 43% of those who accepted had defaulted at the end of 30 months. The highest default rate was with the pill and the author suggests that the IUD which had a significantly higher continuation rate than the pill should be made more acceptable to teenagers in developing countries.

**ABSTRACT NO.**

68 EZIMOKHAI. M.,

1984 ECLAMPSIA

BENDEL

**AUTHOR**

Ezimokhai, M., Campbell, P.I., Okpere, E.E. and Agbapuonwu, I.; Predictive Value of Serum Urate Concentration in pregnancy complicated by Pre-Eclampsia Among Nigerian Women, Trop. J. of Obs and Gynae, 4, 1, pp 41-44, 1984.

**SUMMARY**

Serum uric acid concentrations were studied in ten pre-eclampsia and ten normotensive Nigerian Women in the third trimester of pregnancy over a 24 hour period. Each subject showed marked intersample variation that did not follow any definite pattern. The mean values of the serum urate concentration among the pre-eclampsia subjects did not differ from the normotensive subjects at all time points.

It is considered that given the diagnostic criteria and the pattern of evolution of pre-eclampsia among Nigerian women, serum uric acid level does not appear to have any diagnostic or predictive value. In all subjects, but more so among the pre-eclamptics, the serum uric acid was significantly low at 1800 hours. The implication of this for clinical practice is yet to be assessed.

**ABSTRACT NO.**

69 FALLON, J.J.,

1979 SEPSIS

EAST

**AUTHOR**

Fallon, J.J., Shinonaga, S., Esedebe, M.B, Odiachi, U.G.; Toxoplasma Antibodies in Patients Attending A High Risk Pregnancy Clinic (Preliminary Report), Nigerian Medical Journal, 9, 5, pp 539-542, May/June 1979.

**SUMMARY**

In this study, an assessment of the prevalence of toxoplasma antibodies was made. The patients involved in the study were those attending a high risk pregnancy clinic for the first time. The antibodies were identified by using the haemagglutination test. Serum from 34 patients were examined. Of these 75 (32.05%) showed a positive titre at a dilution of 1:512 and more. The total number of previous pregnancies was 446; eighteen (4.8%) ended in abortion. 6 (1.8%) occurred in patients that showed a positive titre. A total of seven (1.5%) stillbirths were recorded and one of these was in a patient with a positive titre.

In the investigation there was no cause and affect relationship between toxoplasma antibodies, abortion and stillbirth. Also there was no general increase in prevalence of toxoplasma antibodies with age.

**ABSTRACT NO.**

70 FEYISETAN, B.,

1989

SOCIOCULTURAL

NATION<sup>1</sup>**AUTHOR**

Feyisetan, B., and Pebly, A.R.;  
Premarital sexuality in urban Nigeria,  
Studies in Family Planning, 20, 6, pp  
343-354, 1989.

**SUMMARY**

This study examines change and differentials in premarital sexual activity in Nigerian cities. The incidence of sexual activity before marriage provides an indication of the extent of erosion in the traditional practices and in family control of young women's behavior in urban areas. Pregnancy and childbirth out of marriage and traditional family support systems have also become a matter of increasing concern in many African cities especially in the public health community. The result suggested that premarital sexual activity has become more common over time as Nigerian society has undergone marked social change and that premarital sexual behavior appears to be more common among women who had come from non traditional backgrounds.

Relatively few premaritally sexually active women attempted to avoid pregnancy by using a contraceptive method, although premarital contraceptive use is more common in the younger cohort and among more educated women. Much of the contraceptive that occurs, however is use of inefficient methods.

**ABSTRACT NO.**

71 FLEISCHER, N.K.F.,

1975

SOCIOCULTURAL

NORTH

**AUTHOR**

Fleischer, N.K.F.; A Study of  
Traditional Practices and Early  
Childhood Anaemia in Northern Nigeria,  
Transactions of the Royal Society of  
Tropical Medicine and Hygiene, 69, pp  
198-200, 1975.

**SUMMARY**

This is a study of children up to four years old who had anaemia on admission to hospital in Jos in Northern Nigeria. It shows a high incidence of anaemia in infants less than six months old. It is felt that immediate postpartum practice may cause the new born to loose a significant amount of blood. The umbilical cord is not tied and the newborn has at least three baths in medicated water, and the cord is squeezed and washed until it is white and clean.

**ABSTRACT NO.**

72 FLEMING, A.F.,

1970

ANAEMIA

WEST

**AUTHOR**

Fleming, A.F.; Seasonal incidence of anaemia in pregnancy in Ibadan, The American Journal of Clinical Nutrition, 23, 2, 224-230, 1970.

**SUMMARY**

Anaemia in pregnancy in Ibadan has a complex aetiology, but haemolysis and megaloblastic erythropoiesis are of prime importance. Megaloblastosis is the result of Folate deficiency and it has been inferred that the haemolytic process follows the decline of immunity to Malaria during pregnancy, especially first pregnancies. Iron deficiency anaemia is uncommon in Western Nigeria. Anaemia is most common in the months May to July each year, but the reasons for the seasonal variations are obscure. Some ascribe it to increased Malaria transmission, and others to the lack of food during these months.

Data from anaemic pregnant and recently delivered patients seen during 1961 and 1964 were analysed to see whether the seasonal variation was a result of haemolysis or megaloblastosis. It is suggested that the fall in the incidence of Folate deficiency seen about August follows the harvesting of the new yam crop.

**ABSTRACT NO.**

73 FLEMING, A.F.,

1987

ANAEMIA

NORTH

**AUTHOR**

Fleming, A.F.; Maternal anaemia in northern Nigeria: Causes and solutions, World Health Forum, 8, 339-343, 1987.

**SUMMARY**

There is a high prevalence of anaemia among pregnant women in the Savanna region of northern Nigeria, it is most frequent in women of low socio-economic status, in primigravidae, and during the second trimester of pregnancy. It is predominantly because of Malarial infection, but also as a result of Iron deficiency, Folate deficiency, and Sickle Cell disease. It is recommended that they be issued with anti-Malarial drugs together with Ferrous Sulphate and Folic Acid.

## AUTHOR

Flemming, A.F.; Ghatoura, G.B.S.; Harrison, K.A.; Briggs, N.D.; and Dunn, D.T.; The Prevention of Anaemia in Pregnancy in Primigravidae in the Guinea Savannah of Nigeria, *Annals of Tropical Medicine and Parasitology*, 80, 2, pp 211-233, 1986.

## SUMMARY

200 Hausa primigravidae at Zaria were divided into 5 groups in a randomized double-blind trial of antimalarial prophylaxis, and haematinic supplements. Group I received no active treatment. Groups 2-5 were given chloroquine 600mg base once followed by Proguanil 100mg per day. In addition, group 3 received iron 60mg daily, group 4, folic acid 1 mg daily and group 5, iron plus folic acid. 45% were anaemic (haemoglobin (HB) < 11.0 gram dl<sup>-1</sup>) at first attendance before 24 weeks of gestation and malaria parasitaemia (predominantly *Plasmodium falciparum*) was seen in 27%, of whom 60% were anaemic. The mean Hb fell during pregnancy in group 1, and 7 patients in this group had to be removed from the trial and treated for severe anaemia (packed cell volume (PCV) < 0.26). Only 5 patients in the other group developed severe anaemia (p = 0.006), 2 of whom had malaria following failure to take treatment. Patients in group 1 had the lowest mean Hb at 28 and 36 weeks of gestation, and patients receiving antimalarials and iron (groups 3 & 5) had the highest Hb at 28 weeks, but differences were not significant, possibly due to removal from the trial of patients with severe anaemia. Anaemia (Hb < 12.0g dl<sup>-1</sup>) at 6 weeks after delivery was observed in 61% of those not receiving active treatment (group 1), in 39% of those protected against malaria but not receiving iron supplements (groups 2 & 4) and in only 18% of patients receiving both antimalarials and iron (groups 3 & 5). Folic acid had no significant effect on mean Hb. Proguanil was confirmed to be a highly effective causal prophylaxis. Prevention of malaria, without folic acid supplements, reduced the frequency of megaloblastic erythropoiesis from 56% to 25%. Folic acid supplements abolished megaloblastosis, except in 3 patients who were apparently not taking the treatment prescribed. Red cell folate (RCF) concentrations were higher in subjects with malaria, probably due to intracellular synthesis by plasmodia. Infants of mothers not receiving antimalarials appear to have an erythroid hyperplasia. Maternal folate supplements raised infants' serum folate and RCF. 14% had low birthweight (<2500G), and the perinatal death rate was 11%: the greatest number were in group 1, but not significantly. A regime is proposed for the prevention of Malaria, Iron deficiency, Folate deficiency and anaemia in pregnancy in the Guinea Savannah of Nigeria.

**ABSTRACT NO.**

75 GBAJUMO, S.A.,

1986 DRUG USAGE

WEST

**AUTHOR**

Gbajumo, S.A., Akintonwa, A., Mabadeje, A.F.B.; A Preliminary Survey of Drugs Taken by Mothers During Labor and Puerperium, Nigerian Medical Practitioner, 11, 2, pp 37-40, Feb 1986.

**SUMMARY**

The recent increase in the incidence of breastfeeding has given impetus to the study of the excretion of drugs into human milk. The present report reviews the drugs administered during labor and the postpartum which are likely to be excreted in milk during nursing. The study shows that drug administered during labor include analgesics 18.8%, antihypertensive agents 10%, sedative hypnotics 9.8%, antimalarials 9.8%, antibiotics 2.8% and uterine sedatives 2.8%. During postpartum and lactation, the drugs taken include antibiotics 20%, haematics 19%, vitamins 16%, antihypertensives 18%, sedative hypnotics 14%. The most common antimalarial drug was Chloroquine administered to 11.6% of the patients, while the common minor analgesic was found to be Paracetamol. Broad spectrum antibiotics were also administered both at labor and lactation.

**ABSTRACT NO.**

76 GINI, P.C.,

1985 CARDIOVASCULAR

EAST

**AUTHOR**

Gini P.C., and Jacobs, A.; Abnormal uterine Artery - Rare cause of post partum Haemorrhage, Trop.J.of Obs and Gynae, 5, 2, pp 37-9, 1985.

**SUMMARY**

A 27-year old primigravid patient who was delivered by caesarean section on account of prolonged labour presented with severe episodes of post-partum haemorrhage warranting massive blood transfusions. A life threatening episode of vaginal bleeding was arrested by an emergency hysterectomy which revealed the source of haemorrhage as an abnormal uterine artery.

**ABSTRACT NO.**

77 HARRISON, K.A.,

1988 NUTRITION

NORTH

**AUTHOR**

Harrison, K.A., Briggs N.D., Mewberr, M.T., and Lolomari, D.O.; Growth During Early Teenage Pregnancy (letter), Laucet 1 (8596), pp 1226-7, May 1988.

**SUMMARY**

Growth during pregnancy was one of the highlights of the Zaria births survey. Changes in height was measurable with ordinary vertical scale. Increases in height of up to 16cm during pregnancy were recorded in primigravidae aged 16 and under. Those taking anti-malarial drugs and folic acid supplements grew much more than those who did not take these prophylactic measures during pregnancy. The increase in height was associated with better pregnancy outcomes. It seemed that better health care and good nutrition from birth onwards promoted rapid physical growth leading to safer childbirth even in teenage girls. This would explain why disproportion and dystocia are rare in affluent societies but common where there is large scale socioeconomic deprivation.

**ABSTRACT NO.**

78 HARRISON, K.A.,

1978 SOCIOCULTURAL

NORTH

**AUTHOR**

Harrison, K.A.; Childbearing in Zaria,  
Public lecture given at Ahmadu Bello  
University, March 1978.

**SUMMARY**

Normal pregnancy lasts for about 40 weeks, and if, after this time, the mother is safely delivered of a healthy baby, there is celebration both in the family and local community. This celebration will take different forms in different parts of the world, and in our own culturally diverse Nigeria, different peoples will find their own way to express their joy at the arrival of a new baby and their relief at the mother's safe passage through a period of danger. Some of the reasons for this celebration, are based on our people's innate understanding of the hazards of childbearing, hazards that in our rapidly advancing society we may be inclined or tempted to forget. In 1976 and 1977, 12,041 women were reported to have had their babies at the Ahmadu Bello University (ABU) Hospital and were admitted there shortly after childbirth. Hausa women formed the largest single ethnic group (44%). Childbearing is said to be influenced by many cultural practices during the period under study, 125 women died during childbirth with the highest rate being among young girls, less than 16 years old (34 per 1000). Antenatal care, with emphasis on treatment and prevention of anaemia, supervision of short women during pregnancy and at delivery were suggested as ways of reducing maternal mortality. Cultural practices, peculiar to the Hausa/Fulanis were also considered: negative attitude to operative delivery, leading to preventable deaths, kunya i.e the modesty expected of girls having their first babies, hot baths applied to women, gishiri cuts to create a bigger outlet for the descending baby, early marriage and its consequences, women's poor social status are some of the other contributory factors described.

**ABSTRACT NO.**

79 HARRISON, K.A.,

1985

SOCIOCULTURAL

NORTH

**AUTHOR**

Harrison, K.A., Rossiter, C.E., Chong, H. et al; Antenatal care, formal education and Child bearing, British Journal of Obstetrics and Gynaecology, Suppl 5, 14-22, 1985.

**SUMMARY**

Both formal education and antenatal care had tremendous impact on the results of child bearing. In women who had never had any formal education, nor received antenatal care, that is 33% of the survey population, maternal mortality was 29 per 1000 deliveries, perinatal mortality was 258 per 1000 total births, and 26% of the babies weighed less than or equal to 2.5 Kg. With education and antenatal care combined as was the case in 10% of the survey population, the maternal death rate was 2.5 per 1000 deliveries, perinatal mortality rate was 30/1000 total births and only 8% of the babies were of low birth weigh. Among women in their 30s and beyond, the average number of previous births per woman in the illiterate group was double that in those who had received post secondary education and child mortality rate at 25% was 3 times as high. Formal education by changing social attitudes, hold the key to improvement in maternal and perinatal health.

**ABSTRACT NO.**

80 HARRISON, K.A.,

1985 MEDICAL

NORTH

**AUTHOR**

Harrison, K.A., Rossiter, C.E., Chong, H. et al.; The influence of maternal age and parity on child bearing with special reference to primigravidae aged 15 years and under, British Journal of Obstetrics and Gynaecology, Suppl 5, 23-31, 1985.

**SUMMARY**

In singleton births, maternal and foetal survival were poorest among primigravidae aged less than or equal to 15 years and also in the highly parous women aged greater than or equal to 30 years. The young teenage girls constituted 6% of the survey population, and 30% of the 174 maternal deaths, while the highly parous older women made up 10% of the survey population and 20% of the maternal deaths. The perinatal death rate per 1000 singleton deliveries were 180 for the young teenage girls, 150 for the highly parous groups and under 100 for the others. The major obstetric problems were: dystocia due chiefly to contracted pelvis, anaemia, eclampsia, haemorrhage, and infections. Emphasis is laid on the fact that the problems of these high risk groups have their roots in the prevailing social attitudes which universal formal education stands the best chance of changing.

**ABSTRACT NO.**

81 HARRISON, K.A.,

1985 NUTRITION

NORTH

**AUTHOR**

Harrison, K.A., Fleming, A.F., Briggs, N.D., Rossiter, C.E.; Growth during pregnancy in Nigerian Teenage primigravidae, British Journal of Obstetrics and Gynaecology, Suppl 5, 32-39, 1985.

**SUMMARY**

69 primigravidae, 59 of them aged between 13-16 years were placed on various combinations of anti-Malarial drugs, Folic Acid and Iron throughout the second half of pregnancy and the puerperium. Between their first attendance and the antenatal clinic and 1-60 days after delivery, more than half of these pregnant teenage girls increased in height by 2-16 cms. Haematinic supplementation and growth of both the foetus and the mother were found to be linked. When compared with girls who did not receive nutritional supplements, a significantly greater proportion of girls who were supplemented grew by greater than or equal to 2 cms during pregnancy and showed a significant correlation between increase in height and mean weekly weight gain. This growth during pregnancy was highly related to the Haematocrit level at the 28th week of pregnancy, after an average of 10 weeks treatment. Foetal birtweight was correlated with serum Folate activity at the 36th week of pregnancy. Because young teenage girls continue to grow during pregnancy, when determining the relation between their heights and their reproductive performance, calculations must be based on heights taken towards the end rather than at the beginning of pregnancy.

**ABSTRACT NO.**

82 HARRISON, K.A.,

1985 NUTRITION

NORTH

**AUTHOR**

Harrison, K.A., Rossiter, C.E., Chong, H.; Relation between maternal height, foetal birthweight and cephalo-pelvic disproportion suggest that young Nigerian primigravidae grow during pregnancy, British Journal of Obstetrics and Gynaecology, Suppl 5, 40-48, 1985.

**SUMMARY**

The outcome of pregnancy was compared in 1065 booked and 1216 unbooked (emergency admissions) Hausa Fulani primigravidae, half of them aged 10-16 years. The height of every woman was measured only once; this was either in early pregnancy in the booked primigravidae, (range 122-176 cm), or at delivery in the unbooked primigravidae (range 130-186 cm). Mean foetal birthweight differed very significantly, being 2.91 Kg and 2.76 Kg for the booked and unbooked primigravidae respectively. The prevalence of cephalo-pelvic disproportion and of delivery by Caesarian section or embryotomy were 9% and 11% respectively for the booked and 30% for the unbooked. There were two reasons why the booked primigravidae were less likely to develop cephalo-pelvic disproportion despite producing bigger babies; one was selection bias in the unbooked, and the other (and more important) was growth of a teenage primigravidae during pregnancy.

**ABSTRACT NO.**

83 HARRISON, K.A.,

1985 VVF

NORTH

**AUTHOR**

Harrison, K. A.; Mode of delivery with notes on rupture of the gravid uterus and vesico-vaginal fistula, British Journal of Obstetrics and Gynaecology, Suppl 5, 61-71, 1985.

**SUMMARY**

Among singleton births in hospitals, the operative delivery rates were 10% in the 14,225 booked women and 31% in the 5,803 unbooked women. The various operative delivery rates were Vaginal breech 1.6%, Forceps 1.7%, Caesarian section 6.4%, Embryotomy 0.1%, and other deliveries 0.1% in the booked group compared with Vaginal breech 2.6%, Forceps 4.6%, Caesarian section 18.2%, Embryotomy 3.7%, and other deliveries 2.3% in the unbooked group. Neglected obstructed labour was the dominant problem and resulted in uterine rupture in 203 patients and VVF in 79. In this respect, the Hausa Fulani, the unbooked, the illiterate, those of Islamic faith, and those resident outside Zaria were the most vulnerable. The mean foetal birthweight in women who developed VVF after obstructed labour was 2.77 Kg for the few surviving babies, and 3.14 Kg for the perinatal deaths. Foetal loss associated with vaginal breech delivery was 26% compared with 8% for breech presentations born by Caesarian section.

**ABSTRACT NO.**

84 HARRISON, K.A.,

1985 VVF

NORTH

**AUTHOR**

Harrison, K.A.; Pregnancy following previous Caesarian section, previous vesico-vaginal fistula and previous surgical treatment of ectopic pregnancy, British Journal of Obstetrics and Gynaecology, Suppl 5, 72-80, 1985.

**SUMMARY**

Some women in this survey population had a history of one or more surgical procedures including treatment for ectopic pregnancy (41), repair of VVF (97), Caesarian section (866), Ectopic pregnancy and Caesarian section (2), and Repair of VVF and Caesarian section (47), leaving 21,672 who had not had any of these operations before. Pregnancy outcomes in these groups of women were compared. The main problems were lack of antenatal care in all groups, disproportion and prolonged labour in the previous Caesarian section group, Urinary Tract Infections, and excess of low birth weight babies and perinatal mortality rate exceeding 140/1000 total births in the previous VVF fistula group. Rupture of the scarred uterus, always a danger, occurred in 10% of those who had had a previous section, 45% required a further Caesarian section and the overall operative delivery rate in this group was 55%.

**AUTHOR**

Harrison, K.A., Rossiter, C.E.; Maternal Mortality, British Journal of Obstetrics and Gynaecology, Suppl 5, 100-115, 1985.

**SUMMARY**

There were 238 maternal deaths amongst 22,774 births. 5 deaths occurred after delivery among booked women who had no antenatal complications (0.4%/1000 deliveries); 14 deaths were among booked women who developed complications during pregnancy (3.7/1000); and 219 deaths were in the emergency admissions (28.6/1000). Bacterial infections, eclampsia, anaemia, haemorrhage, and disproportion together with its consequences, were the leading causes. The principal high risk factors were lack of antenatal care, early teenage pregnancy, high parity and high child mortality rate from previous births. In the emergency admissions, the operative delivery rate was 25% in the women who survived, and 49% in those who died. In severe eclampsia and in neglected obstructed labour, a high haematocrit (greater than or equal to 0.45) and, to a lesser extent, a low haematocrit (less than or equal to 0.14) were of ominous significance, mortality rate being 25-60% in such cases compared with less than 10% in most other obstetric complications. Measures to reduce maternal mortality should aim to lower the proportion of high risk women (40%) and also make it possible for operative deliveries, especially Caesarian section, to be performed as soon as the need arises.

**ABSTRACT NO.**

86 HARTFIELD, V.J.,

1980 CAUSES

WEST

**AUTHOR**

Hartfield, V.J.; Maternal Mortality in Nigeria compared with earlier International Experience, Int. J. of Gynae & Obs, 18, 70-75, 1980.

**SUMMARY**

Of 175 women dying at a non-teaching hospital, 133 succumbed for obstetric reasons after the 20th week of pregnancy, a mortality of about 9.18 per 1000 live births most commonly caused by obstructed labour, post partum haemorrhage and eclampsia. There was a marked difference in the death rate between women who attended the antenatal clinic at least 3 times and those who did not. 2.85 and 27.06 per 1000 respectively, although 75% of the antenatal patients were delivered at home without medical or nursing attendance. The difference is attributed to greater use of hospital facilities by scheduled patients when trouble arose. Positive personal relationships between staff and patients in the antenatal and paediatric clinics, combined with good teaching are essential for prevention of maternal death. Clinical research, accurate collection of data and staff experienced in local patterns of disease were major factors in lowering mortality. A review of deaths in other parts of the world is presented. Causes and incidents in developing countries are found to be similar, parallelling rates in the United States and the United Kingdom 50 and 100 years ago. The priority for world obstetric research should be general communication for scientific insights for preventing maternal deaths.

**ABSTRACT NO.**

87 HARTFIELD, V.J.,

1980 GENERAL

WEST

**AUTHOR**

Hartfield, V.J., Woodland, M.;  
"Prevention of Maternal Death in a  
Nigerian Village", International Journal  
of Gynaecology and Obstetrics, 18, pps  
150-152, 1980.

**SUMMARY**

In a Nigerian village, the expected maternal mortality would be between 6 and 12 per 1000 live births, the most common causes of maternal death being obstructed labour, haemorrhage and eclampsia. Yet over an 8 1/2 year period, when 2324 births occurred in Imesi-Ile, the rate was 1.72 per 1000 of which 0.43 were due to obstetric complications. The 4 deaths were associated respectively with typhoid fever, tuberculosis and infectious hepatitis and post partum haemorrhage with dysentery. Using the experience gained in the village, recommendations are made for reducing maternal mortality in rural areas. An accurate birth and death register was started, and majority of the women began to deliver in a small room set aside for that purpose in the village dispensary.

**ABSTRACT NO.**

88 HUSSAIN, M.A.,

1983 NUTRITION

WEST

**AUTHOR**

Hussain, M.A.; and Omololu, A.; Maternal  
Nutritional Status and BirthWeight of  
Infants in a Nigerian Village between  
1966 and 1975, Nutrition Reports  
International, 27, 5, pp 1005-11, May  
1983.

**SUMMARY**

Relationships between maternal nutritional status before and during pregnancy and birthweight of infants were studied by examining the records of 615 pregnant women over the period 1966-75 at Osagere, a typical village in Western Nigeria. Maternal height and weight at 20 weeks and weight gain after 20 weeks of pregnancy were taken as indications of maternal nutrition before and during pregnancy. The results showed that both weight gain during pregnancy and birthweight of infants were low and remained almost static during the decade under study. Birthweight was found to be correlated very strongly with maternal height, weight at 20 weeks, and weight gain after 20 weeks of pregnancy. Correlation between birthweight and maternal weight at 20 weeks and weight gain after 20 weeks remained significant even after elimination of the effects of maternal height and parity.

**ABSTRACT NO.**

89 IBEZIAKO, P.A.,

1973 VVF

NORTH

**AUTHOR**

Ibeziako, P.A.; Age and Infertility with Particular reference to V.V.F, In: Adadevoh, B.K. (ed.) Sub-Fertility and Infertility in Africa: Report of an International Workshop, Caxton Press, Ibadan, 1973, pp 92-3. (1973)

**SUMMARY**

Marriages are contracted at very early ages and pregnancy can occur between the ages of 14 and 16 in some areas of Nigeria. At this period girls have not grown to full stature and obstructed labour due to cephalopelvic disproportion occurs more frequently in such cases. Interference by traditional birth attendants is common and severe pelvic sepsis occurs. Tissue devitalization as a result of prolonged pressure on the bladder and rectum leads to sloughing of the necrosed tissue after delivery. Vesico-vaginal fistula with or without recto-vaginal fistula results. The condition is accompanied by unpleasant odor which leads to rejection by the husband and the women cannot demonstrate their reproductive potential.

Low fertility is further aggravated by pelvic infection resulting in tubal disease, and amenorrhoea. This relationship between age, fistula and infertility is significant only where obstetric services are inadequate. Good medical attention can prevent young pregnant women from developing vesico-vagina fistula.

**ABSTRACT NO.**

90 IBEZIAKO, P.A.,

1986

SEPSIS/FERTILITY

WEST

**AUTHOR**

Ibeziako, Pat A.; The effect of post Caesarean section sepsis on subsequent fertility, W. Afr. J. of Medicine, 5, 1, pp 35-9, 1986.

**SUMMARY**

Four hundred and forty nine consecutive patients who had Caesarean section at the University College Hospital, Ibadan, Nigeria during a prospective sepsis survey in 1968 were followed up for 10 years. The objective of the follow up was to find out if previous post-operative sepsis had any effect on subsequent fertility. Twenty percent of the patients were lost to follow up. Analysis of the data of the 80 percent of the patients showed that there was an association between post caesarean section sepsis and subsequent fertility. Thus, the secondary infertility rate among those with previous sepsis was found to be significantly higher than those in whom there was no post operative sepsis. It is suggested that in a developing country like Nigeria, where caesarean section is being increasingly used in the management of obstetric problems, every effort should be made to minimize the factors that predispose to sepsis.

**ABSTRACT NO.**

91 IBEZIAKO, P.A.,

1975

ABDOMINAL PREGNANCY

EAST

**AUTHOR**

Ibeziako, P.A., and Ajobor, L.N.; Spontaneous Massive Retroperitoneal Abdominal Haematoma an Unusual Complication of Pregnancy and Labour, Nigerian Medical Journal, 5, 2, pp 172-174, April 1975.

**SUMMARY**

A case of massive spontaneous retroperitoneal abdominal haematoma occurring within 24 hours after normal delivery is described. Reference to the literature shows it is a rare and often fatal condition. Treatment was by laparotomy, drainage and blood transfusion. The patient survived.

**ABSTRACT NO.**

92 IKECHEBELU, J.I.;

1990

SOCIOCULTURAL

EAST

**AUTHOR**

Ikechebelu, J.I.; The age of menarche in Nigeria Schools: Its Relationship to Socioeconomic status with comments on the Secular trend, Orient Journal of Medicine, 2, 4, pp 184, 1990.

**SUMMARY**

The age of menarche and influencing variables were investigated in a sample of 366 girls aged 11-18 years from three secondary schools in Anambra State of Nigeria in 1987.

Analysis yielded a mean of 13.03 + .02 years. Significant differences were observed in the menarcheal ages with respect to parental socioeconomic groups. The high income groups had a lower mean age, 12.53 years, than the middle and lower income groups, with a mean age of 13.12 and 13.24 years respectively. Comparison with earlier studies revealed a positive secular trend with a faster rate decline of 5 months per decade over the 4 months per decade documented previously. The results of the present study support the hypothesis that improvement in the standard of living, technological advancement and elimination of infectious diseases tend to reduce the average menarcheal age.

**ABSTRACT NO.**

93 IKPEZE, O.C.,

1992

MULTIPLE BIRTHS

EAST

**AUTHOR**

Ikpeze, O.C.; Current Obstetric and Perinatal Indices of the Nigerian Igbo Population, Orient Journal of Medicine, 4, 1, pp 1-3, March 1992.

**SUMMARY**

A ten-year review of 27,542 deliveries at a major regional maternity hospital has been used to determine current obstetric and perinatal indices of the Igbo population as follows: mean birth weight 3.39kg; twinning rate 27/1000 births, triplet rate 0.3/1000 births; fetal death rate 25.7/1000 births. Information is given on male/female ratio and obstetric intervention rates. New perspective about data collection are discussed.

**ABSTRACT NO.**

94 ILOABACHIE, G.C.,

NUTRITION

EAST

**AUTHOR**

Ilobachie, G.C. and Meniru, G.I.; The increasing Incidence of Anaemia in Pregnancy in Nigeria.

**SUMMARY**

The effectiveness of antenatal care in preventing anaemia in booked pregnant women was investigated at the University of Nigeria Teaching Hospital (UNTH). The incidence of anaemia at booking was 30.6 percent (using 10 grams percent as cut off) and 67.4 percent using the WHO minimum acceptable standard of 11 grams percent. After 10 weeks of antenatal care the incidence of anaemia was 28.5 percent using 10 grams as cut off and 63.2 percent using WHO minimum acceptable standard of 11 grams percent. The poor response was probably due to reduced protein intake and failure to take the prescribed drugs.

**ABSTRACT NO.**

95 ILOABACHIE, G.C.,

1985

QUALITY OF CARE

EAST

**AUTHOR**

Ilobachie, G.C and Uche, G.O.; Obstetric Performance in unbooked patients at the University Teaching Hospital, Enugu, Trop. J. of Obs and Gynae, 5, 2, pp 41-43, 1985.

**SUMMARY**

Analysis of the obstetric performance of 836 patients who had a previous Caesarean section during the post civil war period (1976-1978) was carried out. Over 75 percent of the patients had repeat caesarean section for cephalopelvic disproportion. 13.1 percent of the patients were allowed to attempt vaginal delivery while 5.1 percent achieved same. Considering the socioeconomic conditions in Nigeria, the policy of allowing vaginal delivery after a previous caesarean section, provided cephalopelvic disproportion can be excluded is re-emphasized.

**ABSTRACT NO.**

96 ITYAVYAR, D.A.,

1984 SOCIOCULTURAL

NORTH

**AUTHOR**

Ityavyar, D.A.; A Traditional Midwife Practice, Sokoto State, Nigeria, Social Science and Medicine, 18, pp 497-501, 1984.

**SUMMARY**

The role of untrained traditional midwives in the provision of health care to Hausa women in Bodinga areas of Sokoto State, Nigeria was investigated by interviewing 84 of them. The traditional midwives treat infertility as well as provide antenatal, delivery and immediate postpartum care.

During the antenatal period, women are advised to avoid sugar and honey as they cause prolonged painful labour. The pregnant woman is advised to walk around, do some exercises and tasks such as drawing water from the wells, and to take herbal medicines.

The "gishiri" cut performed by the traditional midwife, involves the cutting of labia minora in some cases of obstructed labour. It can lead to vesico-vaginal fistula and the cut can be very deep, leading to damage of other tissues and of the bladder. Postpartum warm herbal baths are given to the woman to help wounds heal. Delivery takes place in the squatting or kneeling position. If the baby fails to cry at birth, cold water is poured on it for stimulation. The umbilical cord is cut after the placenta is delivered. In some cases of retained placenta, the woman is made to blow on a gourd, to vomit by pushing a wooden spatula into her mouth, or to sneeze by placing pepper on the fire.

Before breast-feeding starts, the traditional midwife tests the milk by observing its reaction on hot metal: coagulation is taken to indicate that the milk is unsuitable and other methods of feeding are then recommended. The new born is closely watched because evil spirits may harm him if he is left alone.

**AUTHOR**

Iweze, F.A.; Taboos of Childbearing and Child-Rearing in Bendel State of Nigeria, Journal of Nurse-Midwifery, 28, pp 31-33, 1983.

**SUMMARY**

Pregnancy, postpartum, lactation and childrearing taboos in Bendel State, Nigeria are described. In the Delta area, it is thought that during pregnancy, a woman's food cravings must be satisfied or the child will be born marasmic.

The lunar calender is used to diagnose pregnancy. As soon as pregnancy is thought to be likely, the traditional birth attendant is called. She performs abdominal massage regularly from the third month of pregnancy so as to relax the pregnant woman's muscles, to facilitate delivery and to correct malpresentations.

The placenta is considered as part of the baby even after delivery. It is buried and a plant such as plantain or coconut tree is planted over the site. After childbirth, the woman is given a soup made from dried fish and pepper to expel clots by making the uterus contract. The infant is rubbed with oil, given baths and massages, and her head is moulded. She is fed with boiled water until milk supply has been established. The infant is then breastfed on demand. In the immediate postpartum period, the woman's abdomen is tightly bound with cloth so that the muscles regain good tone. Early marriage is encouraged in rural communities. Appropriate pregnancy interval is considered to be two to four years.

**ABSTRACT NO.**

98 JOHNSON, B.C.A.,

1982

SOCIOCULTURAL

NATION/

**AUTHOR**

Johnson, B.C.A.; Traditional Practices Affecting the Health of Women in Nigeria, In: Traditional Practices Affecting the Health of Women and Children, WHO Regional Office for the Eastern Mediterranean, Alexandria, Technical Publication, 2, 2, pp 7-20, 1982.

**SUMMARY**

In this paper, the author first attempts to define "Traditional" then identifies and examines traditional practices and determined how they affect women at important stages of their lives. From the puberty stage, certain practices are performed in preparation for marriage and this may include overfeeding so as to become fat. Menses effluvium are used by traditional herbalists for diagnoses of infertility and treatment of skin disease. Infertility is associated with previous promiscuity, witchcraft or offenses to deity or ancestors.

The widow may be confined for five months so as to ensure that she does not assign to her husband posthumously, an illegitimate child. The naming ceremony is a ritual which takes place between the sixth and ninth day of life. Female circumcision may be done from the eighth day or at puberty. One of the reasons for the practices of female circumcision is the belief that bad effects will result if the caput of the newborn touches the clitoris during delivery.

**ABSTRACT NO.**

99 JUNAID, T.A.,

1982

IMMUNOLOGY

WEST

**AUTHOR**

Junaid, T.A.; Immunological Reactivity in Pregnant Nigerians, Trop. J. of Obs & Gynae, 3, 1&2, pp 25-29, 1982.

**SUMMARY**

Lymphocyte response to PHA; cutaneous reactions to recall antigens and serum levels of three major immunoglobulins were studied in 46 pregnant Nigerians, 20 non pregnant healthy women and 28 healthy male blood donors. Pregnancy plasma suppressed lymphocyte response to PHA ( $P < 0.02$ ). The findings are discussed in relation to the aetiopathogenesis of gestational trophoblastic neoplasia.

**ABSTRACT NO.**

100 KULKARNI, R.,

1983

OBSTRUCTED LABOR/VVF

NORTH

**AUTHOR**

Kulkarni, R., Kyari, O.A., and Basumallik, M.K., An Analytical Study of Obstructed Labor, Nigerian Medical Practitioner, 5, 1, pp 11-18, Jan 1983.

**SUMMARY**

Forty-eight cases of obstructed labor are analyzed with regard to the incidence, causes of obstruction, management and maternal and foetal outcome. The incidence of obstructed labor was 2.5%. Cephalopelvic disproportion was the commonest cause of obstruction (79.1%) both in the primi and multigravidae with equal frequency. The other causes of obstruction were malpresentations (12.49%) followed by shoulder dystocia, placental praevia and the scar tissue of the vagina with equal incidence (2.08%). Maternal and foetal outcome were best when these patients were seen in the early stage of obstruction and the pregnancy was terminated by Caesarian section. The percentage of the primigravidae below the age of 15 was 31.8%. The preventive aspects of the condition of obstructed labor and its complications are discussed.

**ABSTRACT NO.**

101 LADIPO O.A.,

1980

MEDICAL

WEST

**AUTHOR**

Ladipo, O.A., Lukambi, F.A., and Otolorin, E.O.; Plasma Cortisol Levels in Non-Pregnant and Pregnant Nigerian Women, Nigerian Medical Journal, 10, 1&2, pp 37-43, Jan/Feb. 1980.

**SUMMARY**

Serum samples collected from 40 non-pregnant healthy Nigerian females showed a normal nyctohemeral rhythm. In pregnancy, an observed elevation of maternal cortisol was noted reaching twice the non-pregnant value at the third trimester. Moderate to severe anaemia associated with abnormal haemoglobin genotype and antepartum haemorrhage had no effect on maternal cortisol in pregnancy. At parturition a significant upsurge of maternal cortisol occurred especially in patients who had prolonged labor. The umbilical cortisol values were also higher in babies delivered by emergency caesarean section for prolonged labor, while the cortisol values were higher in spontaneous labor compared with induced labor. The differences in foetal cortisol levels at parturition with reference to mode of delivery are discussed.

**ABSTRACT NO.**

102 LADIPO, O.A.,

1976 QUALITY OF CARE

WEST :

**AUTHOR**

Ladipo, O.A.; Outpatient Diagnostic  
Curretage, Journal of the National  
Medical Association, 68, 5, pp 389-391,  
1976.

**SUMMARY**

The commonest gynaecological procedure is uterine curretage and in the developing countries, lack of available beds in hospitals as well as limited operating time and facilities results in considerable number of patients waiting for this simple procedure. It is therefore desirable to evolve a technique that can be performed in the clinics without undue delay, physical or psychological trauma to the patient. The menstrual regulation kit which was originally designed for early pregnancy termination without anaesthesia was used in the study for diagnostic and therapeutic purposes. Of interest was the simplicity of the procedure, side effects, duration as well as histological evaluation of the endometrial specimen.

**ABSTRACT NO.**

103 LADIPO, O.A.,

1978 FAMILY PLANNING

WEST

**AUTHOR**

Ladipo, O.A., Ojo, O.A., James, S.,  
Steward, K. R., Menstrual Regulation in  
Ibadan, Nigeria, International Journal  
of Gynaecology and Obstetrics, 15, pp  
428-432, 1978.

**SUMMARY**

Menstrual regulation (MR) (i.e. vacuum aspiration of the uterus with a small diameter, flexible cannula before pregnancy can be determined by a conventional pregnancy test) has been proven safe and effective in many clinics around the world. The present study, which we believe is the first such study of MR in sub-saharan Africa, shows that, for women in an urban African setting, MR is an acceptable backup for other contraceptive methods. Data on 507 MR patients treated at the University College Hospital in Ibadan, Nigeria between January 1974 and April 1976, showed that the procedure was both safe and effective for 93.4% of the study subjects; there was an overall complication rate of 3.4% and MR failed in 7 cases (3.2%). Data also showed that MR is an effective method of recruiting new contraceptive acceptors as well as an effective backup procedure in case of contraceptive failure.

**ABSTRACT NO.**

104 MABOGUNDE, A.I.,

1981

SOCIOCULTURAL

NATIONA

**AUTHOR**

Mabogunde, A.I.; The Policy Implication of Changes in Child-Spacing Practices in Tropical Africa, In: Page, H.J, and Lesthaeghe, R., Child Spacing in Tropical Africa: Traditional and Change, Chapter 15, pp 303-316, London Academy Press, 1981.

**SUMMARY**

This chapter summarises the main features of practices relating to traditional child-spacing in various societies of Africa. Factors responsible for the differing changes in these practices are discussed. Next, the context of these factors are looked at from the point of view of scope for intervention. Lastly, constraints in the implementation of intervention strategies are discussed.

**ABSTRACT NO.**

105 MAKANJUOLA, D.,

1984

QUALITY OF CARE

WEST

**AUTHOR**

Makanjuola, D., and Ayangade, O., A Study Correlating Ante-Natal Pelvimetry with the Outcome of Labour in Nigerian Women, W. Afr. J. of Med., 3, 3, pp 143-8, 1984.

**SUMMARY**

A study correlating antenatal pelvimetric measurements and the outcome of labour in 56 consecutive patients shows that in those who have pelvic contractions, inlet contraction is the rule, while mid cavity and outlet contractions are rare.

The critical point in Nigeria is a sagittal inlet diameter of 10 cm. At and below 10cm, there was a very low percentage (8%) of normal vaginal deliveries while above 10cm, an encouragingly high percentage (90%) of normal deliveries occurred. This critical point is well below that of Caucasians (11cm) although the mean birth weight of Nigerian babies is slightly smaller.

**ABSTRACT NO.**

106 MARINHO, A.O.,

1986

FP/FERTILITY

WEST

**AUTHOR**

Marinho, A.O.; Aetiological Factors in Infertility: A Review of 277 Nigerian Infertile Couples, W. Afr. J. of Med., 3, 1, pp 69-73, 1986.

**SUMMARY**

Two hundred and seventy-seven infertile couples were investigated for identifiable causes of infertility. The male factor was a problem in 44.6% of the couples. A tubal factor was found in 46.7%, while a cervical factor was found in 8.7% and an ovulation factor was found in 12.3%. Multiple factors occurred in 23.5% of the couples. The need for prevention and early treatment of genital infection and the importance of health education are stressed if the major causes of infertility in the community are to be overcome.

**ABSTRACT NO.**

107 MARINHO, A.O.,

1986

GENITAL INJURY

WEST

**AUTHOR**

Marinho, A.O.; Episiotomies and Tears in 9255 Nigerian Obstetric Patients, W. Afr. J. of Med., 4, 2, pp 117-20, 1986.

**SUMMARY**

The incidence of episiotomies and tears was investigated by parity in 9255 successive vaginally delivered patients. Episiotomies occurred with an incidence of 50.8% in primipara and 11.2% in the whole group.

Tears occurred in 7.4% of primipara and 5.8% of the whole group. All the episiotomies were mediolateral. There was no difference in primary healing rate between an episiotomy group (87%) and a tear group (89%). There were three third degree tears resulting from episiotomy in one and tears in two. There was one maternal mortality resulting from a tear into huge vulval varices. The findings were discussed.

**ABSTRACT NO.**

108 MEGAFU, U.,

1992 NUTRITION

EAST

**AUTHOR**

Megafu, U. and Ozumba, B.C.; The Effectiveness of Ferrous Fumarate Compound Capsules (Chemiron) in Preventing Iron Deficiency Anaemia in Pregnant Nigerian Women (A Controlled Clinical Trial), Orient Journal of Medicine, 4, 1, pp 19-23, March 1992.

**SUMMARY**

200 Pregnant Igbo women who presented with haemoglobin of less than 10g per 100ml were given Ferrous Fumarate compound (Chemiron) capsules on daily single dose regime. Patients had full blood count done before the treatment was started. Those who developed malaria or any other acute illness were excluded. Hb estimation was carried out every two weeks until delivery. Another group of pregnant anaemic patients numbering 140 were given Ferrous Sulphate together with Folic Acid 5mg and Multivite tablets thrice daily until delivery. Their Hb was also estimated every two weeks.

The trial period was 18 months and results showed that patients on Chemiron capsules complied better than patients on multiple-dose iron regime. The rise in Haemoglobin was also faster and more sustained in patients on daily chemiron than among patients in the control group. Foetal loss was also less in the Chemiron group.

**ABSTRACT NO.**

109 MEGAFU. U.,

1985 CARDIOVASCULAR

EAST

**AUTHOR**

Megafu, U.; the use of Atenolol in the treatment of pregnancy Hypertension (a controlled Trial), Trop. J. of Obs and Gynae, 5, 2, 1985.

**SUMMARY**

A controlled trial has been made of the use of the Beta - adrenoceptor blocking drug, in controlling hypertension in pregnancy on outpatient basis. It was observed that atenolol effectively controlled the blood pressure in 18 out of 22 patients studied (81.8%). The need for admission into hospital for bed rest on account of persistent pregnancy hypertension was greatly reduced as compared with the controlled patients. Furthermore, the drug was well tolerated in the majority of the patients and no patient discontinued the drug. Side effects reported include weakness in the mornings, but this was reported by only one patient. Congenital abnormalities were not observed in any of the babies as judged by the routine examination at birth. The birthweights of the babies delivered were within normal.

**ABSTRACT NO.**

110 MENIRU, G.I.,

1991 HAEMORRHAGE

EAST

**AUTHOR**

Meniru, Godwin I. and Ugonna Chudy, F.; A  
Review of Secondary Postpartum  
Haemorrhage at Enugu, Nigeria: 1984-  
1989, Orient Journal of Medicine, 3, pp  
163-67, 1991.

**SUMMARY**

Secondary postpartum haemorrhage at the University of Nigeria Teaching Hospital, Enugu during a 6-year period, was reviewed and an incidence of 0.36% found. 72.2% of patients presented within the first two weeks of delivery. Identifiable risk factors included doubts about the completeness of the placenta and membranes, primary postpartum haemorrhage and manual removal of the placenta in the antecedent pregnancy and uterine evacuation of incomplete abortion, manual removal of the placenta, primary or secondary postpartum haemorrhage in previous pregnancies. No maternal deaths occurred but there was significant morbidity. Resuscitation and uterine exploration produced good results with a complication rate of 9.4%. Suggestions for a further reduction in the incidence of the problem were made.

**ABSTRACT NO.**

111 NNATU, S.,

1985 VVF

WEST

**AUTHOR**

Nnatu, S. and Esho.J.; Abdominal Approach for Difficult Vesico- Vaginal Fistulae, Trop. J. of Obs and Gvnae, 5, 2, pp 127-31, 1985.

**SUMMARY**

Acquired vesico-vaginal fistula continues to be a major problem in our country and majority of them are of obstetric origin. Hitherto, surgical treatment in this centre on the whole has been by vaginal approach. Fourteen cases of such fistulae have been treated using the abdominal approach. Most of these cases were due to cephalopelvic disproportion and subsequent obstructed labour with pressure necrosis.

The mean age incidence was 29 years. Seventy-one percent of the cases were of parity 2-4. The average duration of the fistula prior to operation was two years. Fifty-seven percent of the cases were juxtacervical. A success rate of 71 percent was recorded. There was no maternal death. Although post-operative catheter blockage was no problem in these cases, there was a high incidence of post-operative urinary tract infection despite the use of prophylactic antibiotic. There should therefore be a reappraisal of the use of prophylactic antibiotics in pre-operative fistula cases. Abdominal surgical approach is advocated for difficult vesico-vaginal fistulae especially where accessibility to the fistula is poor and where post-operative nursing care for vaginal route cases is inadequate.

**ABSTRACT NO.**

112 NWOBODO. E.O.,

1991 FP/FERTILITY

EAST

**AUTHOR**

Nwobodo, E.O. and Ezeigbo, J.C.; Antifertility Profile of the Aqueous extract of roots of Harungana Madagascariensis (LAM), Orient Journal of Medicine, 3, 4, pp 200-203, 1991.

**SUMMARY**

An aqueous extract of a Harungana Madagascariensis roots was tested for its antifertility activities against the background of a folklore reputation and application to human patients. The extract arrested the oestrous cycling of albino rats (wistar) and successively reduced the wet weight of their uteri and ovaries. This anti oestrogenic activity was supported by the distortion of the structural integrity of the uterus of test animals - an effect that might have compromised the functions. The extract is proposed to contain antifertility principle(s). The effect of the extract appears to have multiple attributes.

**ABSTRACT NO.**

113 NWOKORO, C.A.,

1984 QUALITY OF CARE

WEST

**AUTHOR**

Nwokoro, C.A. and Akinkugbe, A.; The Value of Daily Fetal Movement Count in the Management of High Risk Pregnancies, W. Afr. Journal of Med., 3, 2, pp 77-83, 1984.

**SUMMARY**

In 72 high risk pregnancies, the fetuses were monitored in the third trimester with daily fetal movement count (DFMC). Sixty-four of the women whose fetal movements were normal delivered vigorous babies at term even where intrauterine growth retardation was pronounced.

Eight patients developed diminished fetal movements but only five who reported in time had live babies delivered either by caesarean section or induction of labour. One of the remaining three who was trusted to fill her chart at home had recourse to traditional medicine when fetal movements diminished. Intrauterine death was diagnosed when she finally reported to hospital after four days.

Two other patients who had severe hypertension and proteinuria and who had been on admission for several weeks got fed up with the observation. They stopped filling their charts despite the facts that they thought they were feeling less than 10 movements between 9am and 9pm. Intrauterine death occurred in both cases.

It is believed that the DFMC is an efficient and reliable method of detecting impending fetal death even when sophisticated methods of intrauterine monitoring are not available. The main drawback is the failure of some patients to report decreased fetal movements and loss of enthusiasm in marking the fetal movement chart. Ways of reducing or avoiding the high patient failure rate have been suggested.

**ABSTRACT NO.**

114 OBIAYA, M.O.,

1982 VVF

EAST

**AUTHOR**

Obiaya, M.O., Ajobor, L.N. and Dakaraju, P.; Blood gas changes under Anaesthesia in the Vesicovaginal fistula repair position, Trop. J. of Obs & Gynae, 3, 1&2, pp 19-23, 1982.

**SUMMARY**

The study was undertaken to measure blood gas changes in patients under anaesthesia in the modified knee elbow position for the repair of vasicovaginal fistulae. Eighteen patients were studied nine in the vesicovaginal fistulae repair position and nine in the spinal position. Blood gas results were within normal limits but showed better oxygenation and better Carbondioxide elimination for patients in the spinal position although the diffrences were not statisfically significant. It is concluded that the posture tends to impair respiratory function but is adequate. Where the respiratory reserve has been impaired the patients should be ventilated.

**ABSTRACT NO.**

115 OBIAYA, M.O.,

1984 ANAESTHESIA

BENDEL

**AUTHOR**

Obiaya, M.O.; The response of Nigerian Women in Labour to Inhalation Analgesia, Trop. J. of Obs and Gynae, 2, 2, pp 29-32, 1984.

**SUMMARY**

Most women in the developing countries deliver babies with minimal care in terms of analgesia and comfort. This study was undertaken to determine the response of Nigerian women to Inhalation analgesia and to see if this response was related to socioeconomic class. As a number of the women were illiterate it was also decided to study the effect of inhalation analgesia in the hands of illiterate women on the neonates. 720 women in labour received inhalation analgesia (methoxyflurane and Trichloroethylene). The response of the women was recorded and the socioeconomic class was determined, taking into consideration the level of literacy and the combined income of the husband and wife. The apgar score of the baby at birth was also recorded. It was found that over 87 percent of the women accepted inhalation analgesia irrespective of social class. Although the small number of upper class women appeared to have responded more to inhalation analgesia, the difference was not statistically significant. The neonates did not show any increased respiratory depression. Only a small number had apgar scores below 8 and this did not require any special treatment.

**ABSTRACT NO.**

116 ODJEGBA, A.O.,

1977

DIABETES

BENDEL

**AUTHOR**

Odjegba, A.O. et al; Glucosuria in Normal Pregnancy (A Quantitative Survey), Nigerian Medical Journal, 7, 2, pp 170-171, April 1977.

**SUMMARY**

The clinical significance of glucosuria in pregnancy is controversial. It has been suggested that the presence of glucosuria during pregnancy, even with normoglycaemia, should be considered with great care for its effect on the foetus and as an indicator of future development of Diabetes Mellitus. However it has been argued that the routine testing for urinary glucose is of little clinical value as related to infant size and foetal mortality. In a study of 1209 pregnancies, it was observed that glucosuria in pregnancy had no relationship to either foetal size or foetal sewage. In this environment the incidence and clinical significance of glucosuria in pregnancy have not been widely studied although the routine testing of the urine for glucose and other reducing substances is standard recommended obstetric practice. The incidence of glucosuria in pregnancy has been investigated by a quantitative study of glucose excretion rates at various periods of gestation.

**ABSTRACT NO.**

117 ODUNAIYA, O.A.,

1976

GENERAL

WEST

**AUTHOR**

Odunaiya, O.A.; A Serological Study of the ABO and Rhesus Blood Groups of 11,120 Pregnant Women in Lagos, Nigerian Medical Journal, 6, 3, pp 279-280, July 1976.

**SUMMARY**

A serological retrospective study of the ABO and Rhesus blood groups of 11,120 pregnant women receiving antenatal care at the Lagos University Teaching Hospital was carried out. The Rhesus genotyping of 2000 randomly chosen antenatal Rhesus negative mothers was also done. The overall incidence of Rhesus negative individuals was 5.2%. 21 cases of Rhesus negative antenatal patients out of 553 developed Rhesus antibody, giving Rhesus foetal risk-rate of immunisation of 3.8%. In Lagos, Rhesus iso-immunisation was also greater in Nigerian multiparous females who have had Rhesus positive infants or who have been transfused with Rhesus positive blood - a finding which agrees with some previous reports.

**ABSTRACT NO.**

118 OGEDENGBE, O.K.,

1987

FP/FERTILITY

WEST

**AUTHOR**

Ogedengbe, O.K., Giwa-Osagie, O.F., Ola, R., Contraceptive Choice in an Urban clinic in Nigeria, Journal of Biosocial Science, 19, pp 89-85, 1987.

**SUMMARY**

Contraceptive choice in the first 1075 acceptors at an urban clinic in Lagos has been studied. An IUD was the most popular choice followed by the injectable contraceptive and the pill. Interval tubal ligation was chosen by some patients. Acceptors of injectables were older women of high parity and lower educational standard while pill acceptors were of lower parity and higher educational level. The IUD was acceptable to all ages and parities except those with only one child or none.

Loss to follow-up and the wish to plan another pregnancy were the commonest reasons for discontinuing the contraception. Medical reasons for discontinuing the IUD were pain, menstrual disorder, accidental pregnancy and expulsion/perforation, and for discontinuing injectables the reasons were menstrual disorder, accidental pregnancy and raised blood pressure.

**ABSTRACT NO.**

119 OGEDENGBE, O.K.,

1991

FAMILY PLANNING

WEST

**AUTHOR**

Ogedengbe, O.K., Giwa-Osagie, O.F., Wnadiani, K., Usifoh, C., Failed Contraception in Nigerian Women: Outcome of Pregnancy and Subsequent Contraceptive Choice, Contraception, 44, 1, pp 83-88, 1991.

**SUMMARY**

The outcome of pregnancy in 56 patients who had contraceptive failure out of the 5,431 new acceptors at the Family Planning Clinic of the Department of Obstetrics and Gynaecology, College of Medicine, University of Lagos, between January 1 1981 and 31 December 1989 were analysed. There were 40 IUD, 6 OC, and 4 Injectable failures. Three patients had had voluntary surgical contraception (VSC) and 3 used barrier methods. The mean and SD for age and parity were 32.2 plus minus 4.4 years and 4.4 plus minus 1.9 respectively. There were 17 (30.1%) live births, 34 (56.6%) terminations of pregnancy and 3 (5.2%) spontaneous abortions. Two (3.0%) patients were lost to follow-up. There was neither any statistically significant difference in the outcome of pregnancy between patients with 5 or more children and less than 5 children ( $P > 0.05$ ) nor between patients less than 31 years of age and those that are older.

**ABSTRACT NO.**

120 OGUNBODE, T.,

1976 GENERAL

WEST

**AUTHOR**

Ogunbode, T., Ayeni, O., Adadevoh, B.K.;  
Amniotic Fluid Bilirubin and Creatinine  
Concentrations in Nigerian Pregnant  
Women, Nigerian Medical Journal, 6, 2,  
pp 163-167, April 1976.

**SUMMARY**

Amniotic fluid bilirubin and creatinine levels were determined in 143 pregnant patients of known maturity. The bilirubin values did not bear any significant relationship with the gestational age. The creatinine levels however, showed a rise as pregnancy progressed. Amniotic fluid mean creatinine values were below 1mg/100ml before 30 weeks and around 2mg/100ml close to term. 80% of all creatinine values at 37 weeks gestation and over were 1.6mg/100ml or more. The mean level of creatinine in amniotic fluid correlated with gestational age. This test can therefore be applied antenatally along with other clinical data to distinguish between premature and mature infants.

**ABSTRACT NO.**

121 OGUNNIYI. S.O.,

1991 ABORTION

WEST

**AUTHOR**

Ogunniyi, S.O., Makinde O.O. and Dare,  
O.F.; Abortion-related deaths in Ile  
Ife, Nigeria: A 12-year review, Afr. J.  
Med. & Med. Sci., 19, 271-74, 1991.

**SUMMARY**

Cases of death due to abortion at the Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria, between January 1977 and September 1988 were reviewed. Abortion accounted for 12.5% of the maternal deaths and the majority (88.9%) were from illegal abortions. The majority (92.6%) of the patients were of low educational status. Both married women and single girls were involved in 74.1% of cases of such intervention. Seventeen (63%) of the pregnancies were terminated within the first trimester. Most (96.3%) of the patients were admitted in poor clinical state and 51.8% of them died within 48hrs of admission. Sepsis was the commonest cause of death.

**ABSTRACT NO.**

122 OJENGBEDE, O.A.,

1987

ABDOMINAL PREGNANCY

WEST

**AUTHOR**

Ojengbede, O.A. and Okubanjo, A.O.;  
Hysterosalpingography in the Diagnosis of  
Abdominal Pregnancy, W. Afr. Journal of  
Med., 6, 1, pp 51-3, 1987.

**SUMMARY**

A case of a lithopaedion retained for twenty months is reported. Confirmation of the diagnosis was only made by hysterosalpingography which is definitive. The possibility of hysterosalpingography causing an abortion in an intrauterine pregnancy and the hazard to a live foetus have been highlighted.

**ABSTRACT NO.**

124 OJO, O.A.,

1981

QUALITY OF CARE

WEST

**AUTHOR**

Ojo, O.A., Ladipo, O.A., and Adelowo,  
M.A.; Maternity Care Monitoring in  
Ibadan, Nigeria, African Journal of  
Medicine and Medical Sciences, 10, 1-2,  
pp 49-56, March/June 1981.

**SUMMARY**

993 women who delivered 1008 infants at University College Hospital, Ibadan, between January and June 1977 were studied. The stillbirth rate was 45.4/1000 deliveries, the neonatal mortality rate was 20.2/1000 deliveries. Significant differences occurred in patient characteristics, antenatal care, and complications of labour /delivery between those patients with favourable and unfavourable birth outcomes. As expected from all previous reports, the rate of multiple births was quite high; 37 sets of twins and 3 sets of triplets. Contraceptive acceptance rose after delivery from 17.1% to 63.5% accepting some method. Oral contraceptives were the most popular choice for both antepartum and post partum women.

**ABSTRACT NO.**

125 OJO, O.A.,

1979

ABORTION

WEST

**AUTHOR**

Ojo, O.A., Ladipo, O.A., and Funmilayo, O.; Experience with PGF2& in Mid-Trimester Pregnancy Termination in Ibadan, Afr. Med. & Med. Sci., 8, pp 103-7, 1979.

**SUMMARY**

Twenty-five cases of mid-trimester pregnancy termination using intra-amniotic PGF2& are described. The dose of PGF2& used ranged between 40 and 80 mgs. Eighty-eight percent of all patients received 66 mgs or less of PGF2&. Complete abortion without surgical intervention occurred in 13 (52%) of the women. The mean instillation-abortion interval was 22hrs. Surgical intervention occurred in 72% of our patients. No epileptic seizure or cervical laceration was reported. It is suggested that the use of prostaglandins for pregnancy termination should be restricted to large medical centres with adequate facilities for coping with complications. Introduction of mid-trimester abortion with prostaglandins offers a back up method for failed contraception and obviates the need for surgical dilation of the cervix with its attendant risks.

**ABSTRACT NO.**

123 OJO, O.A.,

1974

CAUSES

WEST

**AUTHOR**

Ojo, O.A. and Savage, V.Y.; A ten-year review of Maternal Mortality rates in the University College Hospital, Ibadan Nigeria, Am. J. of Obs & Gynae, 118, 4, 517-522, 1974.

**SUMMARY**

One hundred and eighty three maternal deaths occurring in the University College Hospital, Ibadan, over a 10 year period are reviewed. The hospital maternal mortality rate was 8.2/1000. Severe anaemia in pregnancy was responsible for 18.6 percent of all maternal deaths during the period under review. Acute hepatic failure was responsible for 15.3 percent of maternal deaths. It is suggested that improvement in public health and maternity services along with transport and communication facilities will greatly reduce the very high maternal mortality rate in Nigeria.

**ABSTRACT NO.**

126 OKAGBUE, I.

1990

ABORTION

NATION#

**AUTHOR**

Okagbue, Isabella.; Pregnancy Termination and the Law in Nigeria, Studies in Family Planning, 21, 4, pp 197-208, 1990.

**SUMMARY**

Abortion in Nigeria is illegal and carries a heavy jail sentence up to 14 years imprisonment unless it is performed to save the life of a pregnant woman. Nevertheless, a large number of clandestine abortions continue to be carried out regularly, often with dire consequences for the lives and health of the women involved. This article reviews abortion legislation in Nigeria, examines court decisions on the subject and presents the results of a survey conducted on the incidence of abortion in the country. A case is made for revising existing abortion laws. A brief look is taken at the various indications for abortion that may be adopted and a proposal is made for a new abortion policy in Nigeria in the light of the country's recently adopted population policy.

**ABSTRACT NO.**

127 OKAGBUE, I.,

1989

ABORTION

NATION#

**AUTHOR**

Okagbue, I., Termination of Pregnancy and the Law in Nigeria, Journal of African Society of International and Comparative Law, 2, 4, pp 582-603, 1989.

**SUMMARY**

Abortion in Nigeria is illegal and carries a heavy jail sentence (up to 14 years imprisonment) unless it is performed to save the life of the pregnant woman. Nevertheless, a large number of clandestine abortions regularly continue to be carried out with oftentimes dire consequences to the lives and health of the women involved. This paper reviews abortion legislation in Nigeria, examines court decisions on the subject and presents the results of a survey conducted on the incidence of abortion in the country. The paper then makes a case for the revision of existing abortion laws. A brief look is taken at the various indicators for abortion that might be adopted and a proposal is made for a new abortion policy in Nigeria in the light of the country's recently adopted population policy.

**ABSTRACT NO.**

128 OKONOFUA F.E.

1987

NUTRITION

NORTH

**AUTHOR**

Okonofua, F.E. et al; Vitamin D  
Nutrition in Pregnant Nigerian Women at  
Term and Their Newborn Infants, W. Afr.  
Journal of Med., 6, 1, pp 31-4, 1987.

**SUMMARY**

In view of the frequent occurrence of rickets in infants of purdah practising women in Northern Nigeria, a study was conducted on plasma Calcium, Phosphate and serum 25-Hydroxyvitamin D (25 OHD) concentrations in pregnant Nigerian women and in cord blood obtained from their newborns. Plasma Calcium and Phosphate and serum 25 OHD concentrations were significantly lower in purdah practising women and their newborn than those in women not practising purdah and their infants respectively. The concentrations of 25 OHD in all Nigerian women were greater than those observed in caucasian women in the United Kingdom.

These data emphasize the role of exposure to sunshine in regulating serum 25 OHD concentrations and the adverse effect of deliberate exclusion of sunshine, and are consistent with previous data demonstrating hypovitaminosis D in purdah clad women and their new borns in Saudi Arabia.

**ABSTRACT NO.**

129 OKONOFUA, F.E.,

1989

SEPSIS

WEST

**AUTHOR**

Okonofua, F.E., Amole, F., Adediran, A.,  
Okonofua, B.; Incidence and Pattern of  
Asymptomatic Bacteriuria of Pregnancy in  
Nigerian Women, Nigerian Medical  
Practitioner, 17, 3, pp 35-37, March  
1989.

**SUMMARY**

Three hundred and eleven asymptomatic pregnant women were screened for the presence of significant bacteriuria in Ile-Ife, Nigeria. The incidence of the condition was 14.1%. E. Coli was the commonest infecting organism followed in order by Proteus, Klebsiella, Enterobacter, Staphylococcus Aureus and Pseudomonas. Nitrofurantoin and Nalidixic acid were the most useful antibiotics as these were moderately sensitive against the most frequently isolated organisms. The cure rate after a second course of antibiotics was nearly 98% and only 4.5% developed acute pyelonephritis in the indexed pregnancy. Screening for bacteriuria is a useful procedure in Nigerian women but antibiotic treatment must be based on sensitivity reports.

**ABSTRACT NO.**

130 OKONOFUA, F.E.,

1990 MENOPAUSE

WEST

**AUTHOR**

Okonofua, F.E., Lawal, A., and Bamgbose, J.K.; Features of Menopausal Age in Nigerian Women, International Journal of Gynaecology and Obstetrics, 31, pp 341-345, 1990.

**SUMMARY**

The age of menopause and the clinical features of menopause were investigated by a questionnaire survey in 563 Nigerian women of Yoruba descent who have been menopausal for at least 5 years. The mean and median ages of menopause were 48.4 and 48.0 years respectively. No relationship could be established between menopausal age and various biosocial factors such as age of menarche, social class, parity, smoking and place of residence. The commonest menopause related symptoms were joint pains and hot flushes and only 42% of them still practiced sexual intercourse. These findings when compared to those from other populations indicated that there is need for more work on menopause in Nigerian women.

**ABSTRACT NO.**

131 OKPERE, E.E.,

1982 CAESAREAN SECTION

BENDEL

**AUTHOR**

Okpere, E.E., Oronsaye, A.U., and Imoedemhe D.A.G.; Pregnancy and delivery after Caesarean section: A review of 494 cases, Trop. J. of Obs and Gynae, 3, 1&2, pp 45-8, 1982.

**SUMMARY**

In a 5 year period reviewed (1975-1979) there was a total of 11,363 booked deliveries. Amongst these, 494 (4.35%) had one or more previous Caesarean section at booking. Two hundred and twenty eight patients (46.2%) were subsequently delivered by elective repeat caesarean section. Of the remaining 266 patients, 167 or 62.8% had uncomplicated vaginal deliveries. Ninety four patients or 36% were delivered by emergency Caesarean section. There were 5 ruptured uteri. This represents a 1.88% rupture rate in patients who had a test of labour. The overall in corrected perinatal mortality was 24 per 1000.

Although scar rupture is not always predictable, satisfactory maternal and fetal results may be obtained by a concept of a controlled test of labour in well selected cases.

**ABSTRACT NO.**

132 OLATUNBOSUN, D.A.,

1975

GENERAL

WEST

**AUTHOR**

Olatunbosun, D.A., Ogunbode, G.,  
Adeniyi, F.A, and Adadevoh, B.K.,  
Amniotic Fluid Copper and Magnesium  
Levels in Normal Pregnancy, Nigerian  
Medical Journal, 5, 3, pp 206-208, July  
1975.

**SUMMARY**

Amniotic fluid copper and magnesium were determined by atomic absorption spectrophotometry in 66 uncomplicated pregnancies of between 28 and 40 weeks duration. The average copper content was 31.1 microgram per 100ml and the average magnesium concentration was 0.76mg/100ml. In comparison with maternal serum copper levels of the same period of pregnancy, amniotic fluid copper was very low, thus reflecting the poor capacity of the foetus to excrete copper.

**ABSTRACT NO.**

133 OLATUNBOSUN, O.A.,

1985

CANCER

WEST

**AUTHOR**

Olatunbosun, O.A., Ayangbade, S.O., and  
Okwerekwu, G.A.; Cytologic screening for  
cervical neoplasia in pregnancy, Trop.  
J. Obs and Gynae, 5, 2, pp 63-66, 1985.

**SUMMARY**

Data from the Ife University Teaching Hospital Complex are presented to evaluate the detection rate of cervical neoplasia by cytologic screening of 1800 randomly selected patients in the antenatal clinic. Of 1800 cervical cytologic smears, a positive result was found in 47 patients (2.6%) colposcopic examination and directed biopsies were performed on patients with positive smears.

Two patients were found to have invasive carcinoma and in an additional 41 patients, Cervical Intra-epithelial Neoplasia (CIN) was present. We feel that the incidence of cervical intraepithelial Neoplasia in younger women, especially those bearing children, is sufficiently high to justify routine cytologic screening of all antenatal patients.

**ABSTRACT NO.**

136 OLUKOYA, A.A.,

1985 FP/FERTILITY

WEST

**AUTHOR**

Olukoya, A.A., Characteristics of Family Planning Acceptors at a Primary Health Care Project in Lagos, Nigeria, Public Health, London, 99, pp 37-44, 1985.

**SUMMARY**

Analysis of data collected from the family planning section of a Primary Health Care Project in Lagos, showed that the majority of the 275 acceptors in 1979 were aged 25-39 years, monogamously married, had primary or no education and had between three and five children.

A comparison of the data with those from the Lagos University Hospital in 1972 showed that women with two or fewer children continue to be under presented in relation to their proportion in the population. It was also found that even though the project was catering for a geographically demarcated target population, most clients came from outside of the area, and some from very far away. This suggests that other strategies for delivery of family planning services may be called for.

**ABSTRACT NO.**

134 OLUKOYA, A.A.,

1987 FP/FERTILITY

WEST

**AUTHOR**

Olukoya, A.A., Family Planning Services and Contraception in Shomolu, Lagos, Nigeria, British Journal of Family Planning, 13, pp 17-22, 1987.

**SUMMARY**

A survey of contraceptive use in an area with a primary care project showed some increase in the use of contraception. However, persistent problems remained relating to the community attitude to family planning and the use of more accessible services. Strategies for the integration of alternative strategies are discussed.

Over the last decade, efforts have been made to improve the family planning services to women, partly as a result of the increasing awareness of the importance of child spacing for the health of mothers and children. Many developing countries have been involved in this effort, but African countries have tended to lag behind. In Africa, fertility levels remain high, and in Nigeria, the Nigerian Fertility Survey (NFS) found the total fertility rate for all women to be 6.34% and it is believed to be rising. This is a high figure compared to some developed countries, which have witnessed declining fertility.

**ABSTRACT NO.**

135 OLUKOYA, A.A.,

1992

FP/FERTILITY

WEST

**AUTHOR**

Olukoya, A.A., and Ekanem, E.E., A Comparative Study of Characteristics of Adolescents and Adult Family Planning Acceptors in Lagos, International Journal of Adolescents and Youths, 3, pp 311-318, 1992.

**SUMMARY**

A comparative study of adolescents and adult new acceptors of family planning at a family health clinic of a primary care project in Lagos over an 11-year period, showed only 0.8% of acceptors to be adolescents

More adolescent acceptors had previously practised abstinence as a means of contraception. The 2 most common methods accepted at the clinic by both groups was the IUD and the pills, but none of the adolescents contemplated stopping childbearing. The implications of the findings for family planning services for adolescents are discussed.

**ABSTRACT NO.**

140 OLUKOYA, A.A.,

1991

FAMILY PLANNING

WEST

**AUTHOR**

Olukoya, A.A., Differences between "Spacers and Stoppers" amongst Family Planning Acceptors in Lagos, Public Health, 105, pp 463-466, 1991.

**SUMMARY**

The study which is presented was carried out on 3,386 new family planning acceptors at a primary health care clinic over an 11-year period. Women accepting modern family planning for stopping childbearing accounted for only 2.7% of the sample. They were older, less educated and had higher mean gravidity, parity and number of children alive. They were more likely to choose the IUCD over the pill. Service and policy implications of the findings are discussed.

**ABSTRACT NO.**

143 OLUKOYA, A.A.,

1992 FP/FERTILITY

WEST

**AUTHOR**

Olukoya, A.A., and Ekanem, E.E., Factors Affecting Future Fertility Intentions in Antenatal Clinic Patients in Lagos, The British Journal of Family Planning, 17, 4, pp 108-110, 1992.

**SUMMARY**

This study was carried out amongst antenatal clinic patients attending clinics at primary, secondary and tertiary levels of care. The future fertility intentions of the women were measured by their desire for more children, and the intention to use family planning after the current pregnancy. The desire for more children was associated with gravidity, parity, number of children alive and the occupation of the women and their husbands'. Educational status was only found to be associated after controlling for family size with a cut off at 3 children. The desire for use of family planning after the current pregnancy was associated with duration of marriage, gravidity, parity and number of children alive. The educational level of the women and their husband's occupation was significantly associated in families with 3 or more children. Service and policy implications of the findings are discussed.

**ABSTRACT NO.**

142 OLUKOYA, A.A.,

1991 CAUSES

WEST

**AUTHOR**

Olukoya, A.A., The Pattern of Illness during Pregnancy in an Urban Community in Lagos, Nigeria, Journal of Obstetrics and Gynaecology, East Central Africa, 9, pp 65-67, 1991.

**SUMMARY**

A community based survey of an urban community in Lagos, Nigeria, showed the rate of occurrence of swelling of the feet as the highest amongst pregnant women (11.9%). Other conditions had rates of 2.4% for jaundice, 2.2% for anaemia, 1.4% for hypertension to name a few. The occurrence rate for anaemia, hypertension and toxemia are probably higher than reported in the study, as the women are unable to recognize the conditions themselves and the healthcare system may not pick up all the cases.

**ABSTRACT NO.**

141 OLUKOYA, A.A.,

1991

MEDICAL

WEST

**AUTHOR**

Olukoya, A.A., and Abidoye, R.O., A Study of Intestinal Parasites in Antenatal Clinic Patients in Lagos, Health and Hygiene, 12, pp 176-179, 1991.

**SUMMARY**

A study carried out on the prevalence of intestinal parasite infections among pregnant women attending antenatal clinics in Lagos showed the most common intestinal infestations to be with *Ascaris Lumbricoides* (26.9%), *Trichuris trichiura* (7.4%), *Entamoeba histolytica* (1.9%) and Hookworm (0.9%). Non-pathogens were *Entamoeba Coli* (13.9%), *Iodamoeba buschii* (3.7%) and *Endolimax nana* (0.9%). The prevalence of soil-borne helminths was 35.2% and intestinal protozoa 20.4%. There was significant difference in the mean weight, blood haemoglobin and packed cell volume (PCV) between women with parasites and those without.

**ABSTRACT NO.**

139 OLUKOYA, A.A.,

1987

ABORTION

WEST

**AUTHOR**

Olukoya, A.A., Pregnancy Termination: Result of a Community Based Study in Lagos, Nigeria, International Journal of Gynaecology and Obstetrics, 25, pp 41-46, 1987.

**SUMMARY**

A community survey in the Shomolu area of Lagos, Nigeria, showed the incidence of induced abortion to be 5.6%. Most of the abortions were carried out under medical supervision using a combination of methods. Reasons for the abortions suggests that many were carried out on pregnancies that could have been prevented.

**ABSTRACT NO.**

138 OLUKOYA, A.A.,

1986

SOCIOCULTURAL

WEST

**AUTHOR**

Olukoya, A.A., Traditional Child Spacing Practices of Women; Experiences From a Primary Care Project in Lagos, Nigeria, Social Science Medicine, 23, 3, pp 333-336, 1986.

**SUMMARY**

The study carried out within target population of a Primary Care Project in Lagos, Nigeria, found that some changes had occurred. The traditional length of abstinence has decreased, and more women now resume sex before termination of breast feeding. This should give rise to some concern especially if the level of adoption of modern contraception does not rise correspondingly. Other changes regarding the opinion of mothers about some of the practices, and the danger of the current trend of starting infant formulae earlier in the post partum period are discussed.

**ABSTRACT NO.**

137 OLUKOYA, A.A.,

1990

CAUSES

WEST

**AUTHOR**

Olukoya, A. A., A Study of "Risk" Factors Amongst Antenatal Clinic Patients in Lagos, Nigeria, Nigerian Medical Practitioner, 20, 2, pp 32-36, 1990.

**SUMMARY**

A study of "Risk" factors amongst Antenatal Clinic (ANC) patients in Lagos, Nigeria, showed that most of the women register for antenatal care relatively late. The important risk factors were previous miscarriage 18.8%, antepartum haemorrhage (PPH) 6.5%, caesarian section 4.7%, hypertension 1.5% and anaemia 3.7%. All the risk factors occurring in the current pregnancy with the exception of bleeding were more common amongst primigravidas. Potentially serious factors such as anaemia and hypertension are probably under reported. It is felt that awareness of risk factors amongst ANC patients could help them realise the importance of early registration for antenatal care.

**ABSTRACT NO.**

144 OLUKOYA. A.A.,

1991 NUTRITION

WEST

**AUTHOR**

Olukoya, A.A., and Giwa-Osagie, O.F.;  
Maternal weight and Weight gain during  
pregnancy: Can the arm circumference be  
used as surrogate? Afr. J. Med & Med  
Sci., 20, 155-62, 1992.

**SUMMARY**

A survey among pregnant Nigerian women attending an antenatal clinic showed a strong correlation between the arm circumference and weight. The sensitivity and positive predictive values of mid-arm circumference < 23cm for first trimester weight of < 45kg was 85.7% and 54.5% respectively. In the second trimester, these values for mid arm circumference of < 24cm and weight < 50kg were 55.6% and 32.3% respectively. The specificity was high, ranging up to 99.4%. The value of the screening was found to be higher amongst primigravidas. Mid-arm circumference was however found to be insensitive for monitoring of weight gain during pregnancy. Strips based on this principle may be useful as a screening tool especially for low cadre health workers to identify pregnant women considered nutritionally at risk.

**ABSTRACT NO.**

145 OLUSANYA, O.,

1989 SOCIOCULTURAL

BENDEL

**AUTHOR**

Olusanya, O.; Biosocial Factors in  
Maternal Mortality - A Study from a  
Nigerian Mission Hospital, W. African  
Journal of Med., 8, 3, pp 160-65, 1989.

**SUMMARY**

A survey of deaths occurring in women in association with pregnancy and childbirth was carried out in a large mission hospital in Benin City, Nigeria, with a view to identifying the underlying biosocial factors that influence such deaths.

Age, parity, booking status, level of educational attainment and socioeconomic status were all found to be important variables statistically affecting maternal death risks. No significant association was found in the study between maternal death risks and other social variables such as marital status, distance of home from hospital and ethnic origin of pregnant women.

Maternal deaths were shown to be an index of the socioeconomic standard in any society and measures to lower the present high rates of maternal mortality in Nigeria and other developing countries through a manipulation of these biosocial factors were highlighted.

**ABSTRACT NO.**

147 OMU, A.E.,

1983 SEPSIS

BENDEL

**AUTHOR**

Omu, A.E. and Ajabor, L.N.; Contribution of Endotoxic Shock to Gynaecological and Maternal Morbidity and Mortality, Journal of Obstetrics and Gynaecology of Eastern and Central Africa, 12, 1, pp 41-5, March 1983.

**SUMMARY**

60 cases of endotoxic shock in obstetric and gynaecology over a 7-year period (Jan 1974 - Dec 1980) were reviewed. The most common causative conditions were septic abortion, puerperal sepsis and pyelonephritis in pregnancy. E. Coli was the commonest organism cultured. 33 deaths were recorded giving a mortality rate of 55%. 16 out of the 18 patients with induced abortion had it at 2 weeks before admission. The presence of jaundice, pneumonia, persistent oliguria and hepatomegaly are ominous signs. Eliminating bacteria and restoring blood pressure were not the only considerations in treating shock, as important physiological variables were improved by the administration of hypertonic glucose solution which led to increased clearance of E. Coli from the blood.

**ABSTRACT NO.**

146 OMU, A.E.,

1981 ABORTION

BENDEL

**AUTHOR**

Omu, A.E., Oronsaye, A.U., Fall, M.K.B. and Asuquo, E.E.J.; Adolescent Induced Abortion in Benin City, Nigeria, International Journal of Gynaecology and Obstetrics, 19, pp 495-499, 1981.

**SUMMARY**

Induced adolescent abortion is a major cause of maternal and gynaecological deaths in the University of Benin Teaching Hospital, where 244 out of 349 such cases seen from January 1, 1974 to December 31, 1979 were reviewed. Ignorance and lack of contraceptive facilities were contributory factors. To deal with this problem that has been pervasive throughout Nigeria for the past decade, the authors advocate sex education, systematic dissemination of information for planned and conscientious parenthood as well as free availability of alternative methods of contraception. Interruption of early pregnancy should be an essential component of a national family planning program.

**ABSTRACT NO.**

148 ONI, G.A.

1985 FAMILY PLANNING

NORTH

**AUTHOR**

Oni, G.A., Effects of Women's Education on Postpartum Practices and Fertility in Urban Nigeria, Studies in Family Planning, 16, 6, pp 321-331, 1985.

**SUMMARY**

This study examines the influence of women's education on postpartum practices and fertility in Ilorin, a Nigerian urban community. Using life-table survival analysis to estimate breastfeeding and abstinence durations and the Cox Proportional Hazards Model to estimate relative risk of weaning and terminating abstinence, women's education was found to have a strong negative relationship with breastfeeding and postpartum abstinence. The use of contraception was low in this community and marital fertility for educated women was higher than for illiterate women. Policy implications of the findings and recommendations are discussed.

**ABSTRACT NO.**

149 ONI, G.A.,

1990 FAMILY PLANNING

NORTH

**AUTHOR**

Oni, G.A., and McCarthy, J., Contraceptive Knowledge and Practices in Ilorin, Nigeria: 1983-88, Studies in Family Planning, 21, 2, pp 104-109, 1990.

**SUMMARY**

This report describes changes in knowledge and use of contraceptives in Ilorin, Nigeria between 1983 and 1988, a period marked both by dramatic changes in Nigeria's economic climate, as a result of the decline in the value of oil exports, and by considerable increases in public programs aimed at promoting the use of family planning and reducing fertility. The report is based on the analysis of two surveys of married women aged 15-35 years who lived in the city of Ilorin. By 1988, knowledge of modern methods of contraception had become virtually universal in Ilorin, even among women with no education and among those living in the poorest areas of the city. Current use of contraceptives had also increased considerably since 1983, reaching prevalence rates of 15% among women with primary education, 20% among those with secondary and 40% among those with post-secondary education.

**ABSTRACT NO.**

150 ONWUDIEGWU, U.,

1990

GENITAL INJURY

EAST

**AUTHOR**

Onwudigwu, U., and Okonofua, F.E.; Post-coital vaginal injuries in Gynaecologic Practice, Orient Journal of Medicine, 2, 3, pp 112-115, 1990.

**SUMMARY**

Twenty women with post coital genital injuries were seen in 10 years at the Obafemi Awolowo University Hospital, Nigeria; Constituting 0.35% of all gynaecological emergencies. Analysis of the cases showed that marital status, parity, frequency of sexual intercourse and inadequate sexual stimulation of the female partner are related to the incidence of post coital vaginal injury. The mode of presentation and management are also discussed.

**ABSTRACT NO.**

151 ORHUE, A.A.E.,

1989

ABORTION

BENDEL

**AUTHOR**

Orhue, A.A.E.; Unuigbe, J.A.; and Ogbeide, W.F.; The Contribution of Previous Induced Abortion to Tubal Ectopic Pregnancy, W. African Journal of Med., 8, 4, pp 257-63, 1989.

**SUMMARY**

Data from a one year prospective study of thirty-one tubal ectopic pregnancies and ninety three matched controls is presented. Compared with the controls, a history of induced abortion was not only statistically significantly more frequent amongst the subjects ( $p < 001$ ) but was the penultimate cyesis in 41.9% of ectopic cases as against 3.2% of the controls ( $p < 001$ ). Non physicians provided 51.6% and 3.3% of induced abortions in the study and control groups respectively. Complications occurred in 51.6% of study population and 6.5% of controls. It is concluded that induced abortion created the predisposition to tubal implantation in the study population and therefore a reduction in the incidence of illegally induced abortion in the community can reduce the incidence of ectopic tubal gestation and tubal infertility.

**ABSTRACT NO.**

155 ORONSAYE, A.U.,

1983

SOCIOCULTURAL

BENDEL

**AUTHOR**

Oronsaye, A.U.; Akingba, J.B.; and  
Izilieu, M.I.; Sexuality Among Pregnant  
Nigerian Women, W. Afr. Journal of Med.,  
2, 4, pp 139-42, 1983.

**SUMMARY**

Using a standard questionnaire, the effect of pregnancy on the sexuality of Nigerian women was studied by means of an interview conducted during current pregnancies of a selected sample of 96 women in Benin City. The three trimester periods of the pregnancies were selected.

Sexuality was operationally defined in this study by two categories: libido (that is, sexual desire) and frequency of coitus. It was found that although for a majority of the women, coital activity declined in a linear fashion once pregnancy was discovered, yet sexual desire or libido was however, the same as in the pre-pregnant state. In over 14 percent of the cases, the women actually reported increased libido during pregnancy, except for the third trimester where both frequency and libido declined due to the awkward physical state caused by the large size of the abdomen. Fear of harming the fetus (such as miscarriage) somatic factors (such as pregnancy sickness) and social factors (such as husbands' lack of emotional disposition) contributed to the decline in sexual activity throughout pregnancy.

**ABSTRACT NO.**

152 ORONSAYE, A.U.,

1985

ABORTION

BENDEL

**AUTHOR**

Oronsaye, A.U., and Unuigbo, J.A.;  
Maternal Mortality due to Abortions at  
the University of Benin Teaching  
Hospital, Trop. J. of Obs and Gynae, 5,  
1, pp 23-26, 1985.

**SUMMARY**

During the six year period, April 1973 to March 31st 1979, 13 cases of maternal death following abortion were recorded at the University of Benin Teaching Hospital (UBTH). Included abortion accounted for all death except one. Sepsis and uterine perforations were the major lethal complication unskilled medical personnel were involved in the 90.9% of the cases analysed.

**ABSTRACT NO.**

153 ORONSAYE, A.U.,

1983 ABORTION

BENDEL

**AUTHOR**

Oronsanye, A.U., and Odiase, G.I.,  
Attitudes Toward Abortion and Conception  
among Nigerian Secondary School Girls,  
International Journal of Gynaecology and  
Obstetrics, 21, pp 423-426, 1983.

**SUMMARY**

A study of the attitudes of school girls in Benin City, Nigeria toward abortion and contraception was carried out in three of the city's postprimary schools, using a uniform multiple-choice questionnaire. The findings show that although a significant proportion of the school girls had resorted to abortion to solve their problem of unwanted pregnancy, liberalized abortion law was only favored by a minority (approx. 30%). Also, although this indicated a high rate of sexual activity, their knowledge and practice of contraception and contraceptive methods is deficient and prejudiced. The latter findings may be responsible for the high rate of abortion among school girls in Nigeria.

**ABSTRACT NO.**

154 CRONSAYE, A.U.,

1979 ABORTION

BENDEL

**AUTHOR**

Oronsaye, A.U.; The Outcome of  
Pregnancies Subsequent to Induced and  
Spontaneous Abortion, International  
Journal of Gynaecology and Obstetrics,  
17, pp 274-277, 1979.

**SUMMARY**

A study was made of 8982 women who were admitted for delivery over a 4-year period to the University of Benin Teaching Hospital, Benin City, Nigeria. Of the 5862 women who had had more than one pregnancy, 14.5% admitted a history of one or more abortions (spontaneous or induced). Of the whole series, 8.8% admitted having had one or more induced abortions. Patients with prior abortions were compared with selected controls, and maternal characteristics were standardized between the 2 groups. Undesireable outcomes of subsequent pregnancy, such as low birth weight, premature delivery, stillbirth, neonatal death, miscarriage or congenital malformation, did not seem to increase in patients with histories of abortions.

**ABSTRACT NO.**

156 ORUAMABO, R.S.,

1990

SOCIOCULTURAL

EAST

**AUTHOR**

Oruamabo, R.S. and John, C.T.; Biosocial influence and fetal outcome: Focus on stillbirth in Port Harcourt, Orient Journal of Medicine, 2, 4, pp 199-203, 1990.

**SUMMARY**

An analysis of stillbirths that occurred at the University of Port Harcourt Teaching Hospital over a two-year period May 1986 to April 1988, showed that full grown fetuses were more commonly affected. Among unbooked mothers, 76% of intrauterine deaths had occurred before admission compared to 62% in booked mothers. The principal obstetric cause of stillbirth was obstructed labour and its consequences. Dominant fetal factors were malformations of the central nervous system. Lack of antenatal care, lack of formal education and high parity were clearly identified risk factors and residence outside of Port Harcourt was a disadvantage.

**ABSTRACT NO.**

157 OSIBOGUN, A.O.,

1990

FAMILY PLANNING

WEST

**AUTHOR**

Osibogun, A.O.; Pregnancy, Breastfeeding and Family Planning in Badagry, Lagos State, Nigerian Journal of Community Medicine and Primary Care, 3, pp 23-28, 1990.

**SUMMARY**

482 married women between the ages of 15 and 45 years were selected in Badagry township using a stratified random sampling technique and were interviewed using a standardised questionnaire administered by trained health workers. Findings show that 152 (31.5%) of the women were currently pregnant while another 160 (33.2%) were currently breastfeeding. Other findings on sexual intercourse during pregnancy, the occurrence of pregnancy during breastfeeding as well the current and proposed practice of family planning are presented and discussed.

**ABSTRACT NO.**

158 OSINUSI, B.O.,

1985

QUALITY OF CARE

WEST

**AUTHOR**

Osinusi, B.O and Okubanjo, A.O.;  
Ultrasonography in the Management of  
early pregnancy failures, Trop. J. of  
Obs and Gynae, 5, 2, pp 59-61, 1985.

**SUMMARY**

In a 6-month prospective study, the value of diagnostic ultrasound was investigated in the management of early pregnancy failures. It was confirmed to be superior to both clinical and biochemical parameters either singly or combined. It is advocated that ultrasound should be used liberally where available, in early pregnancy disorders to reduce unnecessary hospitalisation of patients.

**ABSTRACT NO.**

159 OSOBA, A.O.,

1983

SEPSIS

WEST

**AUTHOR**

Osoba, A.O., Sexually Transmitted  
Disease in Pregnancy in the Tropics,  
Nigerian Medical Practitioner, 6, Supp  
4, pp 13-20, Oct 1983.

**SUMMARY**

Infections of the foetus and newborn by sexually transmitted diseases may have profound adverse effect on normal growth and development. The sexually transmitted diseases (STDs) affecting pregnancy may be divided into two broad groups: (1) Those diseases non-genitally transmitted to the foetus (i.e. transplacental transmission) and (2) those genitally transmitted to the foetus or newborn.

**ABSTRACT NO.**

161 OTOLORIN, E.O.,

1988

QUALITY OF CARE

WEST

**AUTHOR**

Otolorin, E.O., Marinho, A.O.,  
Ojengbede, O., Odukoya, A.O. and Palmer  
C.K.; Maternity Care Monitoring: A  
contrast at Two Levels of Health Care  
Delivery in Ibadan, Nigeria,  
International Journal of Obstetrics and  
Gynaecology, 26, 3, pp 367-73, June  
1988.

**SUMMARY**

The obstetric performance of women delivering at 2 hospitals in Ibadan, Nigeria is compared in this study. The prevalence of high -risk pregnancies at the tertiary level hospital (University College, Hospital, UCH) was higher than that of the secondary level hospital (Oluyoro Catholic Hospital, OCH). Consequently, the Caesarian section rate of the UCH (21.8%) was higher than that at the OCH (2.3%). Similarly, the maternal mortality (3.5/1000) and perinatal mortality (60.2/1000) at the UCH were significantly higher than at the OCH, 2.0/1000 and 9.8/1000 respectively. The need for a national birth survey based on a representative sample of all the different types of health establishments in Nigeria was stressed.

**ABSTRACT NO.**

162 OTOLORIN, E.O.,

1985 DIABETES

WEST

**AUTHOR**

Otolorin, E.O., Famuyiwa, O.O., Bella, A.F., Dawodu, A.H., et al., Reproductive performance following active Management of Diabetic Pregnancies at University College Hospital, Ibadan, Nigeria, Afr. Journal of Med. & Med Sci., 14, pp 155-60, 1985.

**SUMMARY**

This article presents a report of the first 5 years of an active approach to the management of diabetic pregnancies at the University College Hospital, Ibadan. During this period, the incidence rate of diabetic pregnancy was 0.64 per 1000 deliveries per year. The mean birthweight (3.40 plus minus 1.68kg) of babies whose mothers had good diabetic control was lower than the mean birthweight (4.10 plus minus 1.05kg) of babies born to mothers with poorly-controlled diabetes. The difference was however, not statistically significant ( $p < 0.5$ ). Whilst the overall perinatal mortality rate was 10.8%, there was a statistically significant difference in the perinatal mortality associated with poor control of diabetes (42.9%) when compared with good control (0.0%)  $p < 0.02$ . The authors conclude that earlier booking in pregnancy, stricter control of diabetes by multiple insulin injections and improved cooperation of the patients will in future help to lower the perinatal mortality rate associated with diabetic pregnancy.

**ABSTRACT NO.**

160 OTOLORIN, E.O.,

1987 GENERAL

WEST

**AUTHOR**

Otolorin, E.O., Marinho, A.O., Bamgboye, E.A., and Odukoya, O.A., Symphysio-Fundal Height Measurement During Normal Pregnancy in Nigerian Women, Nigerian Medical Journal, 17, 2, pp 111-115, April-June 1987.

**SUMMARY**

This study was designed to construct a standard symphysio-fundal height growth curve from 18-40 weeks of pregnancy among Nigerian women. The value of such a gravidogram in the routine screening of pregnant women for intrauterine growth retardation as well as multiple pregnancy has been discussed. The authors wish to recommend its use at all levels of maternity care in Nigeria.

**ABSTRACT NO.**

163 OTUBU, J.A.M.,

1989

FAMILY PLANING/FERTI

WEST

**AUTHOR**

Otubu, J.A.M. and Olanrewaju, R.S.;  
Hysteroscopy in infertile Nigerian  
Women, Afr. J. Med & Med Sci., 18, 117-  
20, 1989.

**SUMMARY**

The uterine cavity was evaluated by hysteroscopy in 20 Nigerian women aged 23-40 years, as a part of the investigations of primary or secondary infertility. Intrauterine abnormalities were detected in 45% of the patients. These abnormalities included intrauterine adhesions (20%), Endometrial polyps (10%), Sub-mucous Fibroids (5%), Endometrial Atrophy (5%) and Endocervical Cysts (5%). This preliminary report reveals a high diagnostic yield with hysteroscopy. The advantages and complications of the procedure are discussed.

**ABSTRACT NO.**

164 OYEBOLA, D.D.O.,

1980

SOCIOCULTURAL

WEST

**AUTHOR**

Oyebola, D.D.O; Antenatal care as  
practised by Yoruba traditional  
healers/midwives of Nigeria, The East  
African Medical Journal, 57, 9, 615-  
25, 1980.

**SUMMARY**

A study of traditional medicine among the Yoruba included 165 herbalists from 31 villages and towns. One hundred and six of the 165 herbalists practised midwifery and they were interviewed about pregnancy related matters using a semi-structured questionnaire. Ninety-four percent of the herbalists provided antenatal care. Their ideas on the causation of diseases in pregnancy stress magico-religious concepts. Good care in pregnancy is thought to prevent the fetus and placenta from becoming too big. The herbalists are aware that ante-partum haemorrhage can have adverse effects on pregnancy, but their management of the condition is not satisfactory.

**ABSTRACT NO.**

165 OYEBOLA, D.D.O.,

1981 FP/FERTILITY

WEST

**AUTHOR**

Oyebola, D.D.O.; Yoruba Traditional Healers' Knowledge of Contraception, Abortion and Infertility, The East African Medical Journal, 58, 10, pp 777-784, 1981.

**SUMMARY**

Using a semi-structured questionnaire, the knowledge of Yoruba traditional healers (herbalists) on contraception, abortion and infertility was investigated. The results showed that 43.4% of the herbalists interviewed knew about contraceptive methods, 38.7% did not know and 17.9% did not respond. Three contraceptive methods were described. The herbalists abhor abortion. They are often consulted by patients with infertility. The causes and methods of treatment of infertility as known to the herbalists are mainly based on superstition. The findings are discussed briefly and the need for further research into indigenous contraceptive methods stressed.

**ABSTRACT NO.**

166 OYEKA, I.C.A.,

1989 FAMILY PLANNING

EAST

**AUTHOR**

Oyeka, I.C.A.; Influence of the number of living sons on contraceptive use among female teachers in Nigeria, Studies in Family Planning, 20, 3, pp 170-174, 1989.

**SUMMARY**

This study examines the relationship between the number of living sons and contraceptive use among married female teachers in primary and secondary schools of the Enugu urban area, Anambra State, Nigeria. Within each category of number of living children, women with no living sons were least likely to have ever used modern contraceptives. Contraceptive use increased directly with number of living sons. However, women with only sons and no daughters were less likely to have ever used modern contraceptives than were women with at least one son and one daughter. Better educated women who were close to achieving their desired family size, or whose desired family sex ratio was relatively low, were more likely to be contraceptive users.

**ABSTRACT NO.**

167 PAUL, M.O.,

1981 SEPSIS

WEST

**AUTHOR**

Paul, M.O., Ariyo, S.O., and Sogbanmu, M.O., Antenatal Screening for Trichomoniasis, Candidiasis and Gonorrhoea in a High Risk Pregnancy Clinic in Ile-Ife, Nigerian Medical Journal, 11, 1, 36-41, Jan/March 1981.

**SUMMARY**

High vaginal and cervical swabs, collected from 102 pregnant women, were investigated for trichomoniasis, candidiasis and gonorrhoea between November 1977 and March 1978, in the High Risk Pregnancy Antenatal Clinic in Ife State Hospital, Ile-Ife. Women were predominantly from the lower socioeconomic groups; and most pregnancies (52%) were in the third trimester of gestation. Candidiasis was found to be more common than trichomoniasis (22.6% compared with 13.7% respectively), and the occurrence of both infections was apparently unaffected by the trimester of gestation. No case of gonorrhoea was noted. In order to avoid the deleterious effects on the foetus and newborn child, which may occur as a result of infections with these sexually transmitted diseases, it is recommended that simple microbiological investigations of cervical and vaginal swabs be part of routine antenatal clinic procedures.

**AUTHOR**

Rehan, N. and Tafida, D.S.; Multiple Births in Hausa Women, British Journal of Obstetrics and Gynaecology, 87, 11, pp 997-1004, Nov 1980.

**SUMMARY**

The incidence of multiple births among the Hausa population in Katsina, Nigeria is studied. Hospital maternity records for 5750 women delivered in 1974-1978 revealed 228 sets of twins and 12 sets of triplets for twinning rate of 39.7/1000 birth, a triplet rate of 2.1/1000 births and a multiple birth rate of 41.7/1000; about 4 times the rate in Western countries. Data from the hospital's catchment area indicate that the results are valid for the area, but lower than for other parts of Nigeria. The incidence increased gradually with advancing maternal age, peaking at 30-34 years. The twinning rate gradually increased with birth order, with peak incidence at parity of 5. The greatest incidence of triplets occurred at parity of 7 or above. Lower parities showed no consistent trend. Age and parity had independent effects on the twinning rate. The results are similar to those obtained in other studies. The most common presentation for twins was vertex/vertex (60%), for triplets, vertex/vertex/breech. Of the 190 cases where the twins' sex was recorded, 63.2% were like sexed. The sex ratio was 1.29. Of 9 sets of triplets, 3 sets were all male, 3 all female and 3 mixed. The sex ratio was 1.08. 26.3% of the twins were monozygous. Advancing maternal age had a more profound effect on the incidence of dizygous twins than on monozygous twins. The mean birth weight of the twins was 2.2kg and for triplets 1.7kg; lower than for full term singleton Hausa infants. Among the twins, 51 were still born and mortality was higher among like sexed infants. Among the triplets, 6 were stillborn. Pregnancy duration averaged 268.5 days and was lower than singleton deliveries. Complications associated with twins included: prematurity (11.5% of the cases), postpartum haemorrhage (1.6%), and hydramnios (.9%). The effects of climate on the multiple birth rate is unclear. Some studies have shown a higher incidence in hot, humid climates. In this study, a higher incidence was observed among conceptions occurring in the cold, dry season. Some researchers have suggested a causal relationship between Malaria and the incidence of twinning which was not confirmed in this study.

**ABSTRACT NO.**

169 REHAN, N.E.,

1982

ECLAMPSIA

NORTH

**AUTHOR**

Rehan, N.E.; and Sani, S.; Eclampsia in Hausa Women, Journal of Obs. & Gynae. of Eastern and Central Africa, Vol.1, No.4: pp 152-5, Dec. 1982.

**SUMMARY**

The incidence of eclampsia was studied among 7,456 Hausa women who delivered at a hospital in the savannah zone of Nigeria. An incidence of 18.6/1000 delivered was recorded. In 79.9% of the cases, eclampsia developed rapidly during labour at relatively low blood pressure. In 89.9% the pregnancy was more than 37 weeks old. Although the age of patients ranged between 14-32 years, 70.5% were between 15-19 years, 80.2% were primipara. A case fatality rate of 16.5% was recorded. In 13% of these cases, patients died before delivery while the rest died postpartum. A foetal death rate of 30.9% was recorded. Birthweights of infants born to eclamptic women were significantly lower than those of women with normal pregnancy. Comparisons with other studies from the rain forest belt of the country did not show any correlation between eclampsia and multiple pregnancy or meteorological factors.

**ABSTRACT NO.**

170 REHAN, N.E.,

1981

SOCIOCULTURAL

NORTH

**AUTHOR**

Rehan, N.E. and Tafida, D.S.; Low BirthWeight in Hausa Infants, Nigerian Journal of Paediatrics, 8, 2, 35-9, 1981.

**SUMMARY**

As infants with low birthweights (LBWs) constitute a group in need of specialized care, the problems of LBW among the Hausas of Nigeria were evaluated. The case records of all liveborn infants of Hausa parents, born at the Maternity Hospital in Katsina, Nigeria between January 1, 1974 and December 31, 1977, were selected for study. The LBW infants i.e., those weighing 2500g or below were separated, then characteristics studied, and possible etiological factors identified. A comparison of this group was then made with those neonates who weighed more than 2500g. The duration of gestation was determined from the menstrual history and by appropriate clinical examination before delivery. As data were not considered to be very reliable, no attempt was made to correlate the birth weights with duration of pregnancy. Infants born before the 37th week of pregnancy were labeled as premature. During the study period, 3890 live Hausa infants (2111 males and 1779 females) were born to 3780 mothers. Of these 3890 infants, 408 males and 420 females weighed 2500g or less. These 828 infants were born to 774 mothers and included 91 sets of twins and 5 sets of triplets, though the outcome of all multiple pregnancies were not live births.

The maternal age ranged from 13-45 years. The parity ranged from 0-14 but there were more primigravida compared to other parities. All mothers belonged to lower and middle socioeconomic class. 70% were urban and 30% were rural. The incidence of LBW was 213/1000 live births or 21.3%. 71.1% of these babies weighed between 2000g and 2500g; only 1.6% weighed less than 1000g. The percentage of females among LBW infants was higher (50.7%) as compared to that of males (49.3%). The incidence of LBW was 19.3% among males and 23.6% among females. The monthly and seasonal incidence of LBW was uniform and no seasonal variation could be found. The incidence of LBW was 18.4% among urban women and 23.4% among rural women. The difference was highly significant. The highest percentage of deaths in the present study occurred among infants weighing less than 1000g and the immediate neonatal death rate declined in each successive higher weight group, exhibiting a strong relationship between LBW and immediate neonatal mortality. Only 1 child died out of 589 who weighed between 2001-2500g.

**ABSTRACT NO.**

171 SCOTT-EMUAKPOR, A.,

1974

FP/FERTILITY

WEST

**AUTHOR**

Scott-Emuakpor, A.B.; Possible Genetic Contributions to Sub-Fertility, In: Sub-Fertility and Infertility in Africa: Report of an International Workshop (edited by Adadevoh, B.K), Caxton Press, Ibadan, pp 90-2, 1974.

**SUMMARY**

Study of the Oka-Akoko community in Western Nigeria on the genetic consequences of consanguinous marriages and their effect on fertility. 150 households with 240 consanguinous and 229 unrelated wives to their husbands were studied. 132 pregnancies (94 of them from consanguinous wives) did not result in live births. Most were reported as miscarriages in the first trimester. It is suggested that early acting lethal genes lead to pregnancy wastage and lowered fertility. The rate of sickle cell anaemia gene in sub-fertility is also discussed.

**ABSTRACT NO.**

172 SODIPO, J.O.,

1976

ANALGESIA

WEST

**AUTHOR**

Sodipo, J.O., Coker, O.O.; Clinical Studies on Dolo-Adamon as Analgesic Agent During Labour, Nigerian Medical Journal, 6, 3, pp 315-318, July 1976.

**SUMMARY**

A new composite drug - Dolo-Adamon - was tried in 50 pregnant Nigerian women for the relief of pain during child birth. The drug provided satisfactory antispasmodic and analgesic activities when given by parental route. The tolerance of the drug was good side effects were not evident- cardiovascular and respiratory functions were not depressed. Dolo-Adamon is good enough to supercede the opiates and related addiction-inducing drugs during labour. It is concluded that Dolo-Adamon is a valuable addition to our therapeutic armamentarium during child birth.

**ABSTRACT NO.**

173 SOGBANMU, M.O.,

1973

MEDICAL

WEST

**AUTHOR**

Sogbanmu, M.O.; A Case of Acute Appendicitis in Pregnancy, Nigerian Medical Journal, 3, 3, pp 158-59, July 1973.

**SUMMARY**

A case of acute appendicitis at 22 weeks gestation is reported. The patient had appendicectomy performed and the pregnancy continued to term without any complications.

**ABSTRACT NO.**

174 SOGUNRO, G.O.,

1987

SOCIOCULTURAL

WEST

**AUTHOR**

Sogunro, G.O.; Traditional obstetrics: A Nigerian experience of a Traditional Birth Attendant Training Programs, Int. J. Gynaec & Obs, 25, pp 375-379, 1987.

**SUMMARY**

A survey was conducted of 150 Traditional Birth attendants (TBA) living in the periurban slum area of Ibadan, Oyo State Nigeria. The purpose was to determine demographic characteristics as well as knowledge about midwifery practices prior to introducing a training program. The participants in the survey had volunteered for a free 3 week training program in modern obstetric. Information was collected by questionnaire which was read to the participants. The findings show that: (1) useful service is being rendered by the TBAs, (2) there are areas where the introduction of simple methods of aseptic technique, changes in some nutritional practices and increased knowledge on the benefits of immunization may improve the outcome for mothers and infants living in traditional societies in Nigeria. The findings serve as a guide for the development of content of TBA training programs.

**ABSTRACT NO.**

175 SOYANWO, M.A.O.,

1974 CARDIOVASCULAR

WEST

**AUTHOR**

Soyanwo, M.A.O. and Onifade, A.,  
Hypotensive Effect of Pregnancy,  
Nigerian Medical Journal, 4, 1, pp 40-  
44, Jan. 1974.

**SUMMARY**

Some unusual patterns of hypertension have been observed in pregnant hypertensive Nigerians. Three cases are reported showing sustained fall in blood pressure with diminishing antihypertensive drug requirement throughout pregnancy. All of them had severe post partum hypertension, another rather common phenomenon in the Nigerian environment.

## AUTHOR

Spitz, A.J.; Malaria Infection of the Placenta and its Influence on the Incidence of Prematurity in Eastern Nigeria, Bulletin of the World Health Organization, 21, 2, pp 242-4, 1959.

## SUMMARY

A growing body of evidence suggests a relationship between malaria infection and prematurity. To further explore this relationship, 591 births (576 single and 15 twin) taking place at 8 maternity homes in Nsukka Division, Eastern Nigeria, during an 11-month period in 1958 were analyzed. Immediately after the delivery, blood films from the maternal side of the placenta and the heel of the infant were stained with Giemsa stain and examined for malaria parasites. 140 (23.7%) of the placental smears showed evidence of such parasites. Of the 136 single deliveries from mothers with infected placentae, 56 infants (41.2%) weighed 2500gm or less at birth and were therefore classified as premature. Only 119 (27%) of the 440 non-twin infants born to infected mothers were premature. Overall, there was an 89gm difference between the birthweight of those from malarious placentae and those from non-infected placentae. When 1st-born babies and those from 7th parities and above were excluded from analysis due to their greater tendency to be low birthweight, the frequency of prematurity remained greater among offsprings of women with infected placentae.

Of 67 deliveries from women of parities 2-6 with malarial placentae, 16 (23.9%) were premature in contrast to 39 (14.3%) of 272 comparable non-infected mothers. None of the films taken from infants showed any evidence of malarial infection, confirming the observation that congenital malaria is rare. In addition, the deaths within the 1st 3 months of life of all single-born infants in the sample were analyzed. Of the 8 deaths in the malarious group, only 1 infant had a birthweight below 2500gm. However, the small sample size requires caution in concluding that there is not a strong association between neonatal mortality and malaria infection of the placenta. Previous studies of Nigerian infants have found even greater differences in mean birthweight between babies from infected and non-infected placentae. It is estimated that Malaria may account for the premature birth of about 9% of all infants born in Nsukka.

**ABSTRACT NO.**

177 SULE-ODU, A.O.,

1989

GENERAL

WEST

**AUTHOR**

Sule-Odu, A.O., Fakoya, T.A., Odutayo, A.O. and Odunsi, A.O.; Advanced Abdominal Pregnancy Complicated by Uterine Prolapse: A Case Report, Nigerian Medical Practitioner, 18, 3/4, pp 49-50, Sept/Oct 1989.

**SUMMARY**

A case of advanced abdominal pregnancy complicated by uterine prolapse is reported. Diagnosis was based on easily palpable fetal parts. Laparotomy was done and a live female baby was delivered. It is suggested that a high index of suspicion is necessary where diagnostic facilities are limited. The limitations of ancillary investigations are highlighted.

**ABSTRACT NO.**

178 TAHZIB, F.,

1983

SOCIOCULTURAL

NORTH

**AUTHOR**

Tahzib, F.; Epidemiological determinants of vesicovaginal fistulars, British Journal of Obstetrics and gynaecology, 90, 387-91, 1983.

**SUMMARY**

This study of 1443 patients with vesico-vaginal fistula, the largest reported series, was carried out at Ahmadu Bello University Hospital in Northern Nigeria between 1969 and 1980. Thirty three percent of the patients were less than sixteen years old and 52 percent were primiparous women.

Eighty four percent of the fistulae were due to prolonged obstructed labour. Thirteen percent of fistulae were due to the "gishiri" cut which is the cutting of the anterior vagina and sometimes of the posterior wall of the vagina with a razor blade. This traditional cut which may be superficial and not result in any damage is often performed to prevent or manage obstructed labour. This practice is also done to treat dyspareunia, infertility and a number of complaints. The cut may cause vesicovaginal fistulae, haemorrhage and sepsis. However, cuts are relatively easily repaired since they are mainly longitudinal clean cuts involving the urethra and or the middle vagina parts. Fistulae also result from the insertion of caustic materials and other traditional medicine in the vagina to treat infertility and dyspareunia.

Almost all vesicovaginal fistulae are preventable through a reduction in teenage pregnancies, the elimination of harmful practices and the education of women in using health care services.

**ABSTRACT NO.**

179 TAYLOR, G.O.,

1981

NUTRITION

WEST

**AUTHOR**

Taylor, G.O., Modie, J.A., Adesina, H.A and Akande, E.O.; Oral Glucose Tolerance and Post partum women, Trop. J. of Obs and Gynae, 2, 1, pp 39-46, 1981.

**SUMMARY**

Oral glucose tolerance tests, performed in sixty-five pregnant women showed that tolerance to oral glucose load does not alter significantly during the course of pregnancy. In addition, socioeconomic status does not affect glucose tolerance in any significant way. Although there was no evidence of reduced tolerance to glucose in pregnancy, there was however, a delay in the attainment of maximal concentrations of glucose and insulin.

**ABSTRACT NO.**

180 UNUIGBE, J.A.,

1988

ABORTION

BENDEI

**AUTHOR**

Unuigbe, J.A., Oronsaye, A.U., and Orhue, A.E.A.; Abortion-Related Morbidity and Mortality in Benin City, Nigeria: 1973-1985, International Journal of Gynaecology and Obstetrics, 26, pp 435-439, 1988.

**SUMMARY**

In a 13-year review of maternal deaths at the University of Benin Teaching Hospital, Benin City, abortion was one of the 3 major causes of death, accounting for 37 (22.4%) out of the 165 deaths. Induced abortion was responsible for 34 (91.9%) of these deaths. The usual victim is the teenage, unexperienced school girl who has no ready access to contraceptive practice. Death was mainly due to sepsis (including tetanus), haemorrhage trauma to vital organs, complications directly attributable to faulty techniques by unskilled abortion providers, a by-product of the present restrictive abortion law. Total overhaul of maternal child health services and the family health education system, as well as integration of planned parenthood at primary health care level into the health care delivery system, are suggested.

**ABSTRACT NO.**

181 WABOSO, M.F.,

1973 CAUSES

EAST

**AUTHOR**

Waboso, M.F, The Causes of Maternal Mortality in the Eastern States, Nigerian Medical Journal, 3, 2, pp 99-104, April 1973.

**SUMMARY**

A series of 116 maternal deaths under the care of the author at the Maternity Unit, Calabar, South Eastern State and Aba, East Central state is presented and analyzed. Of the common causes of maternal deaths, haemorrhages (ante, intra and post-partum) topped the list causing 25% of all maternal deaths, followed by eclampsia in 15.5%, infective hepatitis 15.5 %, ruptured uterus 14%.

Heart disease and pulmonary embolism were rare causes of maternal deaths in the Eastern states of Nigeria, compared to a Western country such as England and Wales where they are common causes. There were avoidable factors in most of the maternal deaths. The preventable measures suggested are (a) provision of facilities for antenatal care for all expectant mothers, on a national scale (b) education of the public about the values of antenatal care (c) improvement of the quality of antenatal care (d) provision of facilities for hospital delivery for all (e) elimination of quackery and (f) provision of blood banks.

**ABSTRACT NO.**

182 WAKILE, D.E.,

1984 CAUSES

WEST

**AUTHOR**

Wakile, D.E., Maternal Mortality in Lagos University Teaching Hospital - A Three Year Review, Nigerian Medical Practitioner, 7, 5, pp 147-150, May 1984.

**SUMMARY**

The present report examines, retrospectively, maternal deaths over a 3-year period at the Lagos University Teaching Hospital in Nigeria. Among the common causes of the high maternal mortality are eclampsia, ectopic pregnancy, abortion, haemorrhage, ruptured uterus and puerperal sepsis. These deaths can be prevented, or at least drastically reduced by proper antenatal care and provision of adequate blood banking facilities. The high incidence of maternal mortality from abortion especially among teenage mothers calls for a drastic reappraisal of the present relevant legislation.

**ABSTRACT NO.**

183 WOMEN IN NIGERIA,

1991

SOCIOCULTURAL/VVF

NORTH

**AUTHOR**

WIN - Women In Nigeria, Maternal Health  
Project - Findings from Focus Group  
discussions in Zaria, 1991.  
(Unpublished)

**SUMMARY**

The paper describes the results of focus group discussions (FGDs) held with a total of 49 VVF patients in Zaria, northern Nigeria. Their ages ranged from 15-50 years. They have had the fistula for periods of a few weeks to 15 years. Most of the VVF patients perceive the cause of their VVF to be from God and only 2 of them related the cause of their VVF to prolonged labor. All the patients admitted to having been in labor for periods ranging from 24 hours to 7 days. Two of them had Gishiri cuts. In addition to the VVF, two of them had Rectovaginal fistulae and nerve palsies. At the time of the interview, all the patients were either separated or divorced from their husbands. They perceived accessibility to health care and cost as the greatest barriers to their repairs.

The paper further describes results of FGDs with men, women and TBAs. The findings showed that women are accorded subordinate status in the communities, and the men alluded to preferential education of boys, and feel girls should not be educated beyond primary school, since they have to get married.

**ABSTRACT NO.**

184 WRIGHT, E.A.,

1989

OBSTRUCTED LABOR

NORTH

**AUTHOR**

Wright, E.A., Obstructed Labor, Nigerian  
Medical Practitioner, Vol.17, No.4, pgs  
55-58, April 1989.

**SUMMARY**

One hundred and fourteen cases of obstructed labor managed at the Jos University Teaching Hospital over a 3-year period (January 1981 to December 1983) were reviewed out of a total number of 23,756 deliveries. The incidence of obstructed labor was found to be 0.48% which is much lower than that obtained from other studies in Nigeria. 64.9% of them received no antenatal care. There was considerable morbidity associated with obstructed labor such as vesicovaginal fistula, genital tract lacerations and postpartum haemorrhage in the mother, and hypoxia, intracranial haemorrhage and fractures in the foetus. Sepsis was however the most common complication.

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