

Rising Trend of Postpartum Haemorrhage among Women in Rural Areas in South-South Nigeria

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Abstract: The rising trend of postpartum haemorrhage (PPH) among women in rural areas is on the increase and a serious public health concern, especially in low-resource environment. This increase is due to ignorance from lack of awareness, inadequate finance, distance from location of health facilities, low level of education, lack of transportation means, poor road. This study aimed to Assess Rising Trend of PostPartum Haemorrhage among Women in Rural Areas in South-South Nigeria. This was a cross-sectional study involving 250 women. Participants' age is between 15 to 49 years and above. A well-structured questionnaire was administered to participants. The study lasted for a period of 2 months. Statistical analysis was done using SPSS version 25.0 and $p < 0.05$ was significant. The study revealed that 60% of the participants were married, 64% had secondary level of education, 76% were farmers, 68% had their last child birth at TBA home, 76% had no knowledge about postpartum haemorrhage, 80% do not register for antenatal care (ANC), 76% had their with TBA, 64% do not have health facility in their community, 80% had delayed in reaching health facility, 76% had excessive bleeding after birth, 80% of the PPH were due to distance to health facility and 64% were due to influence from family members. The study shows that postpartum haemorrhage is on the increase among women in rural areas and PPH is cause by several factors that are interconnected.

Keywords: Rising, Trend, PostPartum, Haemorrhage, Women, Rural Areas.

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RESEARCH PAPER

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How to cite this paper:

Gbaranor K. B *et al* (2026). Rising Trend of Postpartum Haemorrhage among Women in Rural Areas in South-South Nigeria. *Middle East Res J Biological Sci*, 6(3): 200-203.

Article History:

| Submit: 26.03.2026 |

| Accepted: 29.04.2026 |

| Published: 10.06.2026 |

INTRODUCTION

Postpartum Hemorrhage (PPH) is a leading cause of maternal morbidity and mortality relating to pregnancy especially in less developed and developing countries, as it accounts for about 44,000 - 60,000 death yearly (Osuji, *et al.*, 2015). Traditionally, Postpartum Hemorrhage (PPH) has been defined as blood loss in excess of 500 mL after a virginal birth and over 1000 mL after a cesarean delivery (Andersen and Collins, 2002).

It is considered the leading cause of pregnancy related deaths worldwide, with an estimated 140,000 women dying annually from this complication equating to 1 every 4 minutes (Kramer, 1987; WHO; (2005). PPH It can either be primary or secondary (WHO, 2008; Khan, 2006). Primary postpartum haemorrhage is the loss of more than 500ml of blood within the first twenty-four hours of delivery or loss of any amount that is enough to cause haemodynamic instability in the mother or loss of more than 10% of the total blood volume. It is the most

common form of postpartum haemorrhage, (WHO, 2008; Khan, 2006) and 6. It has been reported that approximately 3% of vaginal deliveries is complicated by severe primary postpartum haemorrhage (Elbourn, *et al.*, 2001). Secondary postpartum haemorrhage, on the other hand, is defined as bleeding in excess of normal lochia after twenty-four hours and up to six weeks postpartum. According to WHO (WHO; (2004), 25% of all maternal mortality is due to postpartum hemorrhage, 99% of which occurs in developing countries. Besides death, PPH also is an important cause of pregnancy-related morbidity.

MATERIAL AND METHOD

This is a cross-sectional study involving 250 women who are within the age of 15 to 49 years and above and reside in the six (6) South-South States, in Nigeria. The study lasted for a period of 2 months. Consent was sorted from the participants before giving them the questionnaires. Questionnaires were given to the participants. Each participant had one questionnaire

to fill appropriately and independently after instructions were given to them by the research Assistants. Data was obtained and analyzed using SPSS version 23 and P value < 0.05 was said to be significant.

RESULTS

The study revealed that 60% of the participants were married, 64% had secondary level of education, 76% were farmers, 68% had their last child birth at TBA home, 76% had no knowledge about postpartum haemorrhage, 80% do not register for antenatal care (ANC), 76% had their with TBA, 64% do not have health facility in their community, 80% had delayed in reaching health facility, 76% had excessive bleeding after birth, 80% of the PPH were due to distance to health facility and 64% were due to influence from family members. The study shows that postpartum haemorrhage is on the increase among women in rural areas and PPH is cause by several factors that are interconnected. See tables below.

Table 1: Marital status

Response	Frequency	Percentage (%)
Single	80	32.00
Married	150	60.00
Others	10	4.00
Widowed	10	4.00
Total	250	100.00

Table 2: Educational level

Response	Frequency	Percentage (%)
No formal education	40	16.00
Primary education	40	16.00
Secondary	160	64.00
Tertiary	10	4.00
Total	250	100.00

Table 3: Occupation

Response	Frequency	Percentage (%)
Farmer	190	76.00
Civil servant	10	4.00
Business	50	20.00
Total	250	100.0

Table 4: Place of previous delivery

Response	Frequency	Percentage (%)
Government hospital	45	18.00
Private clinic	5	2.00
Traditional birth attendant	160	68.00
Home delivery	40	16.00

Table 5: Knowledge about post-partum Haemorrhage

Response	Frequency	Percentage (%)
Participants who have knowledge about post-partum Haemorrhage	60	24
Participants who do not have knowledge about post-partum Haemorrhage	190	76
Total	250	100.0

Table 6: Participants who attended antenatal care

Response	Frequency (%)	Percentage (%)
Participants who attended antenatal care	50	20
Participants who did not attend antenatal care	200	80
Total	250	100

Table 7: Participants who have health facilities in their community

Response	Frequency (%)	Percentage (%)
Participants who have health facilities in their community	90	36
Participants who do not have health facilities in their community	160	64
Total	250	100

Table 8: Participants who experienced heavy bleeding after childbirth

Response	Frequency (%)	Percentage (%)
Participants who experienced heavy bleeding after childbirth	190	76
Participants who do not experience heavy bleeding after childbirth	60	24
Total	250	100

Table 9: Personnel that assisted with their last delivery

Response	Frequency (%)	Percentage (%)
Doctor	10	4.00
Nurse/midwife	60	24.00
Traditional birth attendant	170	68.00
Relative/ family/ member	10	4.00
Total	250	100

Table 10: Participants who distance to health facilities affect their decision to deliver in hospitals

Response	Frequency (%)	Percentage (%)
Participants whose distance to health facilities affects their decision to deliver in hospitals	200	80
Participants whose distance to health facilities do not affects their decision to deliver in hospitals	50	20
Total	250	100

DISCUSSION

The rising trend of postpartum haemorrhage (PPH) among women in rural areas is on the increase and a serious public health concern, especially in low-resource environment. This increase is due to ignorance from lack of awareness, inadequate finance, distance from location of health facilities, low level of education, lack of transportation means, poor road.

The study revealed that majority (76%) of the participants had excessive bleeding after birth, and this may be due to factors that are preventable but for the fact that they are in the rural areas, they neglect or do not seek health facilities for assistance. This excessive bleeding may be due to uterine atony, retained placentas or fragments, injuries to the birth canal and blood clotting problems and these are preventable factors. Again, majority are farmers and have secondary level of education. This could be one of the reasons why the PPH is on the increase. The study shows that 76% of the participants had no knowledge about postpartum haemorrhage, and 80% did not register for antenatal care

(ANC). This is attributed to lack of knowledge about the consequences of not registering or attending the antenatal care clinic. Again, several of the participants had their previous delivery with the village traditional birth attendants (TBA). Also, the following factors were indirectly responsible for PPH in the rural areas, they include inadequate finance, limited money affects nearly every step of care because women may avoid antenatal care, where risks for hemorrhage could be identified early, they may choose home delivery without a skilled birth attendant and in emergencies, lack of funds delays transport, hospital admission, or life-saving treatments (like drugs or blood transfusion) and bleeding that could have been controlled early becomes severe or fatal. Long distance to health facilities, geographic barriers create dangerous delays such that travel time from rural homes to clinics can be long, especially with poor roads or no transport. Even when bleeding starts, reaching a facility may take hours and by the time care is reached, blood loss may already be critical. Influence from family members, decision-making is often not solely the women, but husbands, mothers-in-law, or elders may prefer traditional birth attendants or home births. Also,

cultural beliefs may delay recognizing bleeding as an emergency and permission may be required before seeking care thus delay in deciding to go to a health facility (first delay). Delayed reaching health facilities and this overlaps with distance and finance but also includes logistics such as waiting to arrange transport, especially at night, lack of emergency transport systems and poor referral systems between smaller clinics and hospitals, worsening hemorrhage before skilled intervention is available.

Again, majority of the participants patronized TBA and TBA has limited skills in managing the third stage of labour. Proper management after the baby is delivered (to help the uterus contract and expel the placenta) is critical. TBAs may not use uterotonic drugs (like oxytocin) and not perform active management of the third stage of labor and thus leading to higher risk of uterine atony, the leading cause of PPH. TBAs may also not recognize excessive bleeding early, retained placenta and signs of shock. These factors don't directly cause bleeding in the biological sense, but they strongly increase the risk of severe outcomes from Postpartum hemorrhage by delaying or preventing timely, skilled care. In rural settings, they often interact in what's known as the delay model (delays in deciding to seek care, reaching care, and receiving care). Other contributing risk factors include prolonged labor, multiple pregnancy (twins/triplets), very large baby, infection, or previous history of postpartum hemorrhage.

CONCLUSION

The study revealed that PPH is on the increase among women in the rural areas and are mostly due to indirect factors such as poverty, long distances to health facilities, cultural and family influences, delays in seeking and reaching care, and reliance on unskilled birth attendants do not directly cause Postpartum hemorrhage, but they significantly increase its severity and the risk of death. These factors create critical delays in recognizing complications and accessing timely, skilled medical intervention.

In rural areas, where health systems are often weak, these indirect causes interact and compound one another, turning otherwise manageable bleeding into

life-threatening emergencies. Therefore, reducing deaths from postpartum hemorrhage requires not only clinical care but also addressing these underlying social, economic, and accessibility barriers.

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