

2nd International Conference on

Reproductive Health

December 01-02, 2016 San Antonio, USA

Failure to take menstrual history and implications for quality of care for women in Uganda

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Background: Menstrual history can reveal important pointers to conditions in a woman's life, ranging from a normal pregnancy to malignant disease. Failure to take menstrual history for a woman seeking health care is a serious omission as the quality of care that follows is suspect. As part of our study on drug use patterns in Uganda with emphasis on prescription of medications that are potentially harmful in pregnancy, we set out to assess if and how often prescribers consider the possibility of pregnancy while treating women of reproductive age in the general outpatient clinics (OPDs).

Methods: A prospective survey among women aged 14-45 years attending OPDs in two districts in Uganda in August 2016. Ethical approval was obtained from Mbale Regional Referral Hospital Research and Ethics Committee as mandated by the Uganda National Council for Science and Technology. Written informed consent was obtained from all the participants.

Results: 94 exit interviews were conducted in eight health facilities. Only 24 (25.5%) of the respondents had their menstrual history taken. 48 of the women who did not have their menstrual history were from Mbale hospital OPD where only 10 (17.2%) had their menstrual history. Medications were prescribed to 64 (91.4%) of the women who did not have their menstrual history taken; 44 (69%) had at least one antibiotic.

Conclusion: A review of the training and supervision of the prescribers in Uganda may be required.

Biography

Winifred Wafula has completed her graduation as Medical Doctor from Makerere University, Kampala, Uganda in 1995. She also completed her Master of Science degree in Pharmacology from the same University in 2000 and then started working at Centers for Disease Control and Prevention, CDC, Entebbe, Uganda. Currently, she is the Head of Department, Pharmacology and Therapeutics at Busitema University.

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