Malpractice in breastfeeding

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Misconceptions run as an ice ball among people. Regarding breastfeeding, misconceptions are widespread and the mother receives a lot of confusing information from her family, friends, nurses and even paediatricians. Breastfeeding is an easy come, easy go process. It can go by one false advice, depriving the mother and her baby from the benefits of breastfeeding. In this presentation, all the common misconceptions about breastfeeding among mothers and paediatricians will be trouble-shooted. Malpractice among paediatricians and obstetricians is also discussed and corrected e.g., basic advices to breastfeed the healthy newborn, management of insufficient weight gain in a breastfed baby, management of breast infections, nutritional advices to the mothers, breastfeeding guidelines of the incubated baby. Despite that all these misconceptions can easily drive the mother to terminate breastfeeding, it can be easily avoided and this is the aim of this presentation.

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Urinary tract infection among obstetric fistula patients at Gondar University Hospital, Northwest Ethiopia

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Background: Many women die from complications related to pregnancy and childbirth. In developing countries particularly in Sub-Saharan Africa and Asia, where access to emergency obstetrical care is often limited, obstetric fistula usually occurs as a result of prolonged obstructed labor. Obstetric fistula patients have many social and health related problems like Urinary Tract Infections (UTIs). Despite this reality, there was limited data on prevalence of UTIs on those patients in Ethiopia.

Aim: The aim of this study was to determine the prevalence, drug susceptibility pattern and associated risk factors of UTI among obstetric fistula patients at Gondar University Hospital, Northwest Ethiopia.

Methods: A cross sectional study was conducted from January to May, 2013 at Gondar University Hospital. From each post repair obstetric fistula patients, socio-demographic and UTIs associated risk factors were collected by using a structured questionnaire. After the removal of their catheters, the mid-stream urine was collected and cultured on Cystine lactose electrolyte deficient agar (CLED). After overnight incubation, significant bacteriuria was sub-cultured on blood agar plate and MacConkey agar. The bacterial species were identified by series of biochemical tests. Antibiotic susceptibility test was done by disc diffusion method. Data was entered and analyzed by using SPSS version 20.

Results: A total of 53 post repair obstetric fistula patients were included for the determination of bacterial isolate and 28 (52.8%) of them had significant bacteriuria. Majority of the bacterial isolates, 26 (92.9%), were gram negative bacteria and the predominant ones were Citrobacter 13 (24.5%) and Escherichia coli 6 (11.3%). Enterobacter, Escherichia coli and Proteus mirabilis were 100% resistant to tetracycline. Enterobacter, Proteus mirabilis, Klebsiella pneumonia, Klebsiella ozenae and Staphylococcus aureus were also 100% resistant to ceftriaxone.

Conclusion: The prevalence of bacterial isolates in obstetric fistula patients was high and majority of the isolates were gram negative bacteria. Even though the predominant bacterial isolates were Citrobacter and E. coli, all of the bacterial isolates had multiple antibiotic resistance patterns which alert health profession to look better treatment for these patients.

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