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Stressor factors of human morbidity and mortality in a peruvian population of women and infants in Lima from 2001 to 2009

Percy Pacora
San Marcos University, Peru

Human disease and death is multifactorial. However, the number and nature of these stressors have not been yet established. The purpose of this search is to describe the frequency of stressor factor for morbidity and mortality of Peruvian women and infants in a women and infants' hospital in Lima. An observational, retrospective and analytical study of singleton pregnant women that delivered at Hospital San Bartolomé in Lima from January 1, 2000 to December 31, 2009 was conducted. Clinical and demographic information were obtained from the Maternal and Perinatal Electronic Database of the department of obstetrics and pediatric of the hospital. The stressors factors of morbidity and mortality of human being were classified as (1) Anatomical: Maternal height<156 cm, premature rupture of fetal membrane and anatomical birth defect, (2) Maternal malnutrition: Body mass index (BMI)>24.9 kg/m2, BMI<18.5 kg/m2 and hemoglobin<11 gr/dL, (3) Vascular: Vaginal hemorrhage, arterial hypertension, preclampsia-eclampsia, placenta praevia and abruption placentae, (4) Infectious: Maternal urinary tract infection, syphilis, puerperal infection and neonatal sepsis; 5) Psychological: Multiparity, single status and interpregnancy interval<12 months, (6) Social: Absent prenatal care, prenatal care after 26 week of pregnancy and unknown last menstrual period, (7) Metabolic : BMI>30 kg/m2, weight gain in pregnancy>500g per week and pre-diabetes-diabetes mellitus and (8) Toxic: To smoke during pregnancy. Descriptive and analytical statistic was used. Logistic regression analysis was employed to predict the small-for-gestational-age-(SGA) infant. Among 50,336 single pregnancies with complete data, there were 21,584 (42.8%) pregnancies with maternal morbidity, 3,511 (6.9%) were SGA fetus, 6,528 (12.9%) neonatal morbidity, 17 (0.03%) maternal deaths, 3555 (7.0%) fetal deaths and 555 (1.1%) neonatal deaths. The range of social, psychological, vascular, anatomical, metabolic, nutritional, infectious and toxic factors involved in maternal and infant morbidity were: 83.5-85.7%, 59.0-66.8%, 18.7-56.1%, 77.3-80.1%, 34.0-42.9%, 41.6-50.1%, 21.5-40.7% y 0.3%, respectively. The range of social, psychological, vascular, anatomical, metabolic, nutritional, infectious and toxic factors involved in women and infant deaths were: 81.8-100%, 71.6-87.2%, 37.4-100.0%, 37.4-65.0%, 25.0-100%, 36.1-56.7%, 6.6-46.6%, 0.0-1.0%, respectively. Parity, female fetal sex, preeclampsia-eclampsia, absent of prenatal care, single status, premature rupture of fetal membranes, maternal urinary tract infection, gestational age of the newborn, maternal; BMI and age were independent factors of SGA infant. In conclusion, child health is linked to maternal health which is the main source of biological, psychological, social and spiritual nutrition. Human morbidity and mortality is due to the simultaneous interaction of eight stressors factors. Toxic factor is under reported.

ppacorap@yahoo.com