

Sociodemographic Profiling of Pregnant Women in a Western Ugandan Regional Hospital: Insights for Evidence-Based Resource Allocation and Policy Advancement

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Introduction

This retrospective audit at a Western Uganda regional hospital endeavours to establish their maternity patients' socio-demographic characteristics. Given the absence of prior data collection at this healthcare facility, the analysis aims to foster evidence-based decision-making for resource allocation within the constraints of a resource-limited environment.

Objectives

The primary objective is to assess and evaluate maternal population data to inform and enhance hospital policy.

Methodology

By examining retrospective data, antenatal and birth records from April 2022 to August 2022 were analysed prospectively. The dataset encompassed diverse demographic particulars as obtained from patient records.

A limitation pertains to data collection and storage practices at the regional hospital. The birth register documented approximately 1000 births, with hundreds of antenatal and birth records lost, damaged, or incompletely documented.

Conclusion

Sociodemographic insights from this audit offer valuable knowledge into Kagando Hospital's largest department. Historically, resource allocation decisions relied on estimations, but this analysis enables evidence-based decisions to fortify quality assurance protocols and enhance patient outcomes.

By systematically analysing data related to patient characteristics, medical interventions, and clinical outcomes, healthcare providers at Kagando can identify **disparities**, **inefficiencies**, and areas for **improvement** in **maternal care delivery**. This approach enables targeted interventions to address the specific needs of diverse patient populations, optimise **resource allocation**, enhance **quality of care**, and ultimately improve **maternal** and **neonatal health outcomes**. Moreover, it facilitates **evidence-based decision-making**, fosters **accountability**, and promotes **continuous quality improvement efforts**, thus maximising the impact of limited resources in resource-constrained settings such as Uganda.

Results and Discussion

Within the study period, 410 births were documented, accompanied by comprehensive antenatal and delivery information. The average maternal age was 26 years, and the gestational age at delivery was 37 weeks and 2 days. Parity averaged 2.1, with an average of 4 antenatal visits. The average length of hospital stays for delivery was 3.2 days.

37 weeks and 2 days was the average Gestational Age at delivery

4 Antenatal visits were attended



3 day average hospital stay required post delivery

The information provided from this analysis subsequently provided vital information for hospital decision-makers during the Ebola Outbreak in late 2022. This audit provided objective figures rather than estimations to assist in the appropriate allocation of resources, including staff, medications and personal protective equipment

However, the discrepancy in data collection and birth register numbers stresses the urgent demand for hospital executive to refine their clinical documentation storage and collection practices.