

Evaluation of High Risk Factors among Ante-Natal Women

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Research Article

Abstract: The Present cross sectional study was carried among pregnant patients in Antenatal OPD at OBGY and preanesthetic evaluation room of Department of Anesthesia, Rajiv Gandhi Institute of Medical Science (RIMS), Adilabad to identify the high risk factors which can complicate the course of pregnancy. 1000 women were randomly selected. Various parameters like age, height, blood pressure, foetal presentations, placental site, hemoglobin, previous birth history, parity, duration of pregnancy, previous C.S or instrumentation and existing medical disease were evaluated. Anemia was the most common risk factor found in 86% women, 17 % patients had previous history of caesarian section or instrumentation and 12% patients were diagnosed with pregnancy induced hypertension. 7% women had malpresentation and 5% woman had twins / hydramnios. 93% women had one or more risk factor. 48% women had one risk factor. 43% had two risk factors. 6% had three risk factors and one patient had four risk factors.

Key words: High Risk factors, ANC mother.

Introduction

High Risk Pregnancy is defined as one which is complicated by factor or factors that adversely affect the pregnancy outcome maternal or perinatal or both¹. All pregnancies and deliveries are potentially at risk. However, there are certain categories of pregnancies where the mother, the fetus or the neonate is in state of increased jeopardy. Even with adequate antenatal and intra care, this group is responsible for 70-80% of perinatal mortality and morbidity. It must be remembered that 50% of all maternal complications and 60% of all primary caesarean section arise from the high risk group of cases. According to World Health Organization (1978), risk approach for Maternal and child Health (MCH) care is to identify the high risk cases from large group of antenatal mothers. The high risk factors are elderly primi (> 30 years), short stature primi (<140 C.M.), Antepartum Hemorrhage, malpresentation, preeclampsia and eclampsia, anemia, elderly woman, grand multiparity, twins and hydramnios, previous still birth, prolonged pregnancy, history of previous caesarean section and pregnancy associated with medical disease. Pregnancy is normal health event in the reproductive life of women. Yet this life affirming process carries the risk of death and disability for many women². Globally every year an

estimated 5,29,000 maternal deaths occur due to pregnancy related preventable causes like hemorrhage, Hypertensive disorders, Sepsis, obstructed labour and unsafe abortions. 72-80% perinatal mortality in developing countries including India is accounted for by the mothers falling in these high risk categories³. Anemia increases the mothers risk for placental abruption, preterm labour and maternal death and puts the developing baby at risk for low birth weight and miscarriage⁴. The objective of our study was to identify the high risk factors in pregnancy in this remote and tribal area of Andhra Pradesh. Also, they could be timely rectified followed by proper management of high risk cases to prevent or at least modify the sub optimal perinatal outcome.

Material and Methods

The study was carried out In OBGY department and preanesthetic room of Anesthesia Department at RIMS, Adilabad during May 2009 to June 2010. A pre designed and pre tested questionnaire was made about the identification of high risk factors during pregnancy. The risk factors were as per W.H.O. guidelines⁴. Randomly 1000 ANC mothers were included in the study. The data was collected analyzed and presented.

Result and Discussion

Anemia was found in 86% cases. Hemoglobin less than 6 gm% was found in 5% cases (Severe anemia). 19% women had Hemoglobin in the range of 6 to 8% (Moderate anemia). 62% women had Hemoglobin in the range of 8.1 to 10gm% (Mild anemia). The World Health Organizations estimates that 58% of pregnant females in developing countries are anemic^{4,5}. 48% women had 1 risk factors. 17% women had previous LSCS or Instrumental delivery. 12% women had pre eclampsia, eclampsia. 7% women had malpresentation. Previous still birth, IUD, APH, and height less than 140 cm was found in 5% women each. 9% women were at risk due to their age. Prolong pregnancy was found in 3% cases and pregnancy associated with Medical diseases was found in

2% cases. 7% women had found with no risk factors. If we desire to improve our Obstetric results, the high risk cases should be identified and given proper antenatal, intranatal and neonatal care. A simple check list should be prepared for health worker to fill up. Women who had an antenatal visit were 4 times more likely to deliver with midwife than those who will develop complications. The organizational aspect may be strengthen like strengthening of midwifery skills, community participation and referral system. Training of residents, nursing personal and community health workers. Arranging periodic seminars, refresher courses and concentration of cases in specialized centers. Community participation, proper utilization of health care, man power and financial resources where it is needed pays a lot in long term. Improvement of economic status , literacy and health awareness of community are long term measures. The central purpose of antenatal care is to identify high risk cases (as early possible) from a large group of antenatal mothers and arrangement for them of skilled care, and continuing to provide appropriate care for all mothers. The risk approach is a managerial tool for

improved MCH care. Inherent in this approach is maximum utilization of all resources including some human resources that are not conventionally involved in such care – traditional birth attendance, community health workers, and women’s group for example. The risk strategy is expected to have far reaching effects on the whole organization of MCH/ Family planning services and lead to improvement in both the coverage and quality of health care of all levels, particularly at Primary health care. High maternal mortality reflects not only in adequacy of health care services for mother but also a low standard of living and socio economic status of the community. In the world, the problem of maternal mortality is principally one of applying existing Obstetrics knowledge through antenatal, intranatal and postnatal services rather than developing new skills. The focus of antenatal care should be shifted towards helping women and their families to make use of these services. Many times the ANC services do not reach the beneficiaries so the ANC services should also be strengthened and should reach to the grass route level for those in real need⁶.

Table 1: High Risk factors in ANC Mothers

Sr.No.	Risk factor	Age < = 20 Years	21 to 25 Years	26 to 30 Years	Greater than 30 years	Total
1	Elderly Primi > 30 years	-	-	-	60	60
2	Height < 140Cm	30	20	-	-	50
3	Pre Eclampsia, Eclampsia	60	40	10	10	120
4	Mal Presentation	20	40	10	-	70
5	APH	10	40	-	-	50
6	Anemia Hemoglobin less than 10 gm%	170	500	140	50	860
7	Previous stillbirth, IUD	10	30	-	10	50
8	Elderly multi Para > 35 Years	-	-	-	30	30
9	Prolong pregnancy	-	-	10	20	30
10	Previous LSCS or INS delivery	30	90	50	-	170
11	Pregnancy with medical disease	-	10	10	-	20

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