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Original Research Paper

Obstetrics & Gynaecology

AWARENESS OF COMPLICATIONS OF FIRST TRIMESTER PREGNANCY

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ABSTRACT BACKGROUND- first trimester is the most crucial time in pregnancy, simple events can have disastrous impact on the outcome of pregnancy and can directly cause pregnancy loss and pose a risk to maternal health. Awareness of complications of first trimester of pregnancy, symptoms and reaching out to health experts at right time can play a vital role in preventing fetal loss and reducing morbidity.

OBJECTIVE-To assess the level of awareness among pregnant women regarding complications of first trimester.

MATERIAL & METHODS- This prospective cross-sectional study was conducted among 150 women with pregnancy test positive and pregnancy was confirmed with USG showing gestational sac and attending the outpatient department of obstetrics and gynecology department of Muzaffarnagar medical college. Women were interviewed with questioner. First trimester pregnancies were included, pregnancies > 12 weeks, were excluded.

RESULT- In this study maximum number of participants belonged to low socioeconomic status, about 65% were Primi and about 30% had attended primary school and about 33% had satisfactory knowledge about complication of first trimester pregnancy. Overall results showed insufficient knowledge and awareness about complications of first trimester pregnancy.

CONCLUSION- Our participants did not have ample knowledge and awareness about the complications. Rural women require more of awareness.

KEYWORDS: first trimester complication, awareness, pregnancy loss, prevention of complication

INTRODUCTION

Vaginal bleeding in the first trimester is a common obstetric situation ranging from an insignificant episode to life threatening emergency. The major causes are abortion, ectopic, and molar pregnancy.[1] First trimester bleeding complicates around 20-27% of pregnancy. $\sp[0.3]$ Other than routine antenatal visits, bleeding in first trimester is the most important reason for the consultation.[4]

Vaginal bleeding can be a normal sign of implantation of the pregnancy, may herald the initiation of spontaneous abortion, or may be the sign of a pathologic condition such as ectopic pregnancy or gestational trophoblastic disease. Vaginal bleeding after confirmation with a positive pregnancy test requires further assessment to identify normal or abnormal development of the pregnancy or a pathologic condition that requires intervention. [5]

Various causes of vaginal bleeding in first trimester include the implantation bleeding, threatened miscarriage, completed miscarriage, incomplete miscarriage, blighted ovum, missed abortion, molar pregnancy, and ectopic pregnancy.[7]

MATERIALS AND METHODS

This prospective cross-sectional study was conducted among women whose pregnancy test positive and pregnancy was confirmed with USG showing gestational sac and attending the outpatient department of obstetrics and gynecology department of Muzaffarnagar Medical College. 150 early pregnant women were recruited for the study with their prior consent. Interview was conducted with questionnaire after describing the purpose of the study. The participants were assured that participation is voluntary and confidentiality would be maintained.

Participants were asked to answer a questionnaire, and their knowledge was categorized as satisfactory if they answered 50% answers correctly or unsatisfactory with score less than 50%.

Inclusion Criteria

All the women available during the data collection period who

are willing to participate in this study were included in this survey.

Positive urine pregnancy test

Ultrasonographic findings confirming intra uterine pregnancy of < 12 weeks

Exclusion Criteria

Pregnancy > 12 weeks Unstable patient

Patients unable to hear or communicate and not willing to participate in the study were excluded in the survey. The data was then analyzed and percentage were obtained.

In this study maximum number of participants belonged to low socioeconomic status, about 65% were Primi and about 30% had attended primary school and about 33% had satisfactory knowledge about complication of first trimester pregnancy. Overall results showed insufficient knowledge and awareness about complications of first trimester pregnancy.

Parity Distribution:

PARITY	NUMBER	PERCENTAGE
PRIMIGRAVIDA	97	65%
MULTIGRAVIDA	53	35%

Distribution Of Knowledge:

DISTRIBUTION OF	NUMBER	PERCENTAGE
KNOWLEDGE		
BELOW SATISFACTORY	100	6.66%
SATISFACTORY	50	33.33%
TOTAL	150	-

Choice Of Treatment:

TREATMENT TAKEN	NUMBER	PERCENTAGE
HOME REMEDIES	30	20 %
PHARMACY	45	30%
HOSPITAL/PHC/LOCAL	75	50%
DOCTOR		

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Practice In this study 20% of them take native treatment, 30% will take medicine from pharmacy and 50% will report to doctor.

DISCUSSION

The first trimester is from week one through 12 and includes conception, among women who know they are pregnant, the miscarriage rate is lower, while rates among all fertilization is around 30%.

One of the most common symptoms of a miscarriage is vaginal bleeding with or without pain. Our study showed maximum number of participants belonged to low socioeconomic status, about 65% were Primi and about 30% had attended primary school and about 33% had satisfactory knowledge about complication of first trimester pregnancy. Overall results showed insufficient knowledge and awareness about complications of first trimester pregnancy. It is due to lack of basic education and awareness in rural India.

CONCLUSION

Knowledge and awareness about the complications of first trimester pregnancy is poor among the study population. Awareness programs should be conducted in rural areas where the socioeconomic status and education are low.

REFERENCE:

- Patel NG, Patel MS, Shah SR, Jani SK, Patel JA, Shah JU. Study of outcome Pregnancy in patients with first-trimester bleeding per vaginum. Int J Adv Med 2014. 1:2303
- Farrell T, Owen, P. The significance of extra-chorionic membrane separation in threatened miscarriage. Br J Obstet Gynae Col. 1996; 103:926-8.
 Hasan R, Baird DD, Herring AH, Olshan AF, Funk ML, Hartmann KE. Patterns
- Hasan R, Baird DD, Herring AH, Olshan AF, Funk ML, Hartmann KE. Patterns and predictors of vaginal bleeding in the first trimester of pregnancy. Ann Epidemiol. 2010;20(7):524-31.
- Āgarwal K, Ritu, Singh A, Singh A, Mishra A. Obstetrical outcome of pregnancy complicated with first trimester bleeding and subchorionic hematoma. Int J Reprod Contracept Obstet Gynecol 2020; 9:23-7.
- Snell BJ. Assessment and Management of Bleeding in the First Trimester of Pregnancy. Journal of Midwifery & Women's Health 2009; 54: 483-91.
- Dogra V, Paspulati RM, Bhatt S. First trimester bleeding evaluation. Ultrasound Q 2005: 21:69-85.
- Tiparse A, Gandhi B, Patel A. Ultrasonographic evaluation of first trimester bleeding. Int J Reprod Contracept Obstet Gynecol. 2017; 6:3614-7.