DESCRIPTIVE STUDY TO ASSESS THE PREVALENCE OF HIGH RISK PREGNANCIES AMONG ANTENATAL MOTHERS ATTENDING ANTENATAL OUTPATIENT DEPARTMENT OF SELECTED HOSPITAL OF NURPUR, DISTT. KANGRA.

Nursing

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ABSTRACT

Pregnancy is the fertilization and development of one or more offspring named as embryo or fetus, in a women's uterus. Childbirth usually occurs about 38 weeks after conception, in women who have a menstrual cycle length of four weeks, this approximately 40 weeks from the start of the last normal menstrual period. A woman is considered to have a high-risk pregnancy when health concerns exist that may threaten the natural course of the development or birth of the baby, or those pose a risk to the mother. The main of the study was to determine the prevalence of high risk pregnancies among antenatal mothers with a view regarding prevention of high risk pregnancies by developing information booklet. For this study Descriptive research design was used. The study was conducted on conveniently 100 antenatal mothers attending antenatal outpatient department of selected hospitals, Nurpur. Data was collected by socio-demographic variables and Modified high risk pregnancy scale. Collected data was analyzed by inferential and descriptive statistics. Tables and bar diagrams were used to depict the findings. In Reproductive factor under Age Maximum 100% mothers were in 18-35, under Parity maximum 52% were nullipara, In Past obstetrical history maximum 20% mothers had history of previous caesareans section, In Present Pregnancy factor maximum 36% mothers had Anaemia and In Associated Factors maximum 3% mothers had cardiac disease. In this study here is a significant association between prevalence of high risk pregnancies in antenatal mothers with residence, type of family and expected place for delivery at p<0.05 level.

KEYWORDS

Prevalence of High Risk Pregnancies, antenatal mothers.

INTRODUCTION:
"There is such a special Sweetness in being able to participate in creation"
Pregnancy is the fertilization and development of one or more offspring, known as an embryo or foetus, in a women's uterus. Its common name for human is gestation. A multiple pregnancy involves more than one embryo or foetus in a single pregnancy, such as with twins. Childbirth usually occurs about 38 weeks after conception, in women who have a menstrual cycle length of four weeks, this approximately 40 weeks from the start of the last normal menstrual period. Conception can be achieved through sexual intercourse or assisted reproductive technology.[1]

A woman is considered to have a high-risk pregnancy when health concerns exist that may threaten the natural course of the development or birth of the baby, or those pose a risk to the mother. In such a cases, the mother may need special care, more tests and possibly medication to ensure that she can carry the baby safely through to delivery. While pregnancy is a natural condition, it can be complicated even in healthy women`s body because of changes in blood volume, hormone balance, pressure, the physical burden of pregnancy etc. Underlying medical conditions can add even more stress while complications caused by pregnancy itself (such as preeclampsia and gestational diabetes) can turn a normal into a high-risk pregnancy.[2]

Every minute a woman is dying somewhere in our world from complications of pregnancy or childbirth and 99 % of these deaths occur in the developing world. All of these deaths are of women who are fulfilling their biological role and would have been alive otherwise. By that standard all of these deaths are entirely preventable. Fundamentally the causes of maternal deaths and disability are rooted in the lack of high level commitment to women's healthcare and in the perception of womanhood in our culture. Health services for women including maternal care are not a priority as women do not enjoy an equal status in our society. Moreover maternal illness, suffering and death are perceived as natural, inevitable and part of womanhood.[3]

As the high risk pregnancy incidence is high, so investigator thought to conduct study for the assessment of prevalence of high risk antenatal mothers and to provide information to increase their knowledge with the help of information booklet.

Objectives
1. To assess the prevalence of high risk pregnancies among antenatal mothers.
2. To find out association regarding prevalence of high risk factors in

pregnancies with their selected socio demographic variables.
3. To provide information booklet regarding preventive measures for high risk factors.

ASSUMPTIONS:
High risk pregnancies are prevalent among antenatal mothers**.**

MATERIAL AND METHODS:
Research Design: Non Experimental descriptive research design
Research Settings: civil hospital Nurpur,
Population: All antenatal mothers of Nurpur
Target Population: Antenatal mothers who are attending antenatal outpatient department of civil hospital Nurpur.

Sample Size and sampling Technique: 100 antenatal mothers, Convenient sampling.

Tool and Method of Data Collection:
Part1: Socio demographic variables
Part 2: Modified High risk pregnancy scale

Criteria for Sample selection
Inclusion criteria: The antenatal mothers who are present at the time of the data collection**.**

Exclusion criteria
1. All antenatal mothers who had no test reports and unaware of their past obstetrical history.
2. Mothers who are not willing to participate in the research study.

Variables: Research Variable: Prevalence of high risk pregnancy.
Demographic Variables: Age(in years), residence, type of family, dietary pattern, educational status of mother, occupation of mother, family monthly income(in Rs.), expected place of delivery.

Development of Tool: The tool was divided into two factors.
Part 1: This part consisted of socio demographic variables i.e. age, residence, type of family, dietary pattern, educational status of mother, occupation of the mother, family monthly income (in Rs.), expected place of delivery.

Part 2: Modified High risk pregnancy scale which contain 24 conditions and contains four min factors that are Reproductive health factors,

CRITERION MEASURE
Table 1: Criterion measure for prevalence of high risk pregnancies

Level of prevalence of high risk	Score
No risk	0
Low risk	1-2
Moderate risk	3-5
High risk	≥ 6

Maximum score = 6 & above
Minimum score= 0

Pilot Study: The pilot study was conducted in the month of February 2018 to identify the reliability of tool and feasibility of the study. The study was conducted at Suman Saxena Day Care Centre Nurpur and formal permission was taken from Dr. Suman Saxena Lata Saxena retired BMO.

Reliability of Tool: Reliability was established by split half method and was calculated by Karl Pearson`s Coefficient Correlation and the reliability of high risk pregnancy scale was 0.9. Hence the tool was reliable.

Data collection procedure: The data collection procedure of the study was carried out in the month of March 2018. There are 3 hospitals in Nurpur. From these the researcher conveniently selected one hospital for the research. Permission was taken from Block Medical Officer civil hospital Nurpur. Researcher introduced herself and written informed consent was obtained from each sample who has participated. They are assured that their response would be kept confidential and used for research purpose. Modified high risk pregnancy scale was filled one by one by the researcher. Total time for filling of tool was 15-20 minutes per sample. Total 100 samples were selected from antenatal outpatient department of civil hospital of Nurpur, through convenient sampling technique. Analysis was done as per the objectives by using descriptive and inferential statistics.

Ethical consideration:
1. Written permission was taken from the Principal of Kamakshi Institute of Nursing.
2. Ethical clearance was taken from the Ethical Clearance Committee of Kamakshi Institute of Nursing.
3. Written permission was taken from the Block Medical Officer, Medical Superintendent and Senior Doctors of the selected Hospitals.
4. Written Consent was taken from each study sample.
5. Confidentiality and anonymity of each sample was maintained throughout the study.

Plan of Data Analysis: Data analysis and interpretation of data was done according to the objective of the study. Analysis was done by using descriptive and inferential statistics. Descriptive statistics was frequency, mean percentage, mean and S.D. and inferential statistics were calculated by Chi square and ANOVA test. Bar Diagrams were used to depict the findings. The level of significance chosen was $p<0.05$.

MAJOR FINDINGS:
- Majority of antenatal mothers (100%) were in 18-35 age group and (0%) were in ≤ 18 and ≥ 35 age group.
- In residence majority of antenatal mothers (77%) were from rural area and minority (23%) were from urban area.
- According to the type of family majority of the antenatal mothers (82%) from joint family and minority (18%) were from nuclear family.
- With the view of dietary pattern most of the antenatal mothers (55%) were vegetarian while other (45%) were non-vegetarian.
- In relation to education maximum (37%) antenatal mothers were educated up to senior secondary no one in formal education.
- According to occupation maximum (86%) antenatal mothers were housewife and minimum (0%) were laborer.
- According to Monthly family income (in rupees) maximum (42%) were in 10,001-15,000 category, minimum (0%) in $\leq$ 5,000 category.
- It was depicted that according to expected place of delivery all antenatal mothers 100 (100%) were planning their delivery at hospital.

- I: **DISTRIBUTION**: In **Reproductive factor** under Age

Maximum 100% mothers were in 18-35, under Parity maximum 52% were nullipara, **In Past obstetrical history** maximum 20% mothers had history of previous caesareans section, **In Present Pregnancy factor** maximum 36% mothers had Anaemia and In Associated Factors maximum 3% mothers had cardiac disease.
- II: **ASSOCIATION**: There is a significant association between prevalence of high risk pregnancies in antenatal mothers with residence, type of family and expected place for delivery.

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