



ORIGINAL RESEARCH PAPER

Nursing

A STUDY TO IDENTIFY HIGH RISK PREGNANCY AMONG PREGNANT WOMEN IN SELECTED COMMUNITY, ASSAM

KEY WORDS: Identification, high risk pregnancy, pregnant women.

Ms. Corrigenda Pohdweng Msc Nursing 2nd Year, Sankar Madhab College of Nursing, Assam down town University

Mrs Arline Beshra* Assistant Professor, Obstetrics and Gynaecological Nursing Department, Sankar Madhab College of Nursing, Assam down town University, *Corresponding Author

Mrs Khundongbam Pinky Assistant Professor, Obstetrics and Gynaecological Nursing Department, Sankar Madhab College of Nursing, Assam down town University,

ABSTRACT A descriptive study was conducted to identify high risk pregnancy among pregnant women and to find out the association between high risk pregnancy with the demographic variables. Non-experimental descriptive design was adopted for the study. In this study, 100 pregnant women residing in Dhirenpara, Guwahati, Assam were selected by using Non-probability convenience sampling technique. The tools used for the study were Demographic performa and Modified high risk pregnancy scoring system. The study reveals that 34% of the pregnant women were having low risk pregnancy, 45% were having moderate risk pregnancy and 21% of the pregnant women were having high risk pregnancy. The findings showed that high risk pregnancy was found to be associated with number of abortion, family income, dietary pattern and source of information.

1. INTRODUCTION:

High risk pregnancy is defined as one which is complicated by factor or factors that adversely affects the pregnancy outcome maternal or perinatal or both. All pregnancies and deliveries are potentially at risk. About 20 to 30 per cent pregnancies belong to this category. Some of the conditions are inevitable but a lot can be taken care of with the help of good prenatal health care. 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 that pose a risk to the mother. In such cases, the mother may need special care, more tests and possible medication to ensure that she can carry the baby safely through to delivery. The factors that place a pregnancy at risk can be divided into four categories:

- Existing Health Conditions: High blood pressure, diabetes, kidney disease, autoimmune disease, thyroid disease.
- Age: Teen pregnancy and first-time pregnancy after age 35.
- Lifestyle Factors: Alcohol use and cigarette smoking.
- Conditions of Pregnancy: Multiple gestation, gestational diabetes, preeclampsia and eclampsia.

In India, about 830 women die each day due to complications in pregnancy and childbirth. This is despite a 44% reduction in maternal deaths between 1990 and 2017. India's maternal mortality rate is declining faster than the global target, and the government's aim to bring it down to 100 by 2020.

2. MATERIAL AND METHODS:

Non-experimental descriptive design was adopted for the study. The study was conducted in Dhirenpara community, Assam. The target population for the study was all antenatal mothers. In this study, 100 pregnant women were selected by using Non-probability convenience sampling technique. The tools were divided into two sections. Section A of the tools consists of items on demographic variables and section B of the tools is a Modified High risk pregnancy scoring system on identification of high risk pregnancy among pregnant women. Reliability of the tool was calculated by Test re test method followed by Karl Pearson Correlation coefficient formula and was found to be $r=0.94$ which indicate an acceptable degree of reliability. An informed consent was obtained from each antenatal mothers for conducting the study. The analysis was done by using both descriptive and inferential statistics in terms of frequency and percentage distribution and chi-square.

3. RESULTS AND DISCUSSION:

Table 1: Frequency and percentage distribution of demographic variables.

n=100			
Sl. no	Demographic variables	Frequency	Percentage (%)
1.	Age		
	a. <16 years	0	0
	b. 16-22 year	32	32
	c. 23-29 year	54	54
	d. 30-35 year	6	6
2.	Age at marriage		
	a. 15-20 years	68	68
	b. 21-25 years	29	29
	c. 26-30 years	1	1
3.	Duration of marriage		
	a. 1-5 years	71	71
	b. 6-10 years	23	23
4.	Number of pregnancy		
	a. 0	0	0
	b. 1-2	76	76
	c. 3-4	18	18
5.	Number of living children		
	a. None	52	52
	b. 1-2	44	44
	c. 3-4	4	4
	d. 5 and above	0	0
6.	Number of abortion		
	a. None	76	76
	b. 1-2 times	23	23
	c. 3-4 times	1	1
7.	Basic education		
	a. Illiterate	16	16
	b. Primary	35	35
	c. Secondary	18	18
	d. Higher secondary	13	13
	e. Graduate	18	18
8.	Type of family		
	a. Nuclear family	57	57
	b. Joint family	43	43
	c. Extended family	0	0

9.	Religion		
	a. Hindu	48	48
	b. Muslim	52	52
	c. Christian	0	0
	d. Others	0	0
10.	Occupation		
	a. Government employee	0	0
	b. Private employee	10	10
	c. Self-employed	7	7
	d. Daily wage labourer	3	3
	e. Housewife	80	80
11.	Occupation of husband		
	a. Government employee	0	0
	b. Private employee	31	31
	c. Self-employed	11	11
	d. Daily wage labourer	58	58
	e. Unemployed	0	0
12.	Family income		
	a. <Rs 5,000	42	42
	b. Rs 6,000- Rs 10,000	55	55
	c. Rs 11,000 and above	3	3
13.	Residence		
	a. Rural	100	100
	b. Urban	0	0
14.	Dietary pattern		
	a. Vegetarian	12	12
	b. Non vegetarian	88	88
15.	Source of information		
	a. Radio	4	4
	b. Television	2	2
	c. Mass media	10	10
	d. Friends	5	5
	e. Family member	14	14
	f. Health workers	65	65

High risk pregnancy status n=100

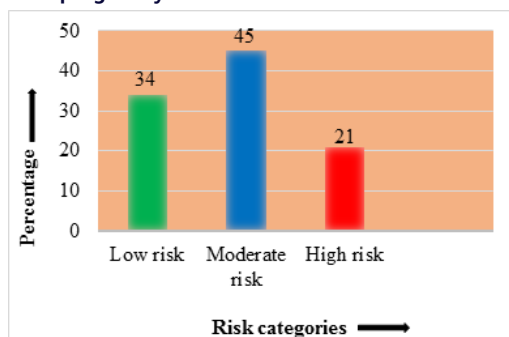


Fig 1: Bar diagram showing high risk pregnancy status of the pregnant women

The study revealed that 34% of the antenatal mother were having low risk pregnancy status, 45% of the mothers were having moderate risk pregnancy status and 21% were having high risk pregnancy status.

The above findings was supported by a study conducted by **Safrullah A and Asrullah M (2017)** conducted a descriptive study to determine the sociodemographic characteristic of pregnant women with high risk pregnancy in Indonesia. Respondents were the women who have pregnancy during the time of data collection. The findings of the study showed that prevalence of pregnant women with high risk pregnancy was 20.2%. Based on regional, pregnant women who live in rural areas were higher than in urban area (56.2%). According to education, employment and income status, the pregnant women with lower education (66.2%), unemployed status (66.7%), and middle income (39%) have high risk of pregnancy.

Association between high risk pregnancy among pregnant women and the demographic variables.

The result of chi square analysis indicates that there was a

significant association between high risk pregnancy among pregnant women with four of the demographic variables that is number of abortion ($\chi^2 = 15.95$), family income ($\chi^2 = 13.36$), dietary pattern ($\chi^2 = 16.07$) and source of information regarding high risk pregnancy ($\chi^2 = 29.86$). Thus the research hypothesis (H_1) is retained i.e. there is a significant association between high risk pregnancy among pregnant women with some of the selected demographic variables in terms of number of abortion, family income, dietary pattern and source of information at $p < 0.05$.

The above results were supported by the study conducted by **Kalaivani S, Saradhambal M and Revathy D (2016)** to assess the prevalence of high risk pregnancy among the antenatal mothers and to find their association with selected demographic variables. The study reveals that 55% of the antenatal mothers have low risk, 20% of the mothers have moderate risk and 25% of the mothers were of high risk pregnancy status. The findings show that age, education, occupation and family income of antenatal mothers has significant association with the prevalence of high risk pregnancy.

4. CONCLUSION:

The present study was conducted to identify high risk pregnancy among pregnant women in selected community, Assam. The findings of the study revealed that majority of the pregnant women (45%) have moderate risk pregnancy status and high risk pregnancy was found to be associated with number of abortion, family income, dietary pattern and source of information. Thus all pregnant mothers should be screen for high risk pregnancy.

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