

ORIGINAL ARTICLE

Knowledge of Danger Obstetric Signs among Pregnant Women Visiting Tertiary Care Hospital

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ABSTRACT

Background: Maternal mortality is still very high in Pakistan. Knowledge regarding danger signs is one the most essential step for appropriate and timely referral. It is essential to create awareness among pregnant women about obstetric danger signs which can reduce maternal mortality.

Objective: The objective of this study was to evaluate or test the knowledge of pregnant women regarding danger obstetric signs.

Materials & Methods: Department of Gynaecology and Obstetrics, Federal Government Poly Clinic Hospital (FGPC), Islamabad. This was a Descriptive cross sectional study conducted from May 7, 2016 to Nov, 6, 2016. Sample size was 150 and Sample technique is Purposive (non probability sampling)

Results: There were 34 (22.67%) patients have good awareness about danger signs of pregnancy in our study.

Conclusion: It can be stated that most of patients undergoing pregnancy have not good level of awareness regarding danger sign of pregnancy in our setup.

Keywords: Pregnancy, Knowledge, Danger, Obstetric Signs

INTRODUCTION

Pregnancy is an amazing experience in a woman's life when she dreams to hold bundle of joy in her arms. In Pakistan population is rising on a fast pace and so is the burden on the gynaecological and obstetric clinics. Therefore it is prudent to create awareness of women on danger signs of pregnancy which is crucial step for safe motherhood¹.

During pregnancy a woman's body changes, though mostly remain normal, however, abnormal situations may also arise. Maternal mortality data all over the world include following causes of maternal deaths, hemorrhage (25%), infection/sepsis (15%), pregnancy induced hypertension (12%), obstructed and /or prolonged labor (8%) and others (8%)²

Despite developments in healthcare services and latest preventive measures maternal mortality is still high in under developed and developing world.

Common obstetric danger signs include sever vomiting, vaginal bleeding (71.3%) during pregnancy ,abdominal pain (17.2%), , swelling of face, fingers and feet (45.9%), blurring of vision (13.8%), fits during pregnancy (10.1%), sever headache (53.7%) reduced fetal movement (17.5%), high blood pressure and per vaginal leaking of fluid(24.3%).³ Awareness of danger signs will be graded as poor (13.3%) fair (10.1%),good (20.3%) and very good (56.3%).⁴

Maternal mortality is still sustained in Pakistan that is 276/100000 live births. Knowledge regarding danger signs is one the most important an essential step for appropriate and timely referral. It is essential to create awareness among pregnant women which can improve the utilization of skilled care and can reduces the three delays to make decision, to see care and reach place of birth.⁵

WHO document that about 300 million women in the developing countries face a number of illnesses in

pregnancy, therefore the aim during the antenatal period is to help women to go through normal pregnancies by screening for major diseases and timely referral by anticipating danger signs.⁶

This study is proposed with an aim to evaluate or test the knowledge of pregnant women regarding danger obstetric signs. Further responses will help the health care providers, health management team and policy makers to improve the antenatal care services with improvement of knowledge of pregnant women and their families regarding danger signs⁷. This would be able to get timely access to emergency obstetric care. In this way maternal mortality and maternal morbidity can be reduced. The objective of this study was to assess the knowledge of danger obstetric signs among pregnant women visiting FGPC Islamabad.

MATERIALS AND METHODS

This was a descriptive cross-sectional study conducted in department of gynecology and obstetrics, Federal Government Poly Clinic Hospital (FGPC), Islamabad from May 7, 2016 to Nov, 6, 2016. Sample size was calculated by Using WHO sample size calculator with following statistical assumption:

Study confidence level =	95%
Anticipated population =	10.1%
Alpha error =	5%
n =	150

A total of 150 pregnant women were included in the study. The study included multigravida between the ages of 20 and 35, as well as women who were at least three months pregnant at the time of enrollment. First-time mothers, women who had complications during the trial, and pregnant women with preexisting medical conditions were not included in the study.

It was necessary to acquire authorization from the hospital's ethical council in order to perform this procedure.

Women between the ages of 20 and 35 who presented to the gynaecology and obstetrics department were screened and consented to participate in the study. Participants who agreed to take part in the study were interviewed one-on-one by the researcher after the study's goals were made clear to them. Women's demographic information was gathered. Additionally, the gestational history was inquired about and recorded. The women's replies to the study proforma were used to compile a list of medically recognised life-threatening obstetric symptoms (Annexed). Data was evaluated using a computer once it had been gathered.

As a result of the research, three levels of obstetric complications awareness were identified: excellent, fair, and poor. Three of the most common pregnancy warning signs were regarded a woman's knowledge if she was able to name at least three of them.

The ability to correctly identify at least 75% of obstetric danger indications was classified as a high level of obstetric awareness. Poor knowledge of obstetric danger indicators was defined as the inability to cite more than half of the signs, while fair awareness was defined as being able to mention 50-75 percent.

SPSS/version 17 was used to enter and evaluate the gathered data. The mean and standard deviation were computed for the continuous numerical variables, such as age score knowledge. A variety of categorical characteristics were tallied, including the number of pregnancies in each couple, the number of live births, the total stillbirths in the family, the location of the woman's previous delivery, the frequency of ANC visits, and any warning signals of obstetric emergency. Good, fair, and poor levels of awareness were determined. Study parameters were linked to participants' level of knowledge of obstetric hazard indications using the Chi-square test. The significance level was set at a p-value of 0.05 or lower.

RESULTS

This was a descriptive study of 150 patients. Maternal age analysis showed that 41(27.3%) were of 25 years or less, 52(33.7%) were between 26-30 years, 29(19.3%) were between 31-35 years and 28(18.7%) of the aged 36 years and older. The youngest age was 20 years and the oldest was 43 years. Mean Age was 29.13 years ± 6.49SD.

The distribution of maternal parity among the study population was such that 57(38%) were primary para

(para1) and 93(62%) were multipara (more than 1). Mean para was 2.93 + 2.25SD while Mean gravida was 26.8+ 4.58SD Table No 3

Majority of patients were house wife having secondary education level. Majority of patient's husbands education have secondary level with monthly income of 10000-20000.

The level of awareness regarding the danger signs of pregnancy among the pregnant patients shows that majority of the patients have fair awareness followed by poor awareness. Only 34(22.67%) patients have good awareness of danger signs of pregnancy.

Stratification of level of awareness shows that age and parity were not significant although it increases with increasing age and multiparty. Similarly working women, high level of education, husband education and monthly income shows statistically significant role over level of awareness.

Table 1: Age (n=150)

	Frequency	Percent	Mean + SD
<= 25.00	41	27.3	29.13 years±6.49SD
26.00 - 30.00	52	34.7	
31.00 - 35.00	29	19.3	
36.00+	28	18.7	
Total	150	100.0	

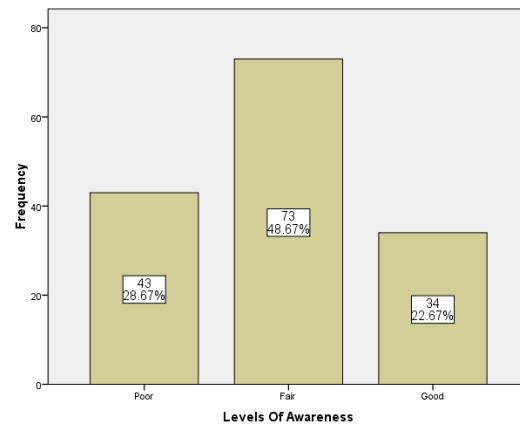


Figure 1: Level Of Awareness (n=150)

Table 2: Stratification of Level of Awareness (n=150)

		Levels Of Awareness						p-value
		Poor		Fair		Good		
		Count	Row N %	Count	Row N %	Count	Row N %	
Age (in years)	<= 25.00	11	26.8%	21	51.2%	9	22.0%	0.682
	26.00 - 30.00	15	28.8%	27	51.9%	10	19.2%	
	31.00 - 35.00	10	34.5%	14	48.3%	5	17.2%	
	36.00+	7	25.0%	11	39.3%	10	35.7%	
Occupation	House Wife	33	32.0%	55	53.4%	15	14.6%	0.002
	Working Wife	10	21.3%	18	38.3%	19	40.4%	
Education	Primary	12	37.5%	16	50.0%	4	12.5%	0.000
	Secondary	24	32.9%	41	56.2%	8	11.0%	
	High	7	15.6%	16	35.6%	22	48.9%	

Husband Education	Primary	1	25.0%	1	25.0%	2	50.0%	0.000
	Secondary	35	35.7%	54	55.1%	9	9.2%	
	High	7	14.6%	18	37.5%	23	47.9%	
Monthly Income	<10000	9	22.5%	22	55.0%	9	22.5%	0.050
	10000-20000	31	32.0%	48	49.5%	18	18.6%	
	more than 20000	3	23.1%	3	23.1%	7	53.8%	

DISCUSSION

A normal pregnancy may progress to life-threatening complications for the mother and her fetus⁸. Maternal mortality in poor nations is primarily caused by pregnancy-related complications⁹.

Pregnancy-related problems kill an estimated 529,000 women per year, according to the World Health Organization. The vast majority of these deaths take place in countries that are less developed. In Sub-Saharan Africa, one in every 16 women dies from pregnancy-related complications¹⁰.

If women and their families are aware of obstetric risk signs and seek immediate medical attention, maternal morbidity and mortality could be greatly reduced. During pregnancy, the most common danger indicators include heavy vaginal bleeding, swollen hands/face, and blurred vision; during labour and childbirth, the most common danger signs include extended labour, convulsions, and postpartum haemorrhage.¹¹

A lack of awareness of the danger indicators of pregnancy is one of the reasons why women fail to identify and seek immediate emergency care¹².

Researchers found that, out of 150 participants, 43 (28.67 percent) had poor knowledge of pregnancy danger indicators, 73 (48.67 percent) had medium knowledge, and 34 (22.67 percent) had strong knowledge. When it comes to knowing the warning indicators of pregnancy, only 18.7 percent of Nigerians have a good knowledge and the rest have a poor awareness¹³.

More than sixfold, a study in rural Tanzania found that women with higher or secondary education were six times more likely to be aware of pregnancy danger symptoms (OR = 5.8; and 95 percent confidence interval: 1.8–19).¹⁴

During pregnancy and labour, a woman's level of gravity was connected with her knowledge of obstetric warning indicators. The findings from the studies in Kenya and Tanzania¹⁵ were also consistent.

As in previous research in Ethiopia¹⁰ and Cong¹⁶, women's knowledge is consistently poor in our study. This could be explained by the fact that this study was carried out in an area where the majority of patients are from lower socioeconomic classes, whereas patients from higher socioeconomic classes prefer to go to private clinics, which could be due to cultural differences.

The prenatal clinic was visited by 98% of the women in this study. If a pregnant woman had more than four antenatal appointments, she was more likely to recognise the early warning symptoms of a miscarriage. After giving birth, women were more conscious of danger indications than they were while pregnant. Severe vaginal bleeding was described more than twice as often as other warning indicators including anaemia or prenatal episodes. Vaginal bleeding after childbirth is more common in poor fishing communities in Karachi, Pakistan, according to a recent study.¹⁷ As the most apparent and prevalent cause of

maternal death shortly following birth, profuse postpartum vaginal bleeding is widely recognised as a risk indication.¹⁸

According to the findings of this study, only around a quarter of pregnant women are well-versed in the warning indicators of childbirth. On the basis of current understanding, this awareness can be put into action. As a result, it can help save women's lives from preventable maternal deaths by raising awareness of these issues.¹⁹

CONCLUSION

This study concluded that only one quarter of women had good awareness on danger signs of pregnancy and severe vaginal bleeding was the most common recognized sign as danger sign. The level of awareness is affected by their educational level, the education status of husband, occupational status and socioeconomic status.

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