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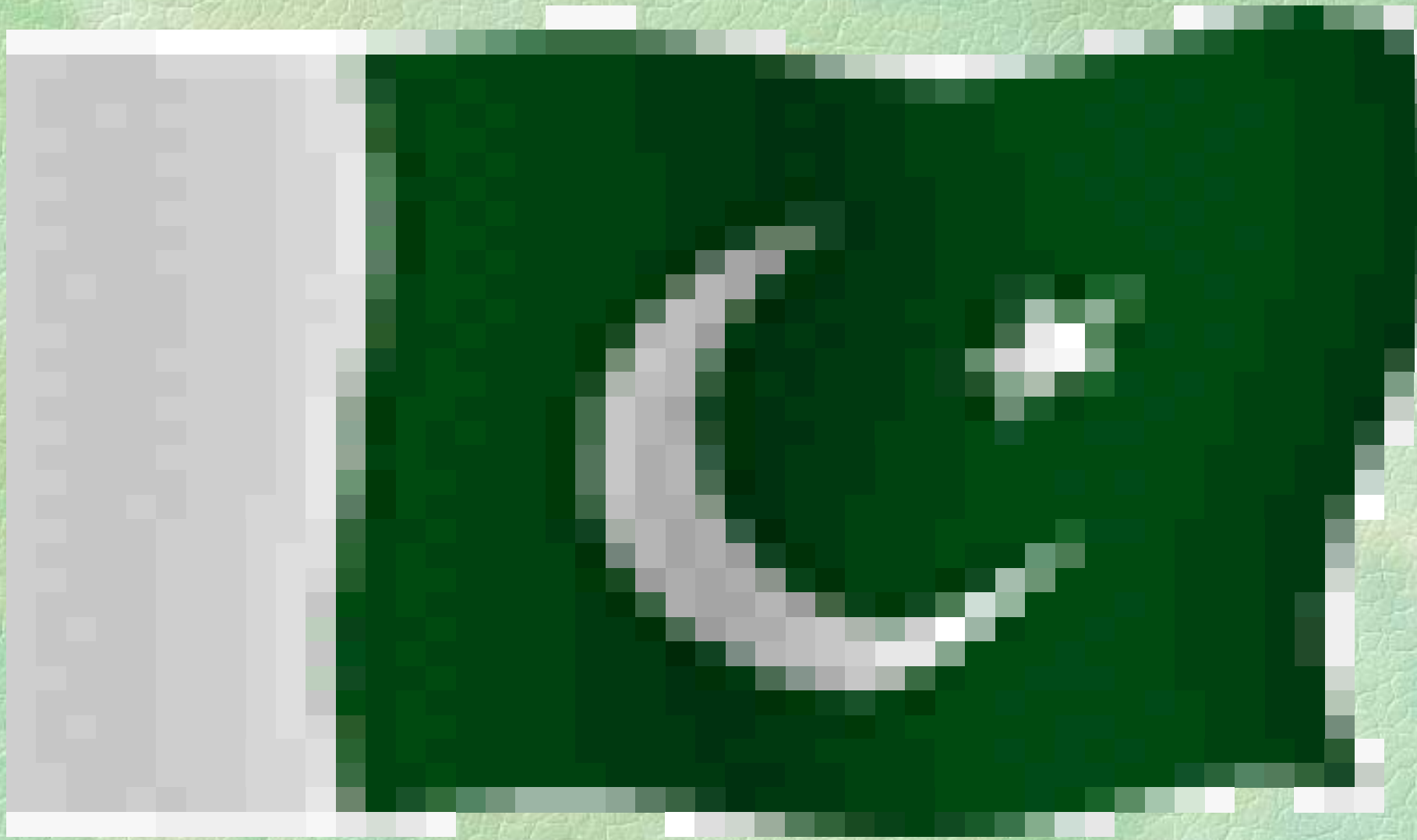

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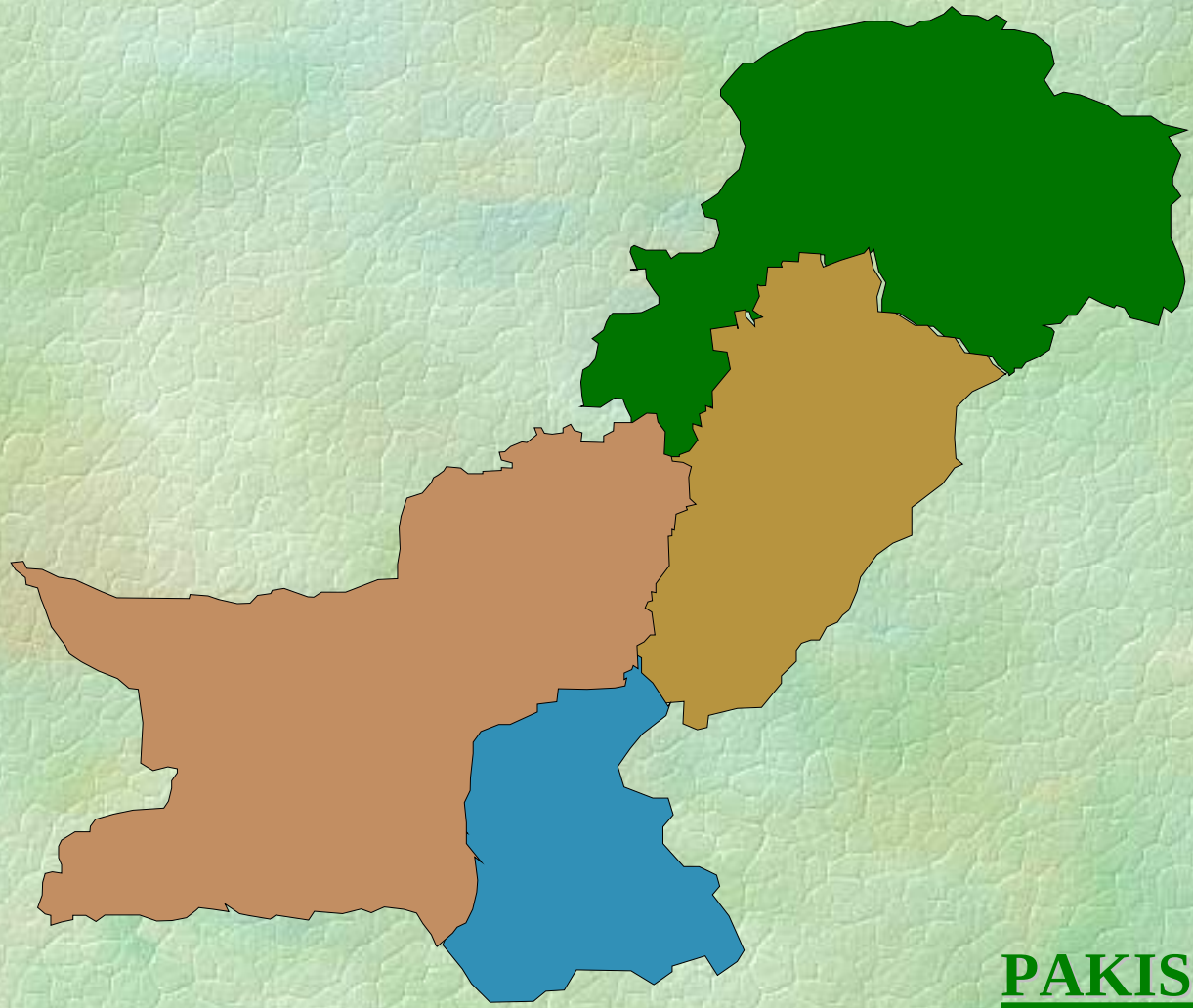

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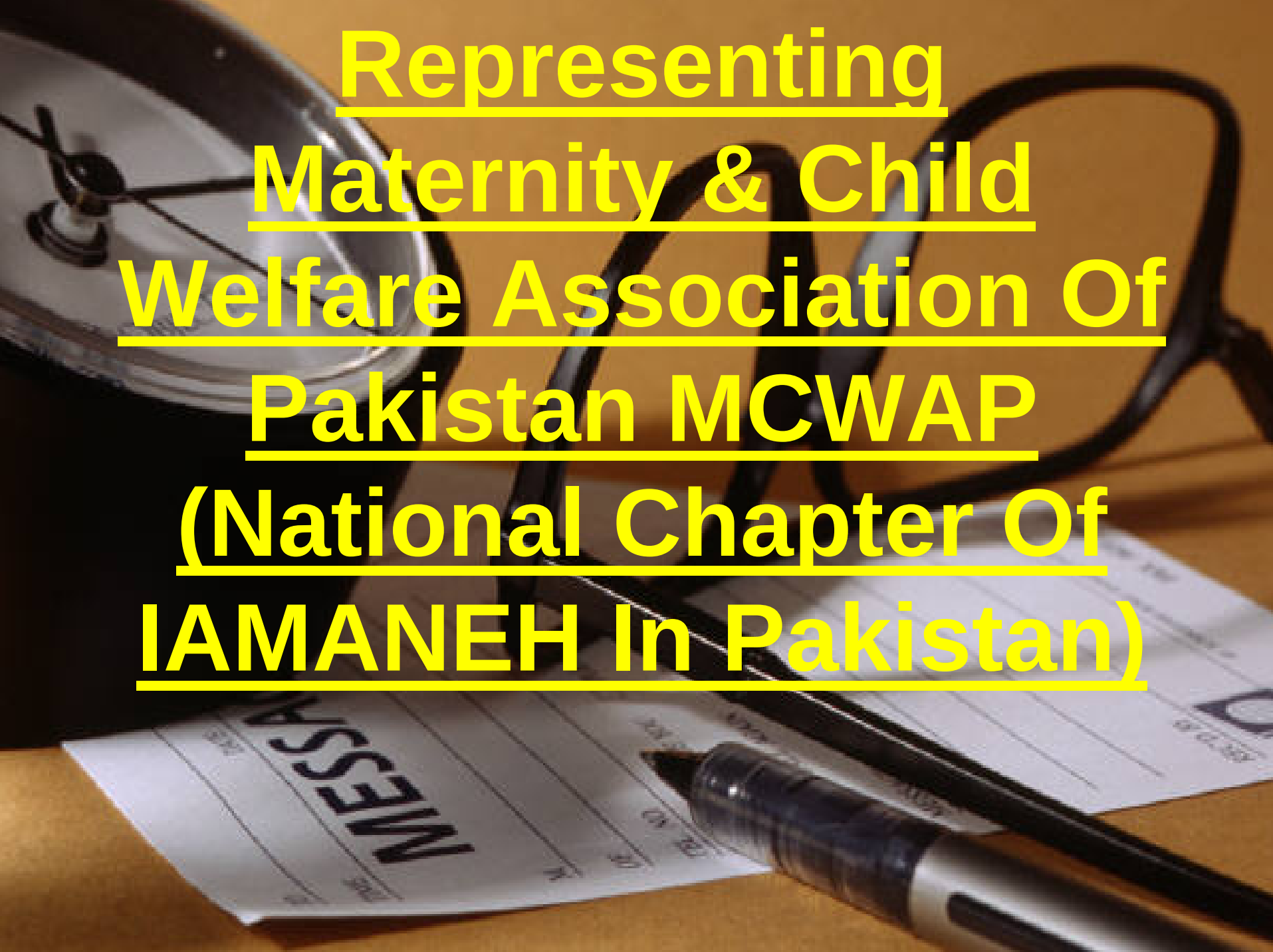
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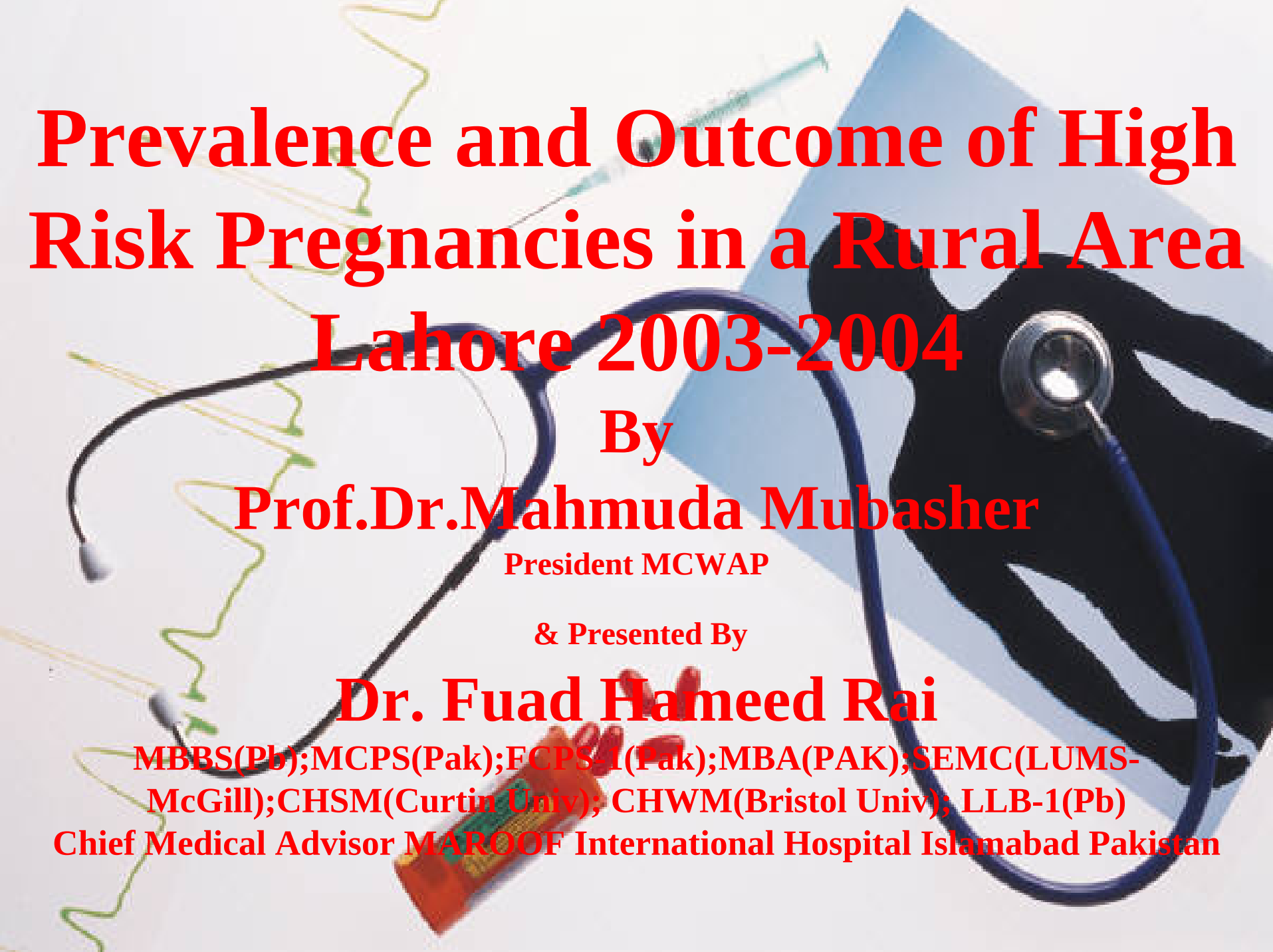

Prevalence and Outcome of High Risk Pregnancies in a Rural Area Lahore 2003-2004

By

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Introduction

Study conducted at Maternal & Child health centre (MCH) located at Dera Chahal 22 – 28 k.m from Lahore. Base line data was colleted by house-to-house survey, followed by registration of families for service and follow up. Total families were 1225 with a total population of 10,226.

Study was conducted to find out prevalence and outcome of high risk pregnancies, so as to identify area where specific intervention could be introduced in existing MCH care programme, to ensure better child survival.
Sample was composed of 226 pregnancies delivered during study period. Pregnancies were labeled as high risk on the basis of age, gravidity, obstetric history and medical history.

THE SAMPLE

All married women who were found to be pregnant between 1st January 2003 to 31st December 2003 constituted the sample. Thus our sample was composed of 226 pregnancies. Out of these 226 were delivered till December 2004.

METHODOLOGY

Every pregnant woman was registered and encouraged to visit MCH centre for antenatal care. In case she did not turn up on the due date, contact was made at home. All expectant mothers were followed till termination of pregnancy. If pregnancy terminated in live birth, still birth, or abortion, it was recorded. Live births were followed during neonatal period.

- At the time of registration requisite socio-biologic attributes of the mother were recorded in order to study the high risk prevalence and child survival. Pregnancies were labeled as high risk on the bases of following factors.
- 1. Age: Less than 20 years and 35 years and older
- 2. Gravidity: Primigravida and gravidity status 5 and beyond 5
- 3. Obstetric history: Poor
- 4. Medical history: Poor

RESULTS

Table 1

Frequency Distribution of High-risk Pregnancies in Rural Area, Lahore

January 2003 to December 2003

	Total Numbers	Percentage
High Risk	157	69.5
Low Risk	69	30.5
Total	226	100.00

- **Table 1:** Shows that high-risk pregnancies were 69.5 percent as compared to 30.5 percent of low risk category. This indicates high prevalence of high-risk pregnancies in the area.
- Educational status of females is considered a reliable indicator of social status in Pakistan. Therefore its relationship with high-risk pregnancies was studied.

Table 2:

Educational Status of High-Risk Pregnancies, Rural Area Lahore January 2003 to December 2003

	Illiterate	Percentage	Literate	Percentage	Total
High Risk	115	73.2	442	26.75	157
Low Risk	43	62.31	26	37.68	69
Total	158	67.8	68	32.2	226

- **Table 2:** Show that 73.24 percent of females with high-risk pregnancy were illiterate as compared to 62.31 percent with low risk pregnancy. Literate women were 26.75 percent in high-risk pregnancies and 37.68 percent in low risk.

Table 3:

Outcome of High-Risk Pregnancies, Rural Area Lahore

January 2003 to December 2003

	Abortion	Percentage	Still Birth	Percentage	Live Birth	Percentage	Total
High Risk	11	7	13	8.2	133	84	157
Low Risk	0	0	0	0	69	100	69
Total	5.5	3.5	6.5	4.1	202	92	226

- **Table 3:** Demonstrates that pregnancy wastage was 15.2 percent in high-risk group as compared 0 percent in low risk. This indicates greater need for education and motivation for Family Planning for mothers on the basis of high-risk approach.

Table 4:

Place of Delivery of High-Risk Pregnancies, Rural Area Lahore

January 2003 to December 2003

	Home	Percentage	Hospital	Percentage	Total
High Risk	105	66.9	52	33.1	157
Low Risk	59	85.5	10	14.5	69
Total	164	76.2	62	23.8	226

- **Table 4:** Shows that home was most popular place of confinement, 75.45 percent, both in high (66.9) percent and low risk (84) percent pregnancies.

Table 5:

Child Survival amongst Live Births in High-Risk Pregnancies Rural Area Lahore

January 2003 to December 2003

	Survival up to 7 days	Percentage	Survival up to 1 month	Percentage	Survival more than 1 month	Percentage	Total
High Risk	6	4.5	3	2.25	124	93.2	133
Low Risk	0	0	0	0	69	100	69
Total	6	2.25	3	1.15	193	96.6	202

- **Table 5:** Shows that in high-risk pregnancies survival of live born children more than 1 month of age was 93.2 percent as compared to 100 percent in low-risk pregnancies 4.5 percent and 2.25 percent survival up to 7 days and up to 1 month in high-risk pregnancies.

DISCUSSION:

Prevalence of high-risk pregnancies and outcome was studied in rural areas of Lahore. Where our rural maternal and child health complex was in operation since 2001. Total population in the area consisted of 10, 226 persons. Birth rate and death rate were 28.1/1000 population and 5.67 per 1000 population.

The study showed that prevalence of high-risk pregnancies in the community was 69.46 percent. It was found that literacy rate was higher in low-risk (37.68) pregnancies then those with high-risk (26.75). It indicates that education probably helps the women to understand the motivational efforts of the health Professional for safe motherhood.

High-risk pregnancies have a strong relationship with the outcome of pregnancy and survival of neonate. This relationship was observed in the population under study. In high-risk group 15.2 percent resulted in abortions and still births as compared to 0.00 percent in case of low-risk group. It was further observed that during early and late neonatal period mortality was 6.75 percent in high-risk then in low-risk group (0 percent).

Child survival was 100 percent in low-risk then in high-risk pregnancies 93.2 percent. Study showed that pregnancy wastage was 0 percent in low-risk and 15.2 percent in high-risk pregnancies.

This indicates that if contact with the mother is made during pre conceptional period. She must be advised about planning the pregnancy when she is low-risk. This will result in high-risk rate of child survival.

In the community under study 76.2 percent confinement took place at homes of the mothers, 66.9 percent of the high-risk and 85.59 percent of low-risk. Total of 23.8 percent confinements took place in the hospital (33.1% of high-risk and 14.51% of low-risk pregnancies). This indicates the need for health professional to identify high-risk pregnancy early for motivating the mother for better care at hospital during confinement.

At the same time there is dire need for improving the domiciliary midwifery services by training, reinforcement by hospital referral. This will result in better child survival within the means available to communities.

CONCLUSION:-

In view of prevalence of high-risk pregnancies, the pregnancy wastage, the realistic approach should be that the Dai, the traditional birth attendant, who constitutes the only help available to most women should be duly recognized and encouraged to give better care to her clients. She should be trained to detect high-risk mothers, those who so detected should then be referred to the nearest available health units for provision of needed care.

The cost of detection and intervention will remain low, i.e. within the means of the people. Similarly in the professional training of medical graduates with emphasis on the care of high-risk mothers should prove highly advantageous. Education and motivational efforts for family planning on the basis of risk approach should result in better child survival.

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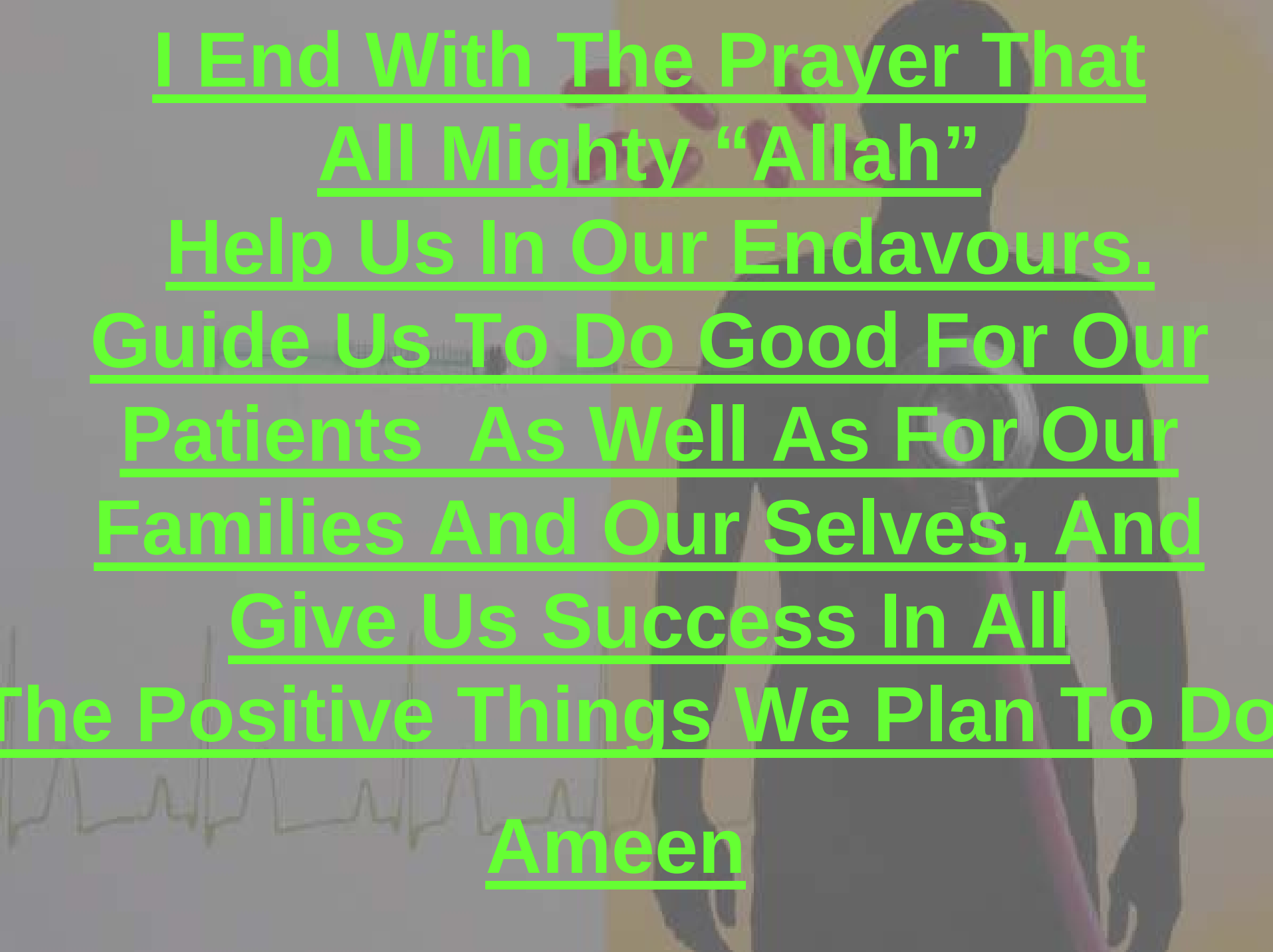
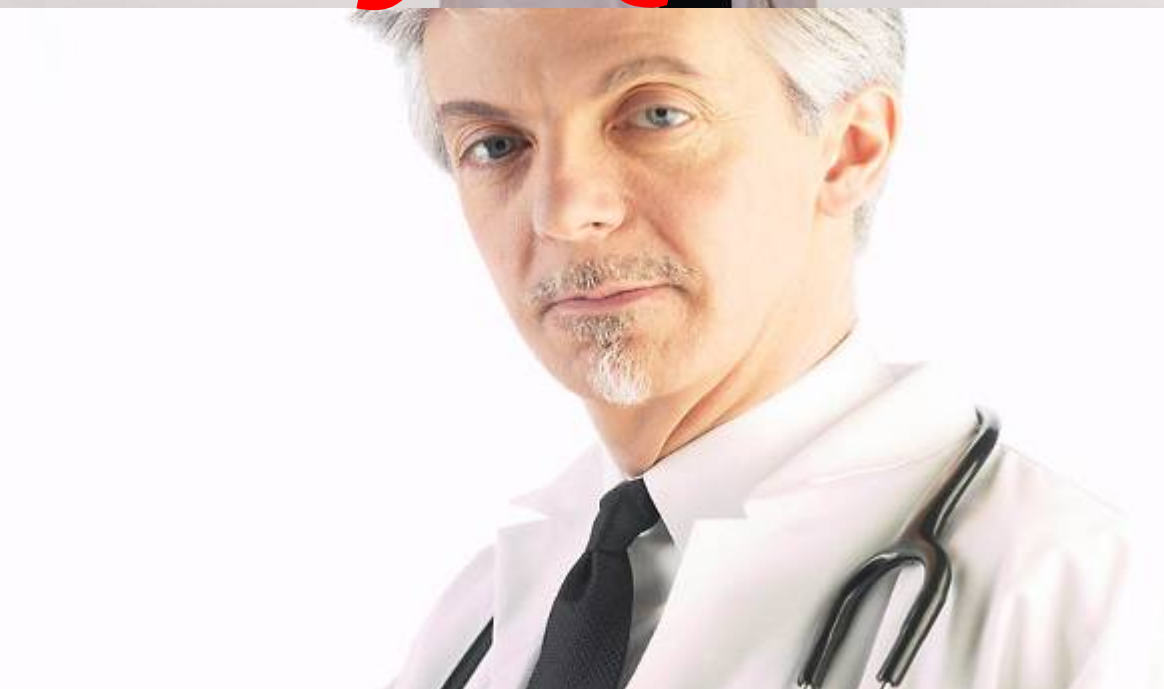

I End With The Prayer That
All Mighty “Allah”
Help Us In Our Endavours.
Guide Us To Do Good For Our
Patients As Well As For Our
Families And Our Selves, And
Give Us Success In All
The Positive Things We Plan To Do
Ameen

Any Questions ?




Thank You
Very Much