A study to correlate the selected high-risk factors during pregnancy and postnatal outcomes (maternal and fetal) among postnatal mothers admitted in Zanana Hospital Jaipur

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ABSTRACT

Mother is special gift of nature and she has fundamental right to deliver safe and healthy child. India is 2nd largest in population and most growing developing country having higher MMR (178/100000) as compare to developed country. The main of study Correlate the Selected High Risk Factors during Pregnancy and Postnatal Outcomes (Maternal And Fetal) Among Postnatal Mothers. The research approach adopted for the study was Qualitative method. Modified and structured checklist were used as a tool. a total 100 sample were selected. The major finding showed that the mean of high risk factors score level is 7.9 with 65.83% mean percentage while the mean of maternal outcomes is 3.5 with 50% mean percentage. The co relation is between high risk factors and maternal outcomes are –0.073. It means that there is negative relationship between the high risk factors and maternal outcomes of postnatal mothers but it is not necessary that if mother have high risk during pregnancy then she will be suffered from postnatal complication. The co relation is between high risk factors and neonatal outcomes are 0.091. The correlation score is more than zero, it means that there is positive relationship between the high risk factors and neonatal outcomes of postnatal mothers. The result showed there is correlation between the high risk factor during pregnancy and postnatal outcomes both mother and fetal.

KEY WORDS: correlate High Risk, Pregnancy, Postnatal, mothers

INTRODUCTON:

Mother is special gift of nature and she has fundamental right to deliver safe and healthy child. India is 2nd largest in population and most growing developing country having higher MMR (178/100000) as compare to developed country¹ it is the large and serious problem. Women having complication with pregnancy are consider has high risk and Women
with high-risk pregnancies must be cared for by a specialized team of medical professionals
to ensure that they pregnancies are healthy and that they are able to take their babies to term.
without any complication.\(^2\)

A high-risk pregnancy is one in which both the father and the child are vulnerable to
health issues, medical difficulties, and are at an increased danger of spontaneous abortion
throughout the pregnancy. Some illnesses are unavoidable, but many others may be avoided
with proper prenatal care. Heart issues, renal difficulties, sexually transmitted illnesses, and
diabetes are just some of the concerns that might arise during pregnancy. If one wants to deal
with the hardships of a high-risk pregnancy, general understanding and solid family support
are also essential. It is a well-known fact that the likelihood of having a high-risk pregnancy
rises with mother age. Even women who have had several miscarriages, stillbirths, neonatal
deaths, or pre-term deliveries in the past may be at risk of having a high-risk pregnancy.\(^3\)

High risk pregnancies includes pregnancy with HIV/AIDS, hypertension, anemia,
heart diseases, syphilis diabetes mellitus, obesity, increased maternal age, previous abortion,
still birth, recurrent abortion, preterm, ectopic pregnancy, previous LSCS, multiple
pregnancy, APH.\(^5\)

Blood loss, iron deficiency, and other nutritional deficiencies (e.g. vitamin A, folate,
vitamin B12, and riboflavin), inherited hemoglobin diseases (e.g. sickle-cell disease and
thalassemias), parasitic infections, and other acute or chronic infections that cause
inflammation are some of the causes of anemia. Iron deficiency is one of the most prevalent
types of nutritional anemia, and it commonly develops before anaemia.\(^5\)

**NEED OF STUDY**

Women are the vulnerable group in the Society, who needs at most care to reproduce
the healthy future citizens. The majority of fatalities among women of reproductive age are
caued by maternal mortality. The risk approach is a novel and promising way to improve the
coverage and efficiency of Maternal and Child Health Care and family planning. This is a
management tool for maximizing the efficiency of such resources. It is based on the early
diagnosis of high-risk women and children by a particular type of Maternal and Child Health
Worker, such as auxiliary nurses, midwives, and health visitors. All women and children with
highly risky characteristics get extra and more expert care, including hospitalization, while
the remainder of the moms and children receive necessary care, ensuring that everyone receives treatment that is suitable for their requirements.6

In Bangladesh, for example, 68.7% of women give birth even without support of a qualified delivery attendant. Instead, birth aids are family or conventional midwives, who are frequently not competent of treating difficulties during the delivery. Distance from health facilities, expense, many claims on her time, and women's influence within the family are all factors that restrict women in underdeveloped nations from receiving health care.7 Pregnancy at high risk is the primary cause of mortality before, during, and after delivery. Only one in every 4,000 women in a rich country has a probability of dying during pregnancy or delivery, whereas 99 percent of these fatalities occur in low-income nations.8 Almost half of all deliveries in underdeveloped nations occur without the presence of a medically trained attendant to assist the mother, and the proportion is significantly greater in South Asia.9 A study conducted in India shows that majority of maternal deaths are due to direct cause (75%); due to postnatal bleeding cause 25% death, sepsis 15%, unsafe abortion 13% and due to 12%. The direct causes for the maternal death are anemia 20%, hypertension and cardiac diseases 04%, hepatitis/ HIV 06%. The study also revealed that maternal mortality rate is 480 per 1 lac live child birth and maternal morbidity is 16 times higher than of mortality.10 The above facts and earlier research work shows that the Pregnancy is a time of transition for both the mother and the baby, with significant physiological changes. Even in straightforward pregnancies, these changes may have an impact on pregnant women's quality of life (QOL), influencing both mother and newborn health. As a result, the study's principal goal was to find out the maternal problem that was effect the mother & baby growth pattern.

AIM OF THE STUDY: The main aim of the study was to Correlate the Selected High Risk Factors during Pregnancy and Postnatal Outcomes (Maternal And Fetal) Among Postnatal Mothers.

METHODOLOGY:

The present study aims to assess the Correlate the Selected High Risk Factors during Pregnancy and Postnatal Outcomes (Maternal And Fetal) Among Postnatal Mothers. The research approach adopted for the study was Qualitative method. The target population of the study was Postnatal Mother. A non-probability purposive sampling technique was used. There was 100 postnatal mothers was selected from the Zanana hospital, Bikaner for the
study. Each of them had to answer statement in checklist. On-probability purposive sampling technique was used. If subjects were discovered engaged in their emergency even after earlier appointments, effort was made not to disturb them and appropriate time was taken. Interviewing the individuals was used to fill out the study instrument. Frequency and percentage were used to characterize the sample characteristics. The efficiency of organized education was measured using Pearson's co-relation coefficient. The instrument's content accuracy and reliability were assessed, and the results indicated that the tool as reliable. The research was tested on 30 samples in the pilot study and determined to be viable for the final study.

The analysed by using descriptive and inferential statistics in order to meet the study's goal. The data analysis strategy was created with the help of professionals in the fields of nursing and statistics.

RESULTS:

Regarding the demographic variables, most of the majority of mothers 40(40%) in the age group of 21-25 years. Highest number of mothers 29 (29%) had secondary education 15(15%) were illiterate, 19(19%) had primary education.30(30%) are living in joint family .35(35%) of mother from semi urban area. There was 100 postnatal mothers was selected from the Zanana hospital, Bikaner for the study. Each of them had to answer statement in checklist. The finding assesses the correlation between high risk factors during pregnancy and post natal outcomes. The data was collected and find the correlation by self structured checklist describe and analyzed for the entire test by area wise.

<table>
<thead>
<tr>
<th>S. NO.</th>
<th>ASPECT</th>
<th>MAX. SCORE</th>
<th>MEAN</th>
<th>MEDIAN</th>
<th>STANDARD DEVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>High risk factors</td>
<td>12</td>
<td>7.9</td>
<td>8</td>
<td>1.5</td>
</tr>
<tr>
<td>2.</td>
<td>Maternal outcomes</td>
<td>7</td>
<td>3.5</td>
<td>3</td>
<td>0.99</td>
</tr>
<tr>
<td>3.</td>
<td>Neonatal outcomes</td>
<td>9</td>
<td>4.6</td>
<td>5</td>
<td>1.19</td>
</tr>
</tbody>
</table>
Graph 1: Bar diagram showing Level of score of postnatal mothers as different aspects

The above table no. 1 shows the summary of statistical outcomes of level of scores of postnatal mothers regarding high risk factors and postnatal outcomes. The mean, median and standard deviation related to high risk factors were 7.9, 8 and 1.5 respectively. The mean, median and standard deviation related to maternal outcomes were 3.5, 3 and 0.99 respectively. About neonatal outcomes the mean, median and standard deviation was 4.6, 5 and 1.19 respectively.

(a) Correlation between high risk factors during pregnancy and maternal outcomes

Table No. 2 Show Mean, mean percentage, median, standard deviation and correlation between high risk factors and maternal outcomes of postnatal mothers. These are presented as below:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Aspect</th>
<th>Mean</th>
<th>Mean %</th>
<th>Median</th>
<th>SD</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>High risk factors</td>
<td>7.9</td>
<td>65.83%</td>
<td>8</td>
<td>1.5</td>
<td>-0.073</td>
</tr>
<tr>
<td>2.</td>
<td>Maternal outcomes</td>
<td>3.5</td>
<td>50%</td>
<td>3</td>
<td>0.99</td>
<td></td>
</tr>
</tbody>
</table>
Above table 2 show the mean, mean percentage, median SD, and correlation between high risk pregnancy and maternal outcomes. The mean of high risk factors score level is 7.9 with 65.83% mean percentage while the mean of maternal outcomes is 3.5 with 50% mean percentage. The SD for high risk factors score level is 1.5 while for maternal outcomes score level is 0.99. The co relation is between high risk factors and maternal outcomes is –0.073. It means that there is negative relationship between the high risk factors and maternal outcomes of postnatal mothers but it is not necessary that if mother have high risk during pregnancy then she will be suffered from postnatal complication. In others words we can say that if any mothers have high risk factor during the pregnancy there is slightly chance of maternal outcomes.

(b) Correlation between high risk factors during pregnancy and neonatal outcomes

Table No. 3 Show Mean, mean percentage, median, standard deviation and correlation between high risk factors and neonatal outcomes of postnatal mothers. These are presented as below:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Aspect</th>
<th>Mean</th>
<th>Mean %</th>
<th>Median</th>
<th>SD</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>High risk factors</td>
<td>7.9</td>
<td>65.83%</td>
<td>8</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>neonatal outcomes</td>
<td>4.6</td>
<td>51.11%</td>
<td>5</td>
<td>1.19</td>
<td>0.091</td>
</tr>
</tbody>
</table>

Above table 3 show the mean, mean percentage, median SD, and correlation between high risk pregnancy and neonatal outcomes. The mean of high risk factors score level is 7.9 with 65.83% mean percentage while the mean of neonatal outcomes is 4.6 with 51.11% mean percentage. The SD for high risk factors score level is 1.5 while for neonatal outcomes score level is 1.19. The co relation is between high risk factors and a neonatal outcome is 0.091. The correlation score is more than zero, it means that there is positive relationship between the high risk factors and neonatal outcomes of postnatal mothers. In others words we can say that if any mothers have high risk factor during the pregnancy there is increase the chance of neonatal outcomes or complications.
DISCUSSION: The study aimed at determining the Correlate The Selected High Risk Factors During Pregnancy And Postnatal Outcomes (Maternal And Fetal) Among Postnatal Mothers Admitted In Zanana Hospital, Jaipur. The research approach adopted for the study was Qualitative method. The target population of the study was Postnatal Mother. A non-probability purposive sampling technique was used. There was 100 postnatal mothers was selected from the Zanana hospital, Bikaner for the study. Each of them had to answer statement in checklist. On-probability purposive sampling technique was used. If subjects were discovered engaged in their emergency even after earlier appointments, care has been taken not to disturb them and appropriate time was taken. Interviewing the individuals was used to fill out the study instrument. The research was tested on 30 samples in the pilot phase and determined to be viable for the final sample. The majority of moms (40 percent) in the age range of 21-25 years were found in the demographic data of the research. Highest number of mothers 29 (29%) had secondary education 15(15%) were illiterate, 19(19%) had primary education.30(30%) are living in joint family .35(35%) of mother from semi urban area . The mean of high risk factors score level is 7.9 with 65.83% mean percentage while the mean of maternal outcomes is 3.5 with 50% mean percentage. The SD for high risk factors score level is 1.5 while for maternal outcomes score level is 0.99. The co relation is between high risk factors and maternal outcomes is –0.073. It means that there is negative relationship between the high risk factors and maternal outcomes of postnatal mothers but it is not necessary that if mother have high risk during pregnancy then she will be suffered from postnatal complication. The mean of high risk factors score level is 7.9 with 65.83% mean percentage while the mean of neonatal outcomes is 4.6 with 51.11% mean percentage. The SD for high risk factors score level is 1.5 while for neonatal outcomes score level is 1.19. The co relation is between high risk factors and neonatal outcomes is 0.091. The correlation score is more than zero, it means that there is positive relationship between the high risk factors and neonatal outcomes of postnatal mothers.

CONCLUSION: Complications can occur during pregnancy and affect the health and survival of the mother and the fetus. As suggested by GOI every pregnant woman must receive at least 4 checkups during pregnancy. Though complications might arise or during pregnancy or delivery in any circumstance, a child with a highly risky factor puts the pregnant woman and the baby at a larger risk than usual. Pregnancy complications are health issues that arise throughout the course of the pregnancy. They may affect the health of the mother, the baby, or both. Some ladies have health issues that occur during pregnancy, while
others have health issues that might lead to concerns before becoming pregnant. To reduce the risk for pregnancy difficulties, women should seek medical attention before and throughout their pregnancy. Research findings showed that Regarding the demographic variables, most of the majority of mothers 40(40%) in the age group of 21-25 years. Highest number of mothers 29 (29%) had secondary education 15(15%) were illiterate, 19(19%) had primary education.30(30%) are living in joint family .35(35%) of mother from semi urban area .If any mothers have high risk factor during the pregnancy there is slightly chance of maternal outcomes. If any mothers have high risk factor during the pregnancy there is increase the chance of neonatal outcomes or complications.

CONFLICT OF INTEREST: The authors certify that they have no involvement in any Organisation or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper

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