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Frequency and Awareness of Ante-Natal Care among Women, Lahore

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ABSTRACT

Objective: To assess lack of pre-birth visits because of Primary Caesarean-Section in multi-parous women with earlier S.V.D.

Place and Duration of Study: This study was carried out from January to September 2018 at Mayo hospital, Lahore.

Materials and Methods: The study was carried out over 200 females (who have undergone Primary Caesarean Section with earlier S.V.D) chosen by the non-probability purposive sampling from Mayo hospital, Lahore. A self-administered questionnaire was designed. An informed verbal consent was obtained, and the research was carried out evaluate the questionnaire's validity. Thereafter, the questionnaire was distributed to get it completed and SPSS version 16.0 was used for analysing data, with 95% confidence interval and value of p=0.05 as statistically significant.

Results:

During the research duration out of 200 primary caesarean deliveries, malpresentation was indicated of 37.2%, antepartum haemorrhage was reported in 27.1%, foetal distress was 18% and pre-eclampsia was 17.7%. During pregnancy 71.2% (Value of P=0.021) patients had hypertension. Upon enquiry whether the patients felt any swelling on feet or hands during the time, 44.1% (value of P=0.02) patients complained about the swelling that they had. During pregnancy 69.1% (value of P=0.019) patients hade history of fits. Only 38.4% (value of P=0.005) patients had pre-birth clinic visits. Out of 200 patients, 51.2% (value of P=0.006) patients felt less foetal movements. Health workers informed that 51.1% (value of P=0.00) patients had abnormal position of their baby. It was observed that doctors have informed 52.3% (value of P=0.00) patients that their placenta was lying low, and during pregnancy 42.1% (value of P=0.00) patients had severe vaginal bleeding.

Conclusion:

While having earlier vaginal delivery, the doctors and the families perceive a sense of security which outshine the necessity of attentive pre-birth and intra-partum care. Earlier modes of delivery must not be the basic criteria on which it is decided about the current delivery. However, every pregnancy must be considered as first case with full care and concern. In such circumstance, the doctor must show obligation and evaluate the pregnancy completely before going to huge scheme. Doctors should consider the health and well-being of mother as the toppriority instead of promoting his own convenience and interest and every possible step must be adopted to make sure that. The pre-birth care must be given most importance and needful examination must also be performed. World Health Organisation has recommended at least 4 pre-birth visits, consisting of interventions like treatment and screening for infection, tetanus toxoid vaccination and warning sign identification during pregnancy. All these necessary mode must be adopted, the reason and rate of caesarean section can be observed and controlled therefore, advancing to begin a big step for maternal and foetal health.

Key Words: Ante-Natal Care, Antepartum Haemorrhage, Antenatal care,Caesarean section, SVD, Mal-Presentation, Multipara

INTRODUCTION

Caesarean Section is a procedure wherein the foetus is delivered by way of incising the abdominal and uterine walls of mother. With the growing risk of foetal mortality, Caesarean Section is considered to be the best possible choice in order to deal with the foetal and mother complication in an increased risk pregnancy. In 2013 the Caesarean rate was 29.46% as shown by the study conducted in India. In USA the rate of Caesarean Section was 32.8% in 2010 & 2011. According to research carried out in Pakistan, the Caesarean Section rate was 27.94%, out of this 85.86% were emergency and 14.14% were elective Caesarean Section.The rates are considerably more than the suitable maximum rate of 15%, over this rate it can give harm and not the good. An earlier concept that the basic Caesarean Section is not much important in parous women and the same has been refuted in recent researches wherein it has been shown that the rate to be 13.3% against 18% in nulliparous women, that is not very different. Indeed, rise in the rate of Caesarean Section is in line with the rise in parous women. The most imperative sign of nulliparous women is the dystocia with Cephalopelvic Disproportion (CPD)while hypertensive vascular disorder, placenta previa, rupture uterus and mal-presentation are the most common reasons for Caesarean Section in multiparous women. Multipara means females who delivered once or more after viability age. Dr. Solomon has mentioned in his work 'The dangerous multipara': The purpose of writing this work with sensational title toeliminate possibly once or for good,from the reader's mind,the concept of primigravida which means difficult labour whereas multipara means an easy labour. Basic Caesarean Section in multipara denotes the 1st C-Section performed to a patient who has given vaginal delivery once or more. The reason for the Caesarean Section in multipara is mainly the placenta and baby. It is commonly believed that if the mother has delivered normally her child then

the subsequent delivery will also be normal. Resultantly, these multiparous women mostly ignore the regular pre-birth check-up. Primary Caesarean Section indications are:

- Foetal Mal-presentation: This commonly means breech presentation however, it also means orientation of foetal besides cephalic.
- Antepartum Haemorrhage:Ante Partum Haemorrhageis bleeding during pregnancy from genital tract from 20th week onward till the start of labour. It happened due to abruption of placenta or placenta previa.
- Non-Reassuring Electro Foetal Monitoring (EFM) STRIP: Suggestion is made from the pattern of foetal heart rate monitor that the labour may not be tolerable for foetus, normally this is a false-positive result. There is false believe that multiparous female does not tend to undergo complicated pregnancy and delivery in contrast with a primipara and this is basically leading to the absence of care and pre-birth follow up in them eventually which leads them on the route of growing more complication at delivery time. Currently C-Section is the commonest mode of delivery being performed today. Basic C-Section in multipara denotes that 1st C-Section operation is being performed to a patient who had already given vaginal delivery once or more. C-Section operation in multipara is due to the placenta or baby.

MATERIALS AND METHODS

A cross-section study was carried outfrom January to September 2018 over 200 females (multiparous) (who have undergone Primary Caesarean Section) chosen by the non-probability purposive sampling from Mayo Hospital, Lahore. An informed verbal consent was obtained, and the research was carried out evaluate the questionnaire's validity.A self-administered questionnaire was designed.and distributed to get it completed and SPSS version 16.0 was used for analysing data, with 95% confidence interval and value of p=0.05 as statistically significant.

RESULTS

During the research duration out of 200 primary caesarean deliveries, malpresentation was indicated of 37.2%, antepartum haemorrhage was reported in 27.1%, foetal distress was 18% and pre-eclampsia was 17.7%. During pregnancy 71.2% (Value of P=0.021) patients had hypertension. Upon enquiry whether the patients felt any swelling on feet or hands during the time, 44.1% (value of P=0.02) patients complained about the swelling that they had. During pregnancy 69.1% (value of P=0.019) patients hade history of fits. Only 38.4% (value of P=0.005) patients had pre-birth clinic visits. Out of 200 patients, 51.2% (value of P=0.006) patients felt less foetal movements. Health workers informed that 51.1% (value of P=0.00) patients had abnormal position of their baby. It was observed that doctors have informed 52.3% (value of P=0.00) patients that their placenta was lying low, and during pregnancy 42.1% (value of P=0.00) patients had severe vaginal bleeding.

DISCUSSION

Malpresentation has been found as the main reason for Primary C-Section in multiparous females. Malpresentation covers both abnormal presentation – anything except back of foetal head and an abnormal lie –oblique or transverse lie. The recognition of malpresentation as commonest reason for primary C-Section in multipara is consistent with the researches carried out by Jacob & Bhargava and Rao &Rampure. While the other researches have ranked malpresentation as 4th commonest reason. The lordosis of lumber spine can elaborate the malpresentation in multiparous females and pendulous abdomen are present because of relaxed abdominal and uterine musculature. Furthermore, in case of multipara, head engagement normally does not happen before the start of labour. Moreover, location of placenta is an important element for the foetal presentation, it is commonly known that placenta previa given a prominent risk for the growth of breech presentation and transverse lie, that can have a primary aetiology in the current research as 52.1% females have been reported to have placenta at a low-lying position. During pregnancy 47.7% female are informed regarding the baby's abnormal position. Resultantly operation is performed over 35.4% females due to this cause while the other causes are either engagement of head at labour time or External Cephalic Version (ECV) is successful. Ante Partum Haemorrhage (APH) is placed on second in rank relating to commonest reason of basic C-Section multiparous. APH happens after placental abruption or placenta previa. Multiparity is one of the risk elements for placenta previa, however, age appears to play important role as compared to Parity Abruptio Placentae is quite common in multipara, has been seen trice quite often among those having parities over 5, as against to primigravida. Third commonest reason for primary C-Section in multipara is the foetal suffering. The monitoring of foetal electronically

which is normally used to find foetal suffering is considered as to have poor specificity leading to rise in number of C-section operations carried out for foetal suffering. It is believed wise to operate C-section instead of waiting and perhapsputting the baby and mother in the danger. In the current research, it has been revealed that 58% delivery of baby is being performed via C-Section due to foetal suffering. The 4th main primary C-section in multipara is the pre-eclampsia.During pregnancy 96 females out of 140 isreported to be hypertensive, 64 out of which have swelling on face and hands. It has been shown by the research that 22% females having chronic hypertension and 50% of them have gestationalhypertension finally develop to pre-eclampsia. If pre-eclampsia remains unchecked then it can result in fits which is possibly severe condition for both baby and mother therefore in order to ignore this, it is route practice that get the baby deliver as it reaches period of 37 to 42 weeks.Although, it is very important factor to have active protection by complete follow-up in preventing pre-eclampsia. According to World Health Organisation recommended minimum number of pre-birth visits are 4, regardless there is no complication. An earlier research conducted in India has shown that 68% females are not having any pre-birth care. The current study has shown that 40.8% females have one pre-birth visit, 31.5% females are having 2 pre-birth visits. In fact, out of 130 females, only 19 women visited four times or more than four time. Therefore, absence of proper pre-birth care can be the cause of the increase number of hypertensive patients developing to pre-eclampsia and furthermore, to a primary C-Section. Another interested point has been reported that 60.8% females have had earlier instrumental vaginal deliveries. These females must be advised that earlier instrumental vaginal delivery does not bring any risk of harm to mother at the time of later delivery, therefore the preference must be given to vaginal delivery to avoid complications of C-Section. Indeed, approx. 80% females have achieved natural vaginal delivery after the instrumental delivery of heavy babies at average low birth rate trauma or asphyxia. As per comparative research, multiparas are more tending to need C-Section for APH and malpresentation whereas nulliparous is normally needed it for longer labour and Cephalopelvic Disproportion (CPD). Therefore, C-Section must not be ignored only due to the reason that a female has earlier undergone vaginal delivery. However, multipara needs good pre-birth care as it supports in finding out the risking abnormalities which may have an bad result.

CONCLUSION

While having earlier vaginal delivery, the doctors and the families perceive a sense of security which outshine the necessity of attentive pre-birth and intra-partum care. Earlier modes of delivery must not be the basic criteria on which it is decided about the current delivery. However, every pregnancy must be considered as first case with full care and concern. In such circumstance, the doctor must show obligation and evaluate the pregnancy completely before going to huge scheme. Doctors should consider the health and well-being of mother as the top priority instead of promoting his own convenience and interest and every possible step must be adopted to make sure that. The pre-birth care must be given most importance and needful examination must also be performed. World Health Organisation has recommended at least 4 pre-birth visits, consisting of interventions like treatment and screening for infection, tetanus toxoid vaccination and warning sign identification during pregnancy. All these necessary mode must be adopted, the reason and rate of caesarean section can be observed and controlled therefore, advancing to begin a big step for maternal and foetal health.

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