

FACTORS AFFECTING PRETERM DELIVERY EXPERIENCE IN TERTIARY CARE HOSPITAL

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ABSTRACT

In Indian perspective preterm delivery surpass to gives alarming stage and unlike to be scourge for the declined of health index at national level. However due to paucity of research evidence and other hand lack of resource for implementation of new programme for the prevention of pre term delivery at national level .However Government have not been success to ameliorate the prevention programme. In this proximity of the research gap the present study aims to study the risk factors associated with preter delivery in rural population. A number of maternal sociodemographic characteristics were associated with an increased risk for preterm birth viz., Young maternal age ($p<0.01$), maternal age over 35($p<0.01$), Being under weight($p<0.00$) or overweight before pregnancy ($p<0.01$), Multiple miscarriages or abortions ($p<0.01$) and Physical injury or trauma ($p<0.01$) were found to be significantly associated with preterm delivery . Preterm delivery is the most common in rural population. younger age , multiple miscarriage , previous premature birth and poor nutritional level and urinary tract infections is most promising predictors of preterm delivery. Further studies could be needed to support for the implementation of national health policy.

KEYWORDS: *Preterm Delivery, Premature, Risk Factors, Sociodemographic Profile*

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INTRODUCTION

In Indian perspective preterm delivery surpass to give alarming stage and unlike to be scourge for the declined of health index at national level. Consequently many factors could be influence on premature delivery viz., Having a previous premature birth, Pregnancy with twins, triplets or other multiples, An interval of less than six months between pregnancies, Conceiving through in vitro fertilization, Problems with the uterus, cervix or placenta, Smoking cigarettes or using illicit drugs, Poor nutrition, Not gaining enough weight during pregnancy, Some infections, particularly of the amniotic fluid and lower genital tract, Some chronic conditions, such as high blood pressure and diabetes, Being underweight or overweight before pregnancy, Multiple miscarriages or abortions and Physical injury or trauma in addition to this there are many risk factors labor and delivery . Increasing evidence suggests that these risk factors are markers of dysfunctional immunological defense within the tissues of the uterus and this dysfunction is the root cause of preterm labor. Some risk factors are reversible, other are permanent in sum spontaneous preterm birth before conception or early in pregnancy ideally would be lead to intervention could help prevent these complications. However due to paucity of research evidence and other hand lack of resource for implementation of new programme for the prevention of pre term delivery at national level and there not been success to ameliorate. In this proximity of the research gap the present study aims to study the risk factors associated for preter delivery in rural population.

MATERIALS AND METHODS

A Cross sectional study conducted at tertiary care hospitals Department of OBG , Sri Padmavathy Medical College for women Thirupathy Andhra pradesh during 2014-2015 The data was collected from pre tested questionnaires, Demographic profile and risk factors were collected through pretested questionnaires . Direct interview and focus group interview was conducted at the interval of two times. Written consent obtained from the patient and care takers. A total 178 patient's data was considered for the study with defined inclusion and exclusion criteria. Data discrepancy has found >50 % of the patients .Collected data were analyzed by SPSS-16.50 Version, Univaraiate analysis was employed to draw the significant inference. The following statistical analysis was used to test the hypothesis; Descriptive statistics, Correlation co efficient, Probability value

RESULTS

Table 1: Significance Level of Risk Factors of Premature Delivery

Sl	Defined Factors of Preterm Delivery	No (%)	P-Value
01	Having a previous premature birth	08 (4.49%)	0.00**
02	Pregnancy with twins, triplets or other multiples	02(1.12%)	0.11ns
03	An interval of less than six months between pregnancies	02(1.12%)	0.13ns
04	Conceiving through in vitro fertilization	01(0.56%)	0.86ns
05	Problems with the uterus, cervix or placenta	01(0.56%)	0.82ns
06	Smoking cigarettes or using illicit drugs	01(0.56%)	0.83ns
07	Poor nutrition	05(2.81%)	0.00**
08	Not gaining enough weight during pregnancy	01(0.56%)	0.65ns
09	Some infections, particularly of the amniotic fluid and lower genital tract	01(0.56%)	0.72ns
10	Some chronic conditions, such as high blood pressure and diabetes	01(0.56%)	0.73ns
11	Being underweight or overweight before pregnancy	01(0.56%)	0.78ns
12	Multiple miscarriages or abortions	03(1.69%)	0.00**
13	Physical injury or trauma	01(0.56%)	0.63ns
14	Normal	150(84.27%)	0.00**
	Total	178(100.0%)	

**, Significant at 1% level ($p < 0.01$), ns-Non significant

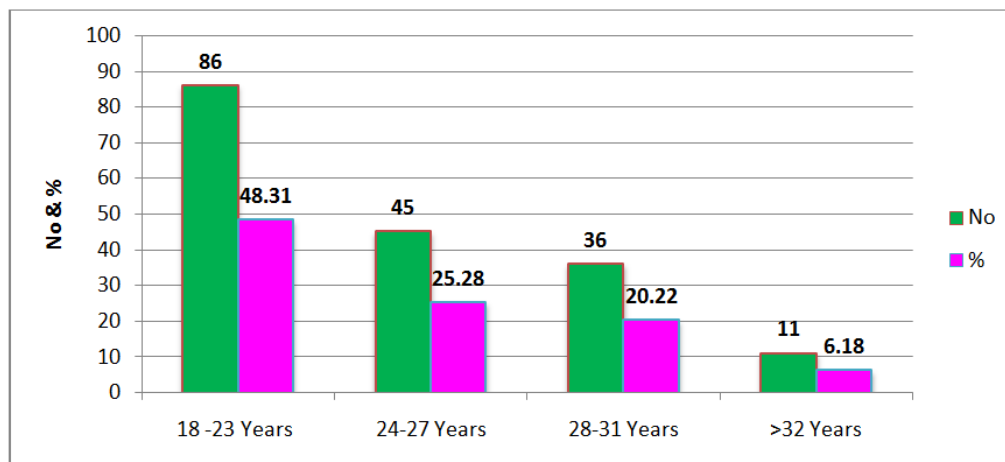


Figure 1: Age Wise Distribution of the Pregnant Mother

DISCUSSIONS

The study revealed that too many factors were influenced on premature delivery among rural population and it was found to be statistically significant. This highlights that some instances and endogenous parameters hell with the outcome of the premature delivery numerous study documented and probing to explain the exact evidence for the preterm delivery. Eventually in rural set up it was seen that health index is poor and statistically insignificant differences on the life style, food intake and hygienic of the enemas' living environment. The present study explore to discuss on this debate of the present study objectives. A number of maternal sociodemographic characteristics were associated with an increased risk for preterm birth viz., Young maternal age ($p < 0.01$), maternal age over 35 ($p < 0.01$), Being underweight ($p < 0.00$) or overweight before pregnancy ($p < 0.01$), Multiple miscarriages or abortions ($p < 0.01$) and Physical injury or trauma ($p < 0.01$) were found to be significantly associated with preterm delivery. However previous premature birth, poor nutrition and multiple miscarriage were highly correlated for the fetal outcomes and premature delivery.

CONCLUSIONS

Preterm delivery is the most common in rural population. younger age, multiple miscarriage, previous premature birth and poor nutritional level is most promising predictors of preterm delivery. Further studies could be needed to support for the implementation of national health policy.

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APPENDICES

Table 2: Age Distribution of the Patients

SL	Age Group(Years)	No	%	Mean±SD	Median age
01	35-45	26	86.66	41.83±5.43	36
02	46-56	05	13.33		
	Total	30	100.00		

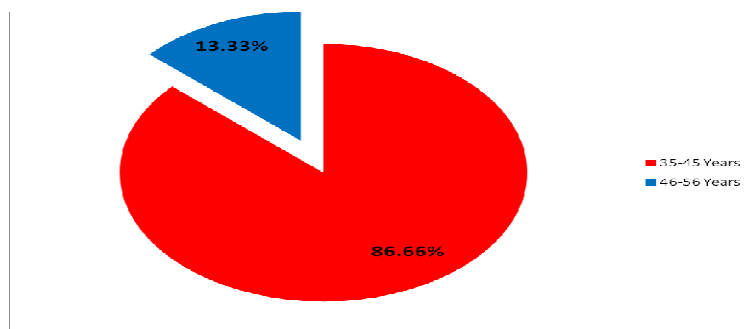


Figure 2: Age Distribution among Patient

Table 3: Presenting Complaints

Sl	Presenting Complaints	No	%	P-Value
1	Mass pv pain abdomen	1	3.84	0.22
2	Menorrhagia	9	34.61	0.02
3	Menorrhagia dysmenorrhoea	4	15.38	0.05
4	Menorrhagia mass PV	1	3.84	0.63
5	Menorrhagia pain abdomen	7	26.92	0.012
6	Pain abdomen	3	11.53	0.263
7	Retention of Urine	1	3.84	0.458
	Total	26	100.0000	

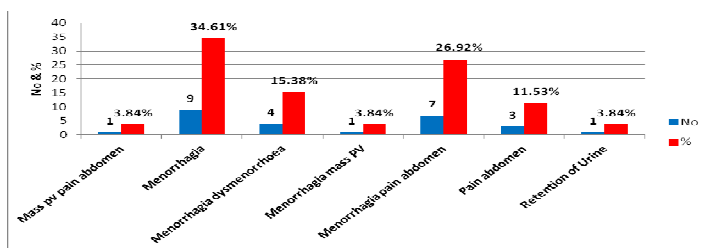


Figure 3: Presenting Complaints Descriptive

Table 4: Parity Details

Sl. No	Parity	No	%
1	P2L1	1	3.33
2	P2L2	14	46.67
3	P2L3	1	3.33
4	P3L3	11	36.67
5	P3L3 one pre LSCS	1	3.33
6	P4L2	1	3.33
7	P4L4	1	3.33
	Total	30	100.00

