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KNOWLEDGE ON DANGER SIGNS OF PREGNANCY AMONG PRIMI GRAVIDA

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ABSTRACT

A descriptive study was conducted at Keerthi Maternity Hospital, Madurai to assess women's awareness on danger signs of obstetric complications. The study subjects consisted of 60 pregnant women attending antenatal checkup. A structured interview schedule and a semi-structured questionnaire were used to collect the necessary data. The study revealed that most of the study subjects 60% were unaware of obstetric danger signs and 18% had good awareness about such signs, while 22% of the study subjects exhibited fair awareness. Lack of awareness about obstetric danger signs were related to younger age, low level of education, and lack of antenatal care. This study reflects the need for strategic plan to increase the awareness to shape health seeking behavior of the public related to signs of obstetric complications.

KEYWORDS

Danger signs of pregnancy, Knowledge and Primi-gravid mothers.

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INTRODUCTION

Pregnancy is a normal method that leads to a series of each physiological and psychological changes in expectant mothers. However, this normal physiological state could also be in the midst of some problems and complications that area unit doubtless life threatening to the mother and / or the fetus¹.

Globally, every minute, a minimum of one woman dies from complications associated with physiological state or childbearing - which means 529 000 ladies a year. In addition, for every woman who dies in childbearing, around twenty additional

suffer injury, infection or unwellness - just about ten million women every year².

World Health organization stated that the pregnancy and childbirth are special events in women's lives and indeed in the lives of their families this can be a time of great hope and joyful anticipation³. It also can be a time of fear, suffering and even death. Although pregnancy is not a disease; but is a normal physiological process. It is associated with certain risks to health and survival both for the women and the infant she bears. These risks are a unit gift in each society and in each setting. In developed countries they have been largely overcome. In developing countries where each pregnancy represents a journey into the unknown from which all too many women return due to lack of care provision⁴.

In India most of the mothers have poor knowledge regarding antenatal, intranatal and postnatal care. Illiteracy, poverty and lack of communication and transport facility make them vulnerable to serious consequences⁵. Though they are the prominent care providers within the family and key to human development and well-being, the fundamental right health is denied to them in most part of the world. The death of a mother increases the risk to the survival of her young children as the family cannot substitute a maternal role. So it is essential to teach about Danger signs of pregnancy. Danger signs of pregnancy include puffiness of face, vaginal bleeding, decreased fetal movement, hypertension, fits, blurred vision, headache, decreased urine output etc⁶.

Maternal mortality in India could be a subject of grave concern. The maternal mortality rate in India is 252.8 per 1 Lakhs live birth. Important contributing causes are anemia, poverty, ignorance, malnutrition, infections and haemoglobinopathies. Hemorrhage (25.6%) ranks first as the cause of maternal death. Followed by sepsis (13%) toxemia of pregnancy (11.9%) abortions (8%) and obstructed labour⁷. Though health departments create awareness in both central and state level through mass media for the MCH programme, still mostly the mothers living in remote areas are not aware of this due to lack of literacy, ignorance and social cultural factors⁸.

Obstetric danger signs include persistent vomiting, severe persistent abdominal pain, vaginal bleeding during pregnancy and delivery, severe vaginal bleeding after delivery, swelling of face, fingers and feet, blurring of vision, fits of pregnancy, severe recurrent frontal headache, high grade fever, marked change in fetal movement, awareness of heart beats, high blood pressure, sudden escape of fluid from the vagina, dysuria, oliguria or anuria, prolonged labor, loss of consciousness and retained placenta. Awareness about the significance of symptoms and signs of obstetric complications may lead to timely access to appropriate emergency obstetric care. (WHO, 2010) Obstetric nurse/ midwife plays a crucial role in promoting an awareness of the public health issues for the pregnant woman and her family, as well as helping the pregnant woman to recognize complications of pregnancy and where to seek medical assistance⁸.

Women need not to die in childbirth. Women die from a wide range of complications in pregnancy, childbirth or the postpartum period. These life threatening complications are treatable, and so most of those deaths are avoidable if women with the complications are ready to establish and obtain applicable emergency obstetrical care which makes a difference between life and death. Lack of awareness of the significance of symptoms of obstetric complications is one of the reasons for failure of women to identify and seek appropriate emergency care.

The current challenge worldwide is to decrease maternal mortality rate. Considering the above factors, the investigators felt that there is need for assessing the knowledge regarding danger signs of pregnancy. So it was decided to conduct a study to assess the knowledge on danger signs during pregnancy among primi gravid women.

Statement of the problem

A study to assess the knowledge regarding danger signs of pregnancy among primigravida mothers in a selected Hospital at Madurai.

Objectives

1. To assess the level of knowledge of primigravida mothers regarding danger signs of pregnancy.

2. To associate the level of knowledge with selected demographic variables such as age, religion, education status, area of residence, type of family, occupation, and source of information.

MATERIAL AND METHODS

Research Approach

Quantitative research approach was used in this study.

Research Design

Non-experimental-Descriptive study design was used for this study.

Setting of the study

The study was conducted in Keerthi Maternity Hospital, Madurai.

Population

The target population was primigravida mothers.

Sampling Technique

Non-probability, purposive sampling was for this study.

Sample Size

60 Primigravida mothers

Tool of data collection

Section -A

Demographic variables

Section -B

Semi-structured questionnaire

A structured interview schedule was developed by the researcher after reviewing of the relevant literature to collect the necessary data. Semi-structured questionnaire was developed to assess the knowledge regarding danger signs of pregnancy. The tool consists of 40 multiple choice questions. Questions related to knowledge about signs of obstetric complications, complaining of any obstetric complication, what to do if the woman has any of these signs. Every correct response was given the score of 1 and the wrong response 0 score was given. The maximum score was 40, the minimum score was 0.

RESULTS AND DISCUSSION

In this study, it was found that antenatal mothers 36(60%) of the samples had inadequate knowledge, 13(22%) of them had moderately adequate and only 11(18%) had adequate knowledge. The findings of

the study clearly indicate that morbidity was high during the antenatal period due to inadequate knowledge. If the women fail to appreciate the possible consequences of dangerous symptoms during pregnancy, it may have potentially dangerous effect on the fetus and the working capacity of women. So there is a need to launch more awareness programmes regarding recognition of danger signs and symptoms and prompt treatment.

This is similar to the findings of Mesay Hailu *et al*, (2010), who reported that the mothers had average knowledge regarding warning signs of pregnancy. Out of the sampled 812 pregnant women, 743 were interviewed creating a response rate of 92%. The mean age of respondents was 25 ± 4 years. The most common spontaneously mentioned danger signs were vaginal bleeding by 341 (45.9%), difficulty of breathing by 105 (14.1%) and loss of consciousness by 94 (12.7%). Other signs mentioned include high fever accounting for 68 (9.2%), severe headache for 55 (7.4%), and severe abdominal pain for 52 (7.0%). Two hundred ninety (39.0%) didn't know any danger signs of pregnancy. Three hundred five (41.3%) of respondents mentioned at least two danger signs during pregnancy and 516 (69.4%) believed that a woman could die of the mentioned problems. There is evidence that show the major causes of maternal mortality to be hemorrhage, sepsis, and hypertensive disorder of pregnancy and pregnant mothers need to have adequate knowledge about the signs indicating these problems⁹.

The present study was similar to the study conducted by Abayneh Akililu Solomon *et al*, (2015). Out of the 355 respondents, 202(56.9%) reported that that they had the data regarding danger signs throughout gestation. From people who had the data concerning danger signs throughout gestation the foremost common mentioned one were vaginal hemorrhage 161 (45.4%). In this study among respondents of knowing danger signs throughout gestation 137(38.6%) were knowledgeable. Among study subjects of knowing danger signs throughout gestation 166 (46.8%) expressed that women may die from danger signs or its complications, and 36 (10.1%) said might not die. 159 (44.8%) of respondents knew the time to go health institution if

they face danger sign of pregnancy and 43(12.1%) of the respondents have no idea¹⁰.

Table No.1: Distribution of samples according to their Demographic variables N= 60

S.No	Demographic variables	F	%	Chi-Square Value
Age				
1	a) < 20 years	16	26.6	2.9615 NS
	b) 21-25 years	29	48.3	
	c) 26-30 years	8	13.3	
	d) 31 years and above	7	11.6	
Religion				
2	a) Hindu	39	65	1.8471 NS
	b) Muslim	6	10	
	c) Christian	15	25	
Education Level				
3	a) Illiterate	20	33.3	2.8425 NS
	b) School Education	25	41.6	
	c) Diploma/Degree	15	25	
Occupation				
4	a) House wife	40	66.6	7.4377 S
	b) Coolie	10	16.6	
	c) Government employee	10	16.6	
Family income				
5	a) Rs.1001-3000	35	58.3	7.524 S
	b) Rs. 3001-5000	15	25	
	c) Rs.5000 and above	10	16.6	
Family Type				
6	a) Nuclear family	40	66.6	4.001 S
	b) Joint Family	20	33.3	
Place of Residence				
7	a) Rural	30	50	1.075 NS
	b) Urban	30	50	
Antenatal Visits				
8	a) 1- 2 visits	15	25	7.348 S
	b) 3 visits	10	16.6	
	c) 4 visits	20	33.3	
	d) 5 visits	15	25	
Source of Information				
9	a) Mass media	30	50	2.971 NS
	b) Health personnel	10	16.6	
	c) Family/Friends	10	16.6	
	d) No information	10	16.6	

0.05 level of Significant.

Table No.2: Distribution of samples according to their level of knowledge regarding Danger signs of Pregnancy

S.No	Level of knowledge	Primigravida mothers	
		Number	Percentage
1	Adequate	11	18
2	Moderate	13	22
3	Inadequate	36	60

CONCLUSION

Unfortunately more than half of mothers were unaware of obstetric danger signs which reflect lack of knowledge regarding such signs. This could be explained by counseling on pregnancy danger signs among those who attended antenatal clinics. This emphasizes the need to ensure that nurse/midwives to inform all pregnant mothers about obstetrical danger signs.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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