

## THE CLINICAL PROFILE OF HIGH RISK PREGNANCIES

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### *Abstract*

The goal “Healthy child, healthy woman and a healthy society” is achieved when essential health care will provide to woman right from the conception and not in labour only. In present study all cases of high risk pregnancies presented at General Hospital, Sangli where identified and divided into two groups registered (group A) unregistered (group B). Outcome of all high risk cases were studied according to onset of labour, duration of labour, mode of delivery, indications of interference, past history. The incidence of high risk pregnancy were 74.90% in unregistered patients group B. The simple clinical criteria used to identify the high risk cases in the present study are reasonably efficient, and realized as a diagnostic tool. There is no necessity of any sophisticated machinery for this preventive purpose.

### *Keywords:*

High risk pregnancies.

## INTRODUCTION

Life anywhere has its prime function as propagation only. Man is the most intelligent creature of all, he starts caring right from conception creature of all, he starts caring right from conception through the delivery and even for the further development of the offspring. It is essential to provide a healthy care right from the conception for arrival of healthy child. The failure of traditional prenatal care to reduce the incidence of reproductive failure represents a great challenge to us. In country like India, the high risk problems are still those of ignorance, superstition, poverty, lack of facilities, lack of transportation and ill distributed health care. The identification and prevention of high risk factors, to treat a problem after it has been established may not be as rewarding as avoiding it. Here an attempt have made to evaluate these risk factors to achieve final goal of : “Small but healthy and happy family.”

### **Amis And Objectives**

1. To find out whether the clinical criteria are efficient in localizing the high risk population in the community.
2. To assess the impact of antenatal care on the pregnancy outcome in high risk pregnancy.

## MATERIALS & METHODS

All the cases which fulfilled the criteria of high risk pregnancies were selected. They were divided in two groups wise early registered/ booked (group A), unbooked / referrals in group B.

### **Inclusion Criteria**

1. Age more than 35 or less than 16.
2. Grand multiparity.
3. Bad obstetric history.
4. Cervical incompetence.
5. Previous LSCS

**OBSERVATIONS & RESULTS***Table No. 1 – Grouping of High risk pregnancies.*

Groups	Cases	Incidences
Group A(registered)	63	25.10%
Group B (Unregistered / referral)	188	74.90%
Total	251	100%

*Table No. 2 – Age distribution.*

Age in years	Group A	Group B
≤ 16	01	05
17 to 25	42	126
26 to 34	17	41
≥ 35	03	16
Total	63	188

*Table No. 3 – Distribution of the parity.*

Parity	Group A	Percentage	Group B	Percentage
G1	15	23.81%	76	40.42%
G2 to G4	42	66.67%	98	52.13%
G5 and more	06	9.52%	14	7.45%

*Table No. 4 – Duration of pregnancy at the onset of labour.*

Duration	Group A	Percentage	Group B	Percentage
Less than 37 weeks	19	30.16%	72	38.30%
37 to 41 weeks	40	63.49%	114	61.17%
42 weeks and above	04	6.35%	02	1.06%
Total	63		188	

*Table No. 5 – Onset of labour.*

Type	Group A	Percentage	Group B	Percentage
Spontaneous	50	79.36%	164	87.23%
Induced	03	4.76%	18	9.57%
Elective LSCS	09	14.28%	02	1.07%
Emergency LSCS	01	1.58%	04	2.13%
Total	63		188	

*Table No. 6 – Distribution of Associated Medical diseases.*

	Group A	Group B
Gross anaemia	04	05
Heart disease	03	04
Diabetes	01	Nil
Jaundice	Nil	03
Syphillis	Nil	03
Rh haemolytic disease	06	07

*Table No. 7 – Distribution of Past obstetrical history (OH).*

Past obstetrical history	Group A	Group B
Hydramnios	01	07
Fetal abnormalities	04	13
Post maturity	06	03
Cord prolapsed	01	03
Premature rupture of membrane	02	36
Malpresentation	05	34
Fetal distress	02	05
Prolapsed with cervical dystrocia	Nil	03
Rupture uterus	Nil	02

Table No. 8 – Intrapartum risk factors distribution.

Risk factor	Group A	Group B
Antepartum haemorrhage	01	18
Premature rupture of membrane	02	36
Cord complication	01	04
CPD	07	22
Malpresentation	05	34
Rupture uterus	Nil	02
Placenta praevia	--	05

Table No. 9 – Mode of delivery.

Mode of delivery	Group A	Percentage	Group B	Percentage
A) Vaginal spontaneous	30	47.62	82	44.34
Forceps	06	9.52	26	14.04
Vaccumextraction	01	1.58	04	2.16
Duehresson's incisions	--	--	02	1.08
Internal version	--	--	01	0.54
Destructive operations	01	1.58	02	1.08
B) Abdominal Elective LSCS	09	14.30	04	2.16
Emergency LSCS	16	25.40	63	34.04
Caesarian hysterectomy	--	--	02	1.08
Laprotomy with repair of rent	--	--	02	1.08
Total	63		188	

## DISCUSSION

1. The size of group B is more than Group A. The reasons for referral are inadequate facilities at remote places, complications of pregnancy, unavailability of experts.
2. In present study incidence in the age group 17 to 25 years were seen. The relative risks due to age factors alone are less significant as compared to the risk due to other factors.
3. The true fact is that 40% nullipara have not realized the importance of antenatal care. As the parity has increased the number of booked cases in group A has also increased, might be an indication of increased awareness of the importance of antenatal check up after their first exposure to pregnancy and labour.
4. There is 8% increase incidence of prematurity in unregistered patients.
5. In emergency admissions of group B patients 87.23% had spontaneous onset of labour while there were high incidence of elective LSCS in registered patients from group A.
6. Incidences of associated medical diseases are similar in both groups.

7. Careful supervision in pregnancy and labour can help to reduce the prenatal mortality rates.

## CONCLUSION

Simple and efficient antenatal care, longitudinal observation throughout the course of pregnancy and vigilant monitoring during intrapartum period can reduce maternal and perinatal mortality, morbidity dramatically in the absence of ultramodern facilities of investigations. The role of regular antenatal check up need not be over stressed.

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