

Knowledge and Practices about Obstetric Danger Signs among Pregnant Women: A Case Study in Dhaka

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Abstract

Original Research Article

One of the major causes of the death of women is due to maternal mortality. About 300 million women in developing countries suffer from short and long-term illnesses due to complications related to pregnancy and childbirth. About 529,000 mothers die each year from maternal causes, out of which 99% of deaths are in the developing world. A cross-sectional study was conducted to assess the level of knowledge regarding obstetric danger signs among pregnant women attending at Gynaecoutpatient department and Antenatal ward, UttaraAdhunik Medical College Hospital (UAMCH), Dhaka using a non-probability sampling technique from 1 February to 25 April 2022. A total of 160 pregnant women had given consent and participated in the study. 73.8% of respondents were aware of vaginal bleeding as a danger sign during pregnancy, 63.8% stated high blood pressure as a danger sign, 62.5% knew that convulsion was a danger, 46.2% reported that blurred vision being a danger sign, 42.5% mentioned severe headache was a danger sign. 23.75% were found to have good knowledge, 60% had average knowledge and 16.25% had poor knowledge about obstetric danger signs during pregnancy. Excessive vaginal bleeding was the most frequently mentioned obstetric danger sign in all categories, like pregnancy, childbirth and postpartum.

Keywords: Obstetric Danger Signs, Pregnant Women, Postnatal Period.

INTRODUCTION

The birth of a baby is a major reason for celebration worldwide. Societies expect women to bear children and honour women for their role as mothers. In most of the world, pregnancy and childbirth is a perilous journey. (Hasan, et.al, 2002, p.8) Avoidable morbidity and mortality remain formidable challenges in many developing countries. Pregnancy-related complications cannot be reliably predicted, and a pregnant woman must have knowledge about pregnancy danger signs and seek immediate help if needed. Knowledge of danger signs during pregnancy, childbirth, and the postpartum period is crucial for safe motherhood. (Mesko, et al, 2003) Therefore, pregnant mothers and women in the reproductive age group need to have

adequate knowledge about the signs indicating these problems. Women and their families are more likely to seek care in the event of an emergency if they are aware of signs of obstetric complications. Pregnancy danger signs are those symptoms that may signal danger to a pregnant woman or her foetus and therefore require immediate medical attention. (Karkee, et al, 2014, p.7). The most common danger signs during pregnancy are severe vaginal bleeding, swollen face/hand, and blurred vision. Key danger signs during labour and childbirth include severe vaginal bleeding, prolonged labour, convulsions, and retained placenta. Danger signs during the postpartum period include severe bleeding following childbirth, loss of consciousness after childbirth, and fever. Raising awareness of pregnant women on the danger signs would improve the early detection of

problems and reduces the delay in deciding to seek obstetric care. (Begum, 2015)

Maternal mortality due to obstetrics complications could be prevented if pregnant women recognize danger signs and seek immediate care. Low awareness may be a cause of failure to recognize the complication when it occurs thus delaying the decision to seek care. In many developing countries, women deliver alone or with a relative. (Birhanu, et al, 2013) People must be trained to recognize danger signs and develop plans for emergencies that include transport to hospitals or skilled care, access to financial resources, and community support. Informing, educating, and mobilizing people regarding danger signs and working with communities to improve access would help reduce maternal mortality. (Kumbani and McInerney, 2012)

METHODS

A cross-sectional study was conducted among pregnant women who attended the Gynae outpatient department and Antenatal ward, at Uttara Adhunik Medical College Hospital (UAMCH), Dhaka. A total of 160 pregnant women had given consent and participated in the study. Data was collected by interview method and a predesigned and pretested questionnaire was used which include socio-demographic profile, parity, ANC visits, gravid, and knowledge regarding danger signs during pregnancy, labour and the post-partum period. Written informed consent was obtained from the study participants. (Kabakyenga, et. al, 2011, p.2) The anonymity of the participants and strict

confidentiality of the information collected was maintained. After completion of data collection, the data were checked for completeness, correctness and internal consistency to exclude missing or inconsistent data. Corrected data were analyzed with the help of SPSS Windows program version. (Karkee, et. al, 2014, p.7) An analysis plan was developed keeping in mind the objective of the study. Clearance from the Institutional Ethics Committee was obtained before conducting the study.

RESULTS

Information related to socio-demographic characteristics:

Table shows the age distribution of the study population, out of a total of 160 respondents the largest number 116 (72.5%) belongs to the age group 20-29 years. Only 32 (20%) belong to the age group 30-39 years and 12 (7.5%) belong to the age group 14-19 years. 74 (46.2%) were secondary level 48 (30%) were read or write, 24 (12%) were primary, and 14 (8.8%) were illiterate. Majority of the respondents 58.8% earned taka <10, 000, 20% earned taka 10,000-20,000 and 21.2% earned taka >20,000 age of first pregnancy. 108 (67.5%) were age group 15-24 years, and 52 (32.5%) were age group > 24 years. 98 (61.2%) were primigravida and 62 (38.8%) were multigravida women. 64 (40%) respondents visited 4 ANC, 28 (17.5%) respondents visited 3 ANC, 46 (28.8%) respondents visited 2 ANC 22 (13.8%) visited 1 ANC.

Table 1: Socio-demographic characteristics of the respondents (n=160).

Variables	Frequency	Percentage
Age group (Years)		
14-19	12	7.5
20-29	116	72.5
30-39	32	20.0
Level of education		
Illiterate	14	8.8
Primary level	48	30
Secondary level	74	46.2
Higher secondary and above	24	12
Monthly family income		
<10,000	94	58.8
10,000-20,000	32	20.0
>20,000	34	21.2

Age at first pregnancy		
15-24	108	67.5
>24	52	32.5
Number of pregnancy		
Primigravida	62	38.8
Multigravida	98	61.2
number of ANC		
One	22	13.8
Two	46	28.8
Three	28	17.5
Four	64	40.0

Distribution of the respondents by knowledge of obstetric danger signs:

Table 2 shows that the majority of respondents 56 (35%) got information about the obstetric danger signs from health workers and other sources were newspapers 50 (31.3%), media 38 (23.8%). (73.8%) of them were aware of vaginal bleeding as a danger sign during pregnancy, other danger signs known by the respondents include high blood pressure (63.8%), convulsion (62.5%), accelerated fetal movements (51.2%), blurred vision (46.2%), severe headache (42.5%), PROM (30%),

swollen hands (20%) which were most prominent among the respondent.65% of them were aware of excessive vaginal bleeding as a danger sign. Other danger signs known by the respondents include prolonged labour 55%, Loss of consciousness 52.5%, and Retained Placenta 41.2%. (72.5%) of them were aware of severe vaginal bleeding as a danger sign during the postpartum period. Other danger signs known by the respondents include high fever (56.2%), severe weakness (47.5%), severe abdominal pain (43.8%), and Foul-smelling vaginal discharge (32.5%)

Table 2: Distribution of the respondents by knowledge of obstetric danger signs (n=160)

Variables	Frequency		Percentage
Source of getting information			
Health worker	56	35.0	
Newspaper	50	31.3	
Media	38	23.7	
Knowledge of obstetric danger signs during pregnancy			
Excessive vaginal bleeding		73.8	
High blood pressure		63.8	
Convulsion		62.5	
Blurred vision		46.2	
Severe headache		42.5	
Knowledge of obstetric danger signs during labour			
Excessive vaginal bleeding		65.0	
Prolonged labour		55.0	
Loss of consciousness		52.5	
Retained Placenta		41.2	
Knowledge of obstetric danger signs during the postpartum period			
Severe per vaginal bleeding			72.2
High fever			56.2
Foul-smelling vaginal discharge	3		2.5

Distribution of the respondents regarding the knowledge level of obstetric danger signs:

Table 3: Level of knowledge on obstetric danger signs among pregnant women (n=160)

Level of knowledge	Frequency	Percentage
Excellent	38	23.75
Good	96	60.0
Poor	26	16.25

Table 3: Shows that 38 (23.75%) had excellent knowledge, 96 (60%) respondents had good knowledge and Only 26 respondents (16.25%) had poor knowledge.

DISCUSSIONS

This cross-sectional study was conducted on pregnant women attending a private hospital in Dhaka, Bangladesh to assess the level of knowledge regarding obstetric danger signs among pregnant women attending a selected hospital, Dhaka.

In this study, 160 pregnant women were interviewed. It was found that 116 (72.5%) belong to the age group 20-29 years. 32 (20%) belong to the age group 30-39 years and only 12 (7.5%) belong to the age group 14-19 years. This study shows the religion of the respondents. Among the 160 pregnant women 114 (71.2%) were Muslim, 42 (26.2%) were Hindu, and 4 (2.5%) were Christian. (Nambala, et. al, 2013, p. 44)

According to the educational level of the participants, 74 (46.2%) were secondary level, 48 (30%) were read or write, 24 (12%) were primary, and 14 (8.8%) were illiterate. The study shows that the majority of the respondents 58.8% earned taka <10, 000, 20% earned taka 10,000-20,000 and 21.2% earned taka >20,000 (Table 4.2).

Regarding the residential status of the participants, 96 (60%) had paka, 38 (23.8%) had Kanha, and 26 (16.2%) had semi-para-accommodation. In this study according to the respondent's age of first pregnancy, 108 (67.5%) were age group 15-24 years, and 52 (32.5%) were age group > 24 years. In this study majority of the respondents, 98 (61.2%) were primigravida and 62 (38.8%) were multigravida women. The study shows 64 (40%) respondents visited 4 ANC, 28 (17.5%) respondents visited 3 ANC, 46 (28.8%) respondents visited 2 ANC 22 (13.8%) were 1 ANC. In this study majority of the respondents 110 (68.8%) need <30 minutes to reach

the health facility on foot, and 50 (31.2%) need >30 minutes to reach.

A descriptive cross-sectional design was used to find out the knowledge regarding obstetric danger signs among antenatal mothers in Antenatal OPD of T. U. Teaching Hospital Kathmandu, Nepal showed that the mean age of respondents was 25-35 years and most of the respondents (92.9% of them) belonged to the age group of 20-34 years. Among 252 respondents, 96% of respondents had heard about danger signs. Out of 242 respondents, 70.1 % of the respondents got information mainly from the Media.

In this study, among 160 respondents, most of the respondents 116 (72.5%) belong to the age group 20-29 years. 144 (90%) were known about obstetric danger signs. Out of 144 respondents, the majority of respondents 56 (35%) got information about obstetric danger signs from health workers.

The study was carried out in Uganda where only 49 % of respondents mentioned vaginal bleeding as a symptom of a danger sign. The study was conducted in India among antenatal mothers, where 90.5% of respondents had rightly mentioned vaginal bleeding as a danger sign. 19 In this study mother's knowledge of obstetric danger signs during pregnancy, 116 (72.5%) of them were aware of severe vaginal bleeding as a symptom as a danger sign during pregnancy. (Sharma, et. al, 2012, p.70)

The study was conducted in India among antenatal mothers, where 25 (66.1%) had reported the loss of foetal movement as a danger sign 72.8% mentioned that retained placenta as a danger sign whereas 70.7% of respondents perceived severe bleeding as the danger sign during labour. In this study, 104 (65%) respondents were aware of excessive vaginal

bleeding as danger signs during labour. Other danger signs known by the respondents include prolonged labour 88 (55%), Loss of consciousness 84 (52.5%), and Retained Placenta 66 (41.2%).

In another study on obstetric danger signs among antenatal mothers, out of 50 respondents, 25 and few respondents (11.4%) only mentioned breast and wound infection, headache, vulval hematoma, uterine prolapsed, high fever and foul-smelling vaginal discharge could be other danger signs during the postpartum period. In this study, 72.5% of respondents were aware of severe vaginal bleeding as a danger sign during the postpartum period. Other danger signs known by the respondents include high fever (56.2%), severe weakness (47.5%), severe abdominal pain (43.8%), and Foul-smelling vaginal discharge (32.5%).

In this study mothers' knowledge of abortifacient food, 126 (78.8%) knew about pineapple as an abortifacient food which may create any harmful effect during pregnancy. They also knew about these abortifacient foods raw Papayas 108 (67.5%), raw eggs 50 (31.2%), whisky 22 (26.2%), brandy's 42 (26.2%), coffee 38 (23.8%), castor oil 12 (7.5%). In this study, we also found most prevailed complications in our respondents were UTI 62 (38.8%), Anaemia 60 (37.5%), Diabetes mellitus 42 (26.1%), Hypertension 38 (23.8%), Asthma 28 (17.5%), Hepatitis 6 (3.8%), and Thyroid disorder 6 (3.8%). (Stephanie, et. al, 2016, pp.1-2)

According to the level of knowledge on obstetric danger signs among 160 respondents, 96 (60%) respondents had moderately good knowledge and 38

(23.75%) had very good knowledge, only 26 respondents (16.25%) had average knowledge about obstetric danger signs. (Thaddeus and Maine, 1994, p.91)

CONCLUSION

This study indicated that the knowledge level of pregnant women about obstetric danger signs (during pregnancy, childbirth and postpartum period) 38 (23.75%) had excellent knowledge, 96 (60%) respondents had good knowledge and Only 26 respondents (16.25%) had poor knowledge. Therefore, the identified deficiencies in awareness should be addressed through maternal and child health services by designing appropriate strategies including provision of targeted information, education and communication.

RECOMMENDATIONS

Based on the findings and results obtained from the study in this sense that the educational level should be improved to be fully aware of the obstetric danger signs. Health education and motivation of pregnant women regarding regular antenatal visits. Mass media also takes part to create awareness among pregnant women. Therefore, we recommend the Ministry of Health design and distribute maternal health booklets that highlight the obstetric danger signs, and encourage antenatal care providers and community health workers to provide frequent health education about these danger signs for every pregnant woman to increase their level of knowledge about obstetric danger signs.

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