

Outcome of Pregnancies in a Primigravida as Compared to Multigravida in a Tertiary Care Hospital

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Abstract

Background: The study aimed to compare the outcome of pregnancies in a primigravida with multigravida. In our study we have included all type of pregnancies including 1st trimester and 2nd trimester pregnancy. All the obstetric complications, neonatal outcome. In our study it has been proven that primigravida is a high risk pregnancy. **Aim and Objectives:** To determine the obstetrics complications and compare it among the two parity groups. To assess the outcome of pregnancy among the two parity groups. **Materials and methods:** It is a retrospective analysis. The study has taken place in MGM hospital ,Aurangabad during period January 2015 to January 2016. **Results:** In my study it is observed that obstetrics complication is more in primigravida than in multigravida like Anaemia (14.09%) than in multigravida anaemia (9.78%).subsequently as for other complications also. Maximum vaginal delivery and caesarean section was in term in case of primigravida. The number of low birth weight, IUD babies were more in primigravida than in multigravida.

Key words: Parity, pregnancy outcome, antenatal care, obstetric complication, low birth weight.

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INTRODUCTION

Antenatal care has undergone continuous development over past decades, the expectations on antenatal care, preferences regarding number of visits and attitude to continuity has been increased. Other benefits of antenatal care are advised on modification of life style. Obstetrics morbidity is defined as morbidity in a woman who has been pregnant (regardless of site or duration of the pregnancy) resulting from any cause related to or aggravate by the pregnancy or its management but not

from accidental or incidental causes. It is very important for women to receive health care before and during pregnancy to decrease the risk of pregnancy complications. According to WHO¹ reproductive health problems account for more than one third of the total burden of disease in women. WHO estimates that 500,000 women die every year from complications of pregnancy and abortions. The mode of delivery can be spontaneous vaginal delivery, caesarean section or instrumental delivery. Spontaneous vaginal delivery follows labour with expulsion of the baby and placenta per vagina. Instrumental delivery is the use of instruments either obstetric forceps or ventouse to achieve vaginal delivery. Abortion is the extraction or expulsion from its mother of an embryo or foetus weighing 500gm or less. Incidence is 10-20% of all clinical pregnancies 75% abortions occur before the 16th week. Ectopic pregnancy is one in which the fertilized ovum is implanted and develops outside the normal endometrial cavity. The incidence has increased the reasons are increased prevalence of chronic pelvic inflammatory disease, tubal plastic operations ,ovulation induction. Incidence varies 1

in 300 to 1 in 150 deliveries. Vesicular mole is an abnormal condition of the placenta. During routine Antenatal check up many disease was screened like hypothyroidism, PIH, and mostly anaemia. The frequencies of these complications further varies among primigravida and multigravida. The present study was designed to assess the prevalence of all these complications, gestational age, types of abortions among

these two parity groups with reference to both booked and unbooked status.

MATERIALS AND METHODS

Study Centre: MGM Hospital, Aurangabad. **Study Period:** January 2015 to January 2016. **Study Design:** Retrospective Analysis.

RESULTS AND OBSERVATIONS

Table 1: Booking status of the patient

	Primigravida	Multigravida
Booked N=778	560(72%)	732(63.81%)
Unbooked N=1147	218(28.02%)	415(36.18%)

$\chi^2=22.1598$; $P=0.00003$ it is significant

Above table shows that more number of primigravida were booked with us than multigravida, the reason may be the social cause against refusing Antenatal care in multigravida could be a reason.

Table 2: Age of the patient

	Primigravida(n=778)	Multigravida(n=1147)	P Value
<19 YEARS	94(12.53%)	36(3.31%)	0.005 Significant
19.1-30 YEARS	425(54.62%)	710(61.90%)	0.663 Not significant
>30 YEARS	259(33.29%)	401(34.96%)	0.481 Not significant

P value =0.486 not significant.

From the above table it shows that in 3.31% in multigravida were less than 19 years which is more at higher risk.

Table 3: gestational age at the time of delivery

Gestational age	Primigravida(n=618)	Multigravida(1120)
<37 weeks	162(26.21%)	194(17.41%)
37.1-40 weeks	286(46.27%)	526(46.96%)
>40 weeks	170(27.86%)	400(35.90%)

$\chi^2=24.1816$; $P=0.6814$ not significant.

Above table shows that preterm labour is slightly higher in Primigravida.

Table 4: Outcome of pregnancy

	Primigravida(778)	Multigravida(1147)
MTP	31(3.98%)	62(5.40%)
Ectopic Pregnancy	5(0.64%)	11(0.95%)
V-Mole	14(1.79%)	9(0.78%)
Spontaneous Abortions	105(13.41%)	55(4.79%)
Preterm Delivery	79(10.15%)	112(9.76%)
Preterm LSCS	45(5.78%)	82(7.14%)
Fullterm Delivery	338(43.44%)	426(37.1%)
Fullterm LSCS	146(18.76%)	390(34%)
Instrumental	15(1.92%)	0

$\chi^2=93.5$ $P=0.00004$ Significant

Above table shows that incidence of MTP in primigravida was less, complications of pregnancy, like v mole and spontaneous abortions were more in Primigravida. Incidence of instrumental delivery was also more i.e 1.92%.

Table 5: Outcome of a baby associated with parity:

	Primigravida(n=618)	Multigravida(n=1120)
Baby with mother	458(74.11%)	956(85.35%)
Baby in nicu	142(22.97%)	139(12.41%)
I.U.F.D babies	18(2.91%)	25(2.23%)

$\chi^2=35.42$ $P<0.00001$ Significant p value for IUD babies =0.826 not significant.

Above table shows that in Primigravida rate of I.U.F.D babies were more than multigravida.

Table 6: Medical Diseases in Primigravida and Multigravida

Association complication	Primigravida (n=778)	Multigravida (n=1147)	P value
ANAEMIA	86(14.09%)	109(9.78%)	0.0001 significant
PIH	40(6.55%)	65(5.83%)	0.583 NS
HYPOTHYROIDISM	23(3.77%)	36(3.23%)	0.486 NS
HEART DISEASE	06(0.98%)	04(0.35%)	0.683 NS
GDM	08(1.02%)	06(0.52%)	0.781NS

$P=0.6834$ it is not Significant

Above table shows that, in Primigravida anaemic patients was more than in Multigravida, . It was also observed that heart diseases and GDM were more in Primigravida.

DISCUSSIONS

The analysis of demographic factors in relation to booking status showed that booked (73.33%) in primigravida were statistically higher so p value was significant .Pregnancy outcome in unbooked mothers were poorer than in booked mothers due to social cause against refusing Antenatal care in multigravida could be a reason. In my study it shows that maximum patients in primigravida were in the age group 19.1-30 years, it was observed that 3.31% in multigravida were in less than 19years which is more at higher risk. In our study the majority of the patients lie in preterm labour the prevalence rate of primigravida was more(26.21%) than in multigravida (17.32%) . The study was done by KAUR *J et al* in 2000² that majority (51.92%) primigravida than 35.41% in multigravida which is consistent with the above study. In our study it shows that incidence of MTP in primigravida was less 3.98%) ,and in multigravida it is 5.40%) .Incidence of preterm delivery was more in primigravida.The study done by Chetanjit Baruah in 2016³ also concluded the same as in multigravida it was 56.6%) and in primigravida it was 69.2%, preterm delivery was more in primigravida. When the medical Disease was studied it was observed that PIH is the known complications in both the groups., the study conducted by Ceimniski and Dlugolecki⁴ found the same incidence. Our study shows that the prevalence of anaemia is higher in primigravida (14.09%) Heart disease and GDM was also found more in primigravida and in multigravida (9.78%) this study has been supported by Prechapanich and Tongtub⁵. When analysis was

performed complications in pregnancy like vesicular mole, spontaneous abortions the incidence in primigravida was more than multigravida. The study was consistent with the study of kaur *J et al* in 2006².

CONCLUSION

The findings of the present study revealed that majority of patients reported obstetric complications more in Primigravida. As it is said that Primigravida is high risk factor for pregnancy, which is proved in our study. we have seen that obstetrics complications like Anaemia, PIH, Heart disease, GDM are more in Primigravida, it may be due to the Teenage pregnancy and less awareness of antenatal care . Preterm delivery was more in Primigravida. In order to improve maternal health, women should be educated and counselled about proper medical care. It will help to avoid adverse pregnancy outcome.

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