International Journal of Science and Research (IJSR)
ISSN: 2319-7064
ResearchGate Impact Factor (2018) : 0.28 | SJIF (2018) : 7.426

A Study to Assess the Knowledge regarding Pregnancy Induced Hypertension among Primigravid Mothers in Saveetha Medical College and Hospital

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Abstract: ***Hypertension disorder of pregnancy are important leading causes of maternal, fetal and neonatal morbidity and mortality worldwide. Hypertension during pregnancy is classified under five year categories ;they are chronic hypertension with preeclampsia, chronic hypertension with preeclampsia, gestational hypertension (PIH) and transient hypertension. Gestational hypertension is also known as pregnancy induced hypertension ;is defined as new hypertension in a pregnant women after 20 weeks of gestational without the presence of protein in urine or other sign of preeclampsia and blood pressure of 140 mmHg systolic and diastolic pressure of 90mmHg measured 2times with at least a 6hours intervals. The main aim of the study was to bring the positive outcome of knowledge among antenatal primi mothers regarding prevention of pregnancy induced hypertension in Saveetha medical college and hospital. The descriptive research design was used to assess the knowledge regarding pregnancy induced hypertension. Study subjects comprised of 60antenatal primi mothers were selected by convenient sampling technique. Demographic variables were collected by using self structured questionnaires. Highest (40%) of antenatal mothers were having average knowledge, (15%) of them were having good knowledge, and only (5%) were having poor knowledge regarding prevention of PIH. The fruit of the womb is reward of god.Mother who is carrying baby should be knowledge so that it can protect herself as well baby.***

Keywords: Antenatal mother, primi gravida, level of knowledge, pregnancy induced hypertension

1. Introduction

"Pregnancy is special, lets make it safe"

Pregnancy induced hypertension refers to a condition which occurs after the 20th week of pregnancy in which hypertension and proteinuria with or without edema are present in a women who has been previously normotensive "Hypertension disorder of pregnancy are important leading causes of maternal, fetal and neonatal morbidity and mortality worldwide. Hypertension during pregnancy is classified under five year categories; they are chronic hypertension with preeclampsia, chronic hypertension with preeclampsia, gestational hypertension (PIH) and transient hypertension. Gestational hypertension is also know as pregnancy induced hypertension; is defined as new hypertension in pregnant women after 20 weeks of gestational without the presence of protein in urine or other sign of preeclampsia and blood pressure of 140 mmHg systolic and diastolic pressure of 90mmHg measured 2times with at least a 6hours intervals.

Pregnancy induced hypertension is known as toxemia or preeclampsia a form of high blood pressure in pregnancy. PIH is the second most common medical disorder seen during pregnancy. Hypertensive disorders of pregnancy affect 6-8% of all pregnancies, with wide variation as per different geographical areas. Although the cause of PIH is unknown certain factors are known to increase the risk of PIH such as risk factor includes those young women with first pregnancy, pregnant women younger than 20 years and older than 40 years of age, having diabetes, pre-existing hypertension, previous episode of PIH etc. They along with hemorrhage and infection, contribute greatly to maternal morbidity and mortality. PIH is a pregnancy specific, multisystem disorder characterized by development of oedema, hypertension and proteinuria after 20 weeks of gestation World Health Organization (2017) estimates that at least one woman dies every seven minutes from complications of hypertensive disorders risk of adverse fetal, neonatal and maternal outcome including preterm birth, intrauterine growth retardation (IUGR), perinatal death, ante partum haemorrhage, postpartum haemorrhage and maternal death. Most deaths in PIH occur due to its complications & not due to hypertension per se. With the advent of antenatal care in large cities, severe degree of toxaemia and eclampsia has become mostly preventable. However, in developing country, it still continues to be a major obstetric problem. Thus, we can reduce the maternal mortality by prevention and proper management of these complications.

The present case –control study was conducted during July 2016 to Oct 2016 at tertiary care hospital. The inclusion criteria for case were women in the antenatal period and diagnosed by an obstetrician as being PIH without sever complication and taking OPD services. Antihypertensive drug therapy for mild to moderate hypertension in pregnancy. Include the 46 randomized trials involving the treatment of pregnant women with maternal blood pressure of 140 – 169 mm hg systolic and 90- 109 mm hg diastolic 28 trials compare treatment placebo and 19 compared difference antihypertensive medication this review reported to significant findings that were not included in the 2014 WHO recommendations.

The common causes of maternal mortality are anemia, hemorrhage, sepsis and toxemia of pregnancy. One of the factors that contribute to the maternal mortality and morbidity is lack of recognition of danger signals such as continuous headache, blurred vision, persistent vomiting, etc by women. I gnalls joy (1991) states that prenatal care is the primary factor in the improvement of maternal mortality statistics. The health indices that call the awakening of health team includes maternal mortality and perinatal mortality rate. The total population of India is 1, 05, 000, 000. The lifetime risk of maternal deaths in India was one in 55 in the year 1995. According to Annual report (20015), India has a maternal mortality rate of 408/1, 00, 000 live births. Mahler (1988) had pointed out that maternal mortality is a neglected tragedy. Confidential enquiry report (1992) stated that a vast majority of these deaths (50 -80%) are preventable. A report of voluntary to 18% of total births globally and 20% 0f total maternal deaths.

According to **Burroughs (1997)** India has a share of 20% maternal deaths (2001) of the world's health problem. Health problems during pregnancy women and her fetus. Several problems can be detected at the beginning of pregnancy. Women may likely to have complications during pregnancy then those with normal blood pressure. Though some women develop high blood pressure while they are pregnant often called gestational hypertension. The effect of high blood pressure can impair the mother's kidneys and other organs and it can cause low birth weight and premature delivery. Some of the serious cases the mother develops pre Eclampsia or Toxemia of fetus. It happens due to lack of knowledge regarding antenatal Care.

2. Methods and Materials

The descriptive study design study to assess the knowledge regarding pregnancy induced hypertension. in the study interview method was used with structure questionnaire. The tool prepared was interview schedule with structured questionnaire which was prepared according to the object of present study. The study subjects comprised of 60antenatal primi mothers were selected by convenient sampling. the instrument used for this study composed of 2 part :1 demographic variables and part 2 it consists of MCQ to assess the level of knowledge among regarding prevention of PIH antenatal mothers. For the convenience the level of knowledge among antental regarding prevention of PIH of was divided into adequate knowledge, inadequate knowledge, average.

3. Result

percentage wise distribution of level of knowledge among antenatal mothers regarding Pregnancy induced hypertension among antenatal primi gravida mothers revealed that highest (40%) of them were had average knowledge and (15%) were had adequate knowledge and only (5%) had inadequate level of knowledge.

Table I

Showed that among 60 majority 25 (83.4%) of them were 21-30years. 4 (13.3%) were 31-40 years and 1 (13.3%) were below 20 years. majority of antenatal mother 20 (66.6%) were Hindu, 59 (16.7%) were Christian and 5 (16.7%). Most of antenatal mother (16.6%) were high school 8%were middle and 6 (20%) were primary. Majority of the mother 20 (66.6%) were house wife, 6 (20%) were employed and 4 (13.3%) were coolie. Most of the antenatal mother24 (66.6%) having a monthly income of 10000-20000, 6 (20%) were below 10000, and 4 (13.3%) were 20000above .majority of them 18 (60%) belong to joint family and 12 (40%) belong to nuclear family. majority of them 14 (46.7%) has gestational age of 21-30 weeks and 2 (6.6%) of them are less than 20weeks. most of them 9 (30%) from family, 8 (26.7%) from health personnel, 7 (23.3) from mass media, and 6 (20%) from friends. Majority of them 15 (15%) has gravid of1and 2. Most of them has no previous of pregnancy induced hypertension. 28 (93.4%) and 2 (6.6%) has no previous history of pregnancy induced hypertension.

Table II

Showed that the chi-square revealed that there was significant association with the demographic variables of experimental group such as age, religion, education, occupation, income of the family per month, source of information gravid and previous history of pregnancy induced hypertension

Section A

Table 1: Frequency and Percentage Distribution of Demographic Variables of Pregnancy Induced Hypertension Mothers in Study Group

S.No	Demographic Variables	Frequency	Percentage
1	AGE		
	a) Below 20 years	1	3.30%
	b) 21-39 years	25	83.40%
	c) 31-40 years	4	13.30%
	d) 36- 40 years	0	0%
2	Religion		
	a) Hindu	20	66.60%
	b) Christian	5	16.70%
	c) Muslim	5	16.70%
	d) Others	0	0%
3	Education		
	a) Non Literate	0	0%
	b) Primary	6	20%
	c) Middle	7	23.40%
	d) High School	17	56.70%
4	Occupation		
	a) Coolie	4	13.30%
	b) Employed	20	20%
	c) House Wife	6	66.70%
5	Income		
	a) Below 5000	6	20%
	b) 10000	24	66.60%
	c) 10000-20000	4	13.30%
6	Type Of Family		
	a) Nuclear	12	40%
	b) Joint	18	60%
7	Gestational Age		
	a) Less Than 20 Weeks	14	46.60%
	b) 21-30 Weeks	14	46.60%
	c) 31-40 Weeks	2	6.60%
8	Sources of Information		
	a) Family	9	30%
	b) Friend	6	20%
	c) Mass Media	7	23.30%
	d) Health Personal	8	26.70%

Figure I: Gestational Weeks

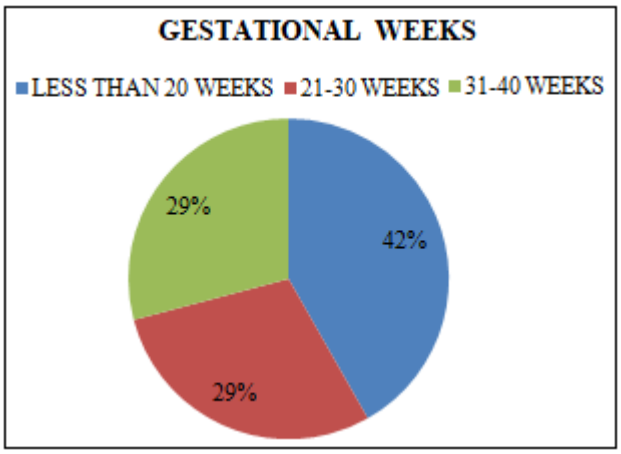

Figure 1 Showed that less than 20 weeks (47%), 21-30 weeks (46%), 31-40 (6%)

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