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IDENTIFY FACTORS AFFECTING PREECLAMPSIA IN SELECTED AREA OF JHALAWAD

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Introduction-

Preeclampsia (PE) is one of the leading causes of maternal morbidity and mortality worldwide. Adequate knowledge about the disorder contributes significantly to its prevention, control and management. Preeclampsia affects 10% of pregnancies and is defined by the International Society for the Study of Hypertension in Pregnancy (ISSHP) as new-onset hypertension (≥140 mmHg systolic or ≥90 mmHg diastolic) after 20 weeks of pregnancy. This umbrella definition includes chronic hypertension, gestational hypertension, and preeclampsia (de novo or superimposed on chronic hypertension). Both of these conditions can have a significant impact on the health of the mother and fetus in the immediate and long term. For the mother, this includes a two- to four-fold increase in the risk of long-term hypertension, a doubling of the risk of cardiovascular mortality and major adverse cardiovascular events, and a 1.5-fold increase in the risk of stroke. For the fetus, this includes prenatal risks of intrauterine growth restriction (IUGR), preterm birth (most commonly iatrogenic), oligohydramnios, placental abruption, fetal distress, and fetal death in utero. There is also increasing evidence that exposure to hypertensive disorders of pregnancy in utero can result in significant long-term cardiovascular consequences in the offspring, including early-onset hypertension and increased risk of ischemic heart disease and stroke.

Keywords:

Dr. Sneha, awareness; hypertensive disorders of pregnancy, Malwanchal University

Risk Factors for Preeclampsia and Risk Reduction

The 2019 National Institute for Health and Care Excellence (NICE) guidelines classify a woman at high risk of preeclampsia if there is a history of hypertensive disease during a previous pregnancy or a maternal disease including chronic kidney disease, autoimmune diseases, diabetes, or chronic hypertension. Women are at moderate risk if they are nulliparous, ≥40 years of age, have a body mass index (BMI) ≥ 35 kg/m , a family history of preeclampsia, a multi foetal pregnancy, or a pregnancy interval of more than 10 years . These risk factors are echoed in the largest meta-analysis of clinical risk factors to date conducted by Bartsch et al. who analysed over 25 million pregnancies from 92 studies. The presence of one high risk factor, or two or more moderate risk factors, is used to help guide aspirin prophylaxis, which is effective in reducing the risk of preeclampsia if administered before 16 weeks of pregnancy.

Objectives:-

- To identify the risk factors of Pre eclampsia
- To assess prevalence of Pre eclampsia

Hypothesis

- There will be significant effect on risk factors of Pre eclampsiaat 0.05 level of significant
- There will be significant increase in prevalence of pre eclampsia at 0.05 level of significant

Research methodology

A cross-sectional study was conducted. A validated closed-ended questionnaire was used to collect socio-demographic information and history of PE. Knowledge of PE was assessed based on a series of questions regarding the awareness, signs/symptoms, risk factors and complications of PE. Responses were scored percentage-wise and grouped into low (< 60%), moderate (60–80%) and high (80–100%). Knowledge score was then re-stratified into adequate (% score of ≥60%) and inadequate knowledge of PE (% score of < 60%).

Results

The prevalence of inadequate and adequate knowledge of PE was 88.6% (mean score = 55.5 ± 4.3%) and 11.4% (mean score = 76.3 ± 5.9%), respectively. For participants with adequate knowledge of PE, 9.1% (mean score = 67.4 ± 6.9%) and 2.3% (mean score = 85.2 ± 5.1%) had moderate and high knowledge, respectively. Using univariate logistic regression models, being older (> 35 years old) [cOR = 3.09, 95%CI (0.88–10.88), $p = 0.049$] and having a higher level of education (> SHS education) [cOR = 4.45, 95%CI (2.18–9.10), $p < 0.0001$] were significantly associated with greater odds of having adequate knowledge of PE. After controlling for potential confounders in multivariate logistic regression analysis, we found higher level of education to be independently associated with adequate knowledge of PE [aOR = 2.87, 95%CI (1.31–6.30), $p = 0.008$].

Conclusion

The knowledge of PE among pregnant women is low. The prominent factor that facilitates adequacy of knowledge of PE is higher level of education.

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