

## Knowledge of Danger Signals of Pregnancy in Third Trimester

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### Abstract:

**Introduction:** The aim is to study on “Knowledge of Danger Signals” in third trimester in pregnant women visiting OPD<sup>(1,3)</sup>. This study assesses pregnant women’s knowledge about obstetrical danger signals during her antenatal visits. Maternal knowledge was found to be low regarding warning signs and symptoms<sup>(4)</sup>. Education, residence and income were significantly associated with maternal knowledge of obstetrical warning signs. It need to be given focus as it makes women & their families ready for prompt & appropriate decisions and take measures in case of any adverse event.<sup>(5)</sup>

**Keywords:** Knowledge, Signals & Pregnancy.

**Study Designed:** Observational Study.

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### • Aim & Objectives:

To access knowledge of danger signals of pregnancy in third trimester.

### • Inclusion criteria -

Women in third trimester coming to OBGY OPD of MGM Medical College and hospital, Aurangabad for ANC checkup.

### • Exclusion criteria –

- 1) Women in labor.
- 2) Women who underwent labor 1 year back.

### Material & Method:

Type of study: Cross sectional, observational study.

Sample size: 200

Study period: June 2022-Nov2022

After ethical committee approval (ERCH) for study participants were selected by convenient random sampling technique from OPD who came for routine ANC check-up.

Questionnaire based on WHO guidelines about awareness of danger signals among pregnant women’s was taken and modified.<sup>(5)</sup>

- Women with sufficient knowledge: knows at least 4 danger signals.
- Women with low knowledge : knows at least 1-3 danger signals
- Women with no knowledge : unaware about all danger signals

An institution-based quantitative cross-sectional observational study was employed. Presence of conditions that increases the chances of maternal and child morbidity<sup>(2,5)</sup> was then identified. Most common Danger signals are vaginal bleeding, convulsions, fever, abdominal pain, severe headaches, blurred vision, absence of foetal movements.<sup>(2,3)</sup>

Then patients were then counselled using the institute’s antenatal file as instruction tool and explaining it to patient and her relatives.

After data collection, data were edited & cleaned before data analysis; each proforma was checked for completeness.

**Results:**

**A)SOCIO-DEMOGRAPHIC FACTORS-**

Urban multigravida (80) have sufficient knowledge, Women of age group 26-30 have sufficient knowledge(77%) , Women educated up to higher secondary have sufficient knowledge(80%), Women living in urban areas are more educated (80%), Women with income 100000 – 300000 are more aware(45%), Primigravida are more aware as compared to multigravida(47%),Convulsions(96%), Leaking pv(95%), Pain in abdomen(90%) are most common signs that women are aware, doctors spread more awareness than others(73%)

**Table no 01: Comparing sufficient knowledge of danger signals in different age groups. (N=200)**

Age group(yr)	Knowledge (%)		
	Sufficient	Insufficient	No
18-25	70	8	22
26-30	77	13	10
31-35	74	6	20
>35	73	15	12

Women of age group 26-30 (77%) have sufficient knowledge than other age group women.

**Table 02: Distribution of patients according to residence.(N=200)**

S. No.	Residence	Percentage (%)
1	Rural	20
2	Urban	80

Within total study population 80% women reside in urban area and 20% in rural area

**Table No. 03:Comparison of sufficient knowledge in study population according to Gravida status(N=200)**

S. No.	Gravida score	Knowledge(%)		
		Sufficient	Insufficient	No
1	Primigravida	47	33	20
2	Multigravida	59	27	14

Multigravida (59%) are having more sufficient knowledge than primigravida.

**Table 04: Comparing knowledge of danger signals in primigravida and multigravida with area of residence (n=200)**

Residence	Gravida score	Knowledge(%)		
		Sufficient	Insufficient	No
Urban	Primigravida	77	21	2
	Multigravida	80	15	5
Rural	Primigravida	57	32	12
	Multigravida	52	37	11

Urban multigravida (80%) have sufficient knowledge than women of urban primigravida and rural primigravida and multigravida.

**Table 05: Comparing sufficient knowledge with education status.**

Level of education	Knowledge(%)		
	Sufficient	Insufficient	No
Illiterate	57	31	12
Secondary school (<10 <sup>th</sup> )	61	29	10
Higher secondary school	80	13	7

Graduate	78	17	5
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Women educated upto higher secondary (80%) have sufficient knowledge as compared to others

**Table no 06: Comparing Income (per annum) (n=200)**

Sr.no	Income	Knowledge(%)		
		Sufficient	Insufficient	No knowledge
1	<100000	35	43	22
2	100000-300000	37	48	15
3	300000-400000	45	40	15
4	>400000	43	46	11

Women with income 300000 – 400000 (45%) are more aware about danger signals as compared to others.

**Table No. 07: Comparing sufficient knowledge with number of ANC visits(N=200)**

S. No.	ANC visits	Knowledge (%)		
		Sufficient	Insufficient	No
1	<4	15	22	63
2	5-9	23	37	40
3	10-14	51	29	20
4	>14	88	11	1

Patient with antenatal visits>14 has more sufficient knowledge of danger signals than with less antenatal visits.

**B )Knowledge about danger signals in pregnancy:**

Out of all mention danger signals in questionnaire women has highest awareness about signals like pain in abdomen, leaking pv& vaginal bleeding & lowest knowledge about signals like increase fetal movement , decrease urine output & swelling over body.

- Sufficient knowledge :80% pregnant women has sufficient knowledge
- Insufficient knowledge : 11% pregnant women has inefficient knowledge
- No knowledge :9% pregnant women has no knowledge

**Table no 8: Knowledge of danger signals.(N=200)**

Sr no.	KNOWLWDGE	Percentage(%)
1	Sufficient knowledge	69
2	Insufficient knowledge	26
3	No knowledge	05

- Among total enrolled (n=200) around 69% participant has sufficient knowledge.

**Table 09: Knowledge about danger signals in pregnancy**

S. No.	Danger signals	Knowledge of danger signal in study population(%)
1	Pain in abdomen	90
2	Leaking PV	95
3	Vaginal bleeding	80
4	Increase fetal movement	25
5	Difficulty in breathing	45
6	Fever	80
7	Headache	80
8	Nausea/ vomiting	87
9	Epigastric Pain	65
10	Decrease urine output	35
11	Convulsions	96
12	Absent/ decrease fetal movements	67
13	Swelling over feet/ abdomen /face	52

14	Blurring of vision	44
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Convulsions, Leaking PV , Pain in abdomen are most common signs that women are aware about

**C) Awareness of knowledge about danger signals in pregnancy gained from:**

Awareness of danger signals is maximum by doctors during antenatal counseling & nursing staff during antenatal visits.

**Table No. 10: Awareness or knowledge of danger signals gained from(N=200)**

S. No.	Residence	Percentage(%)
1	Doctor	73
2	Nursing staff	18
3	Relative	2
4	Friend	1
5	Social media	6

Doctors (73) are more helpful in educating women regarding signals as compared to others.

**Discussion**Essentially, all women in developing countries are in danger of obstetric complications. These complications are virtually inconceivable to anticipate & hard to forestall.

Medical & nursing management for ladies with obstetric complications begins with the awareness of danger signals. Because lack of information about danger signals of obstetric complications often delays decision-making for health care service, leading to tragic consequence like maternal mortality.

This study therefore aimed to assess this status of information & practices of pregnant women toward danger signals for obstetrics complications. Concerning the knowledge total score level regarding danger signals of obstetric complications, the findings of this study revealed that about one third of the ladies exhibited poor knowledge regarding danger signals of obstetric complications. These results can be explained consistent with Egypt Demography & Health Survey (2008),who stated that slightly over one quarter of Egyptian pregnant women didn't receive antenatal care. However, among those that receive antenatal care just one third of them received minimal information about danger signs of obstetric complications & where & when to hunt medical assistance.

Regarding to woman reaction to danger signals the present study showed statistical significant difference, the highly percent of the sample react to the current complain by asking Immediate help of sickbay & but one quarter of the sample react to complain by use of home remedy & their source of information was their relatives. This was in step with the study conducted in India, which showed that girls with danger signals during pregnancy were more likely to hunt treatment. within the opposite of this finding was who reported that the bulk of sample prefer traditional remedies as herbs & cultural beliefs for treatments of pregnancy danger signs than the employment of allopathic medicine or they consult traditional healers. Rural women avoid the hospital because they worry about expenses.

They reported that ladies generally had poor knowledge of danger signs of obstetric complications, who reported low levels of information of obstetric danger signals. Study found that nearly only one-quarter of their subjects had poor knowledge of obstetric danger signs which reflect lack of data regarding such signs.

On the opposite hand, the results of this study showed that 70%ladies had fair knowledge regarding danger signals of obstetric complications. this might be explained by the very fact that more than half population is multigravida and belonging to urban area, which them opportunity to had fair knowledge of obstetric danger signals due to better education, family income and antenatal visit which increases awareness about danger signals.

**Conclusion**

This study assessed pregnant women’s knowledge of obstetrical danger signals during third trimester of pregnancy. Age, education of women ,parity, annual income of family, antenatal visits and residence were significantly associated with maternal knowledge of obstetrical danger signals.

Awareness of obstetrics danger signals is more by doctors, hence knowledge about danger signals is sufficient in women with more antenatal visits, but not significant by nursing staff and family ,hence training programme of nursing staff will help to increase awareness by nursing staff during antenatal visits.

Danger signals need to be given focus as it makes women & their families ready for prompt & appropriate decisions regarding approach to medical facilities .It helps to encourage safe & institutional deliveries to reduce maternal morbidity & mortality.

This also helps to improve quality of life in post-partum period

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