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A woman could influence her unborn baby in terms of age, parity and Rh factor: A myth or reality

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Abstract

The question of whether and how a woman could influence her unborn baby is one which has intrigued people since the dawn of history. Some societies have maintained that specific thoughts and experiences could mark the baby in specific ways, such as notion that if a rabbit ran across the pregnant women's path, she would bear a baby with a hairy lip or if she squashed a strawberry, her baby would have a red birth mark less specific, but just as unfounded is the notion that by listening to good music and viewing a great paintings, a woman could confer talent upon the child within her. As the old superstitions, such as those of the hairy lip and strawberry mark, were swept away, many people got the idea that many other factors those influence the outcome of pregnancy.

Keywords: Intrigued people, unborn baby, pregnant women, baby, old superstitions, influence

Introduction

The outcome of newborn means different anthropometric measurements of newborn such as birth weight, height, head, chest and circumferences, APGAR Score gained by newborn within one and five minutes of birth, type of delivery, termination of pregnancy, mode of delivery and health status of newborn.

Birth weight has been associated with socio-demographic, clinical racial hereditary, personal and even seasonal and geographical factors also. Low birth weight is also associated with a very high neonatal mortality, mainly due to susceptibility to adverse environmental influences, proneness to infections and difficulties in maintaining adequate nutrition.

Research Hypothesis

The question of whether and how a woman could influence her unborn baby is one which has intrigued people since the dawn of history. The factors we will study about the reality about the research topic.

Objective of the Study

There are various factors influencing the status of neonates, these can be grouped as follows (Maliha Parveen Khawan and Padma, Umapathi, 1986)^[1].

Universal Factors (Socio-Economic)

- Maternal age (below 18 years and above 35 years)
- Parity (Multipara-Parity4⁺)
- Social Class(Low Socio-economic group)
- Height(short stature below 140 cm)
- Weight(above 85 kg and below 45kg)

Reproductive History

- Prolonged period of infertility-abortion
- Previous intrauterine deaths, stillbirths, neonatal deaths
- Previous difficult delivery or caesarean

Present Pregnancy Factors

- No prenatal care

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- Diseases complicating pregnancy-anemia, diabetes, toxemia, heart disease, renal diseases, jaundice and malaria.
- Nutritional status of pregnant mother.
- Material physical and emotional state.
- Intrauterine growth retardation-pre-eclampsia, prolonged pregnancy, Rh factor and immunization.
- Twins
- Mal presentations-breech and transverse lie.

Factors during labour

- Premature rupture of membrane
- Cord complications
- Prolonged labour
- Unskilled attendant
- Place of delivery

Analysis & Interpretation

There is increasing evidence that maternal parameters such as age, nutritional status, previous reproductive history, stress felt by mothers and other socio-economic factors affect the growth status of neonates. In developing countries like India there are more chances of poor outcome of pregnancy due to adverse maternal and other conditions. Therefore, the present study has been undertaken to study the effect of different maternal parameters on outcome of newborn.

Age

Although most adolescent girls can get pregnant in their early teens and women remains fertile for 40 years or so, the years between 22 and 29 are physiologically the best time to have a baby. In this prime, both mothers and infants are more likely to survive and to go through pregnancy and delivery free of complications. According to the National Centre for Health Statistics, between 1978 and 2000, the birth rates for women age 35 to 39 and 40 to 44 were more than doubled. A study conducted by Anderson *et al.* (2000) found that about 9% of recognized pregnancies for women aged 20 to 24 ended in miscarriage. The risk rose to about 20% at age 35 to 39, and more than 50% by age 42. This increased incidence of chromosomal abnormalities contributes to the age related risk of miscarriage [2].

While women in their late 30s and 40s are likely to have a healthy baby, they do face more complications along the way, besides the increased risk of diabetes and high B.P., women over 35 have an increased risk of placental problems. The most common placental problem is placenta previa, in which the placenta covers part or all of the opening of the cervix. The pregnant teenager belongs to the highest risk group for birth complications and for fetal abnormalities. Pregnant teenagers have more miscarriage, premature births, still births and low birth weight infants do pregnant adult women. Their greatest risk, though is death of the infant mothers under is bear more babies who die within the first year than do women in other age group [3].

Risk to older women include difficulties in conceiving and delivering and an increased probability of having a child with Down's syndrome. Another consequence is an 4.increased like hood that the child will have problems in developing fine motor skills.

Parity

The number of children a woman already has borne, her parity also effects the course of pregnancy and parental

development. As a general rule, women who had more than 4 pregnancies are at higher risk than woman who had fewer; their babies are more likely to be stillborn or smaller at birth. It takes a women's endocrine system some four years to return to its previous level after a pregnancy. Any infant born sooner than that may be at a disadvantage. Beyond this period needed for recuperation, later-born infants seem to have a better prenatal environment than first barns. Blood circulation to the placenta is richer after a first "Practice-session" pregnancy. Many later-born are heavier at birth and suffer from fewer malformations and birth complications. Many women have easier labours and deliveries of later-born children. But the advantage of the first "practice-session" are lost if later births follow either too quickly or too late [4].

Rh. Factor

Perhaps the most famous maternal factor affecting the unborn child is the Rh factor, which consists of a particular red blood cell antigen found in most human beings. A problem may occur only if the father is Rh positive and the mother is Rh negative. If their union produces and Rh positive baby, and a problem may arise because the mother's blood is Rh negative her body reacts to the Rh positive antigen in the fetus as it would to an invading germ or virus by creating antibodies. However, since the blood of the fetus does not mix with that of the mother during the pregnancy, the mother is not likely to manufacture antibodies that might injure the fetus. Few fatal blood cells cross the placenta. During the birth, however, especially if it is long and difficult, some cells do cross the placenta, and the mother will manufacture the antibodies [5].

Since the first child of these parents is not likely to be exposed to many of these antibodies, the infant's chances of survival are good. But once these antibodies are manufactured, they tend to remain in mother's body. The mother also becomes more sensitive to this factor in later pregnancies. During the second pregnancy, the fetus will be exposed to the mother's antibodies, which will cross the placenta and destroy the red blood cells of the fetus. In each successive pregnancy, the risk to the fetus becomes greater and greater, until the chances that a child will be born healthy are quite low. If through a blood test, physicians are aware of the problems ahead of time, they may use drugs to minimize any damage from Rh incompatibility.

Conclusions

To save the species, not allow to destroy them is the most eminent and important work of Nature, that is why nature made male and female of every species, so that they can form their off-spring. Pregnancy is the period in the life of an adult woman when the fetus that is the unborn baby grows inside her body. Pregnancy is a happy event for most women, normal pregnancy lasts for 9 months or 270 days approximately. During the period of fetal growth in the mother wombs the fetus is nourished directly by the mother herself through a spongy structure called the placenta the baby totally depend upon her mother for nourished so it become important to provide a pregnant women with an adequate well balanced diet.

References

1. Maliha Parveen Khawan, Padma, Umaphathi, A Survey of Food Habits and Beliefs of Pregnant and Lactating

- Mothers in Mysore city, The Ind. J Nutr. Dietet 1986;13:208.
2. Anderson, *et al.* Maternal age and fetal loss population based register linkage study, Bri Med. Jour 2000;320:1708-1712.
 3. Bastan MN, Coker AL. Maternal attitude toward pregnancy and the risk of neonatal death”, Am. Jou. Of Public Health 1994;84(3):411-414.
 4. Budhiraza Harmeet. Teenage Pregnancy and its outcome 1999.
 5. Dua, Pinky. Anemia of Pregnancy, Women’s Era, Mar (First) 1999;26(606):106-108.