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A study to assess the level of knowledge regarding Pre-Eclampsia among antenatal mothers

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Abstract

Pregnancy is a long and very special journey for a woman. It can be a thrilling and wonderful part of a woman's life. Generations of mothers have travelled the same route, but each journey is life – threatening. The hypertension disorders of pregnancy is obstetrical causes results in 13% and anaemia as non obstetrical indirect causes results in 20% of all maternal death. The study was conducted in the Saveetha Medical College and Hospital. The present study results showed that majority of the peoples most of them age group (83.3%) 20-30 yrs 25 with regards to Education 12 (40%) had higher secondary education, 18 (60%) are house wives, 25 (83%) consume non vegetarian foods vegetarian 5 (17%), 10 (33%) live in a nuclear and there was no association between the demographic variable and knowledge regarding pre- eclampsia. There was statistically significant found between the source of information and the level of knowledge regarding pre-eclampsia. Women in all population groups in the study sample are at risk of lack of knowledge about pre-eclampsia, and the health complications and death that may result from delays. Even women who have had the privilege of a college education are not significantly better equipped with important “life skills” knowledge than other members of the community.

Keywords: Knowledge, Pre-Eclampsia, Antenatal Mothers

Introduction

Hypertensive diseases of pregnancy, notably pre-eclampsia and related conditions, are responsible for significant morbidity and for nearly one-tenth of maternal deaths in Africa. Pre-eclampsia only occurs in pregnancy. It is diagnosed when there is a new episode of hypertension (diastolic blood pressure consistently >90 mm Hg) and substantial proteinuria (>0.3 g/24 h). Pre-eclampsia may be mild at first, but can slowly or rapidly develop into severe pre-eclampsia, characterised by rising hypertension, increasing proteinuria or substantial maternal organ dysfunction. Symptoms of worsening pre-eclampsia occur in the majority of cases and include frontal headache, epigastric pain and visual disturbances [7]. In the Tanzanian context, frontal headache and visual disturbances have been found to be particularly associated with imminent eclampsia [8]. Severe pre-eclampsia can develop into eclampsia (with fits) or HELLP syndrome (haemolysis, elevated liver enzymes and low platelet count).

The underlying cause of pre-eclampsia is only partially understood; the pathology appears to originate in the placenta. There is lowered placental perfusion that is thought to be related to immunological factors, genetic factors, or lowered threshold (which may occur with pre-existing hypertension or chronic renal problems). In some cases, pre-eclampsia appears to be related to increased demand on the placenta, as in multiple pregnancy. The pathological changes that take place in pre-eclampsia are endothelial damage, vasoconstriction, and increased vascular permeability. Clotting function may also be affected. Damage to maternal organs and reduction in supply of oxygen and essential nutrients for the fetus may occur.

Various risk factors have been identified that include obesity, chronic hypertension, diabetes, adolescent pregnancy, and first pregnancy. Interventions aimed at primary prevention are being actively researched; calcium supplementation and low-dose aspirin appear to have some value in specific situations. While antihypertensives and magnesium sulfate are amongst the management options, the delivery of the fetus resolves pre-eclampsia. Timing and method of delivery depend on various factors including the severity of the condition and gestation of the pregnancy.

Early diagnosis and management can help to reduce the dangers of pre-eclampsia and its complications; the majority of deaths related to this condition are avoidable when care is given in good time. Avoiding delays and “bottlenecks” that are currently occurring in diagnosis and management are critical in this regard. The researcher has investigated the level of knowledge regarding pre-eclampsia among antenatal mothers

Materials and Methods

Descriptive design was adopted by the investigator to assess the level of knowledge regarding pre-eclampsia among antenatal mothers and to associate level of knowledge regarding pre-eclampsia with the selected demographic variables among antenatal mothers with a sample size of 30. Non-probability sampling technique was used to select the samples. The study was conducted in Saveetha Medical College Hospital. The Inclusion criteria for the study are the antenatal mother between the age group of 18 – 35 years who are willing to participate and who know English and Tamil. Data was collected using structured questionnaire to assess the demographical variables of antenatal mother and Knowledge on pre-eclampsia was assessed by structured questionnaire. The project has been approved by the ethics committee of the institution. Informed consent was obtained from the participants before initiating the study. The data was organized and analyzed in term of descriptive statistics and inferential statistics.

Results

Table I: Presentation of Frequency and percentage distribution of demographic variables of antenatal mothers

S.No	Demographic Variable	Demographic Variable	Percentage
1	Age		
	20-30 yrs	25	83%
	31-40 yrs	05	17%
2	Education		
	High school	07	23%
	Higher secondary	12	40%
	Degree	11	36%
3	Occupation		
	House wife	18	60%
	Cooli	04	13%
	Others	08	27%
4	Diet pattern		
	Non vegetarian	25	83%
	Vegetarian	05	17%
5	Family size		
	Single family	15	50%
	Nuclear family	10	33%
	Extended family	05	17%

Table I: showed that majority of the peoples most of them age group (83.3%) 20-30 yrs 25 with regards to Education 12 (40%) had higher secondary education, 18 (60%) are house wives, 25 (83%) consume non vegetarian foods vegetarian 5 (17%), 10 (33%) live in a nuclear.

Table II: Frequency and percentage distribution of the level of knowledge regarding pre- eclampsia

Level of knowledge	Frequency	Percentage
Inadequate knowledge	7	23%
Moderate knowledge	13	44%
Adequate knowledge	10	33%

Table II: Showed that majority of the people had 7(23%) inadequate knowledge, 13 (44%) moderate knowledge and 10(33%) had adequate knowledge regarding pre – eclampsia.

There was no association between the demographic variable and knowledge regarding pre- eclampsia. There was statistically significant found between the source of information and the level of knowledge regarding pre-eclampsia.

Discussion

The present study results showed that majority of the peoples most of them age group (83.3%) 20-30 yrs 25 with regards to Education 12 (40%) had higher secondary education, 18 (60%) are house wives, 25 (83%) consume non vegetarian foods vegetarian 5 (17%), 10 (33%) live in a nuclear and there was no association between the demographic variable and knowledge regarding pre-eclampsia. There was statistically significant found between the source of information and the level of knowledge regarding pre-eclampsia.

Earlier studies have also reported low knowledge of PE among women. A study by You *et al.*, in the US reported 43.3% knowledge of PE among women, with only 14% being able to provide the information that accurately defines the syndrome. In Malaysia, a study by Teng and Keng found only 18.4% of women to have adequate knowledge of PE. Other studies by Savage and Hoho and Eze *et al.* reported that 59% and 60% of Tanzanian women had inadequate knowledge of PE, respectively. Evidence indicates that adequate understanding of a disorder contributes to its prevention, control and management because patients’ knowledge regarding a disease positively influenced patient compliance to treatment and help abate complications associated with the disease. Congruently, an intervention study by MacGillivray *et al.* in Jamaica found that the distribution of cards with figures portraying the symptoms of PE resulted in reduced adverse events among the patients.

Conclusion

Women in all population groups in the study sample are at risk of lack of knowledge about pre-eclampsia, and the health complications and death that may result from delays. Even women who have had the privilege of a college education are not significantly better equipped with important “life skills” knowledge than other members of the community.

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