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Research Article

**PREGNANCY OUTCOME IN THIRD TRIMESTER AND RISK
FACTORS OF TERMINATION OF PREGNANCY AT THIRD
TRIMESTER**¹Zahid Abbas, ²Ahsan Javed, ³Beenish Razzaq¹Medical Officer, RHC Sahu-Ka, Vehari.²Medical Officer Shalamar Hospital³Graduate of Shalamar Medical College**Abstract:**

Objective: To calculate the frequency of unwanted pregnancy outcomes in the third trimester and to investigate the relationship between sociodemographic characteristics of pregnant women and adverse pregnancy outcomes.

Work Design: A descriptive cross-sectional study.

Location and Time: The study was held in the gynecology and obstetrics department Unit I of services Hospital, Lahore for the period of one year from December 2016 to December 2017.

Methodology: All cases involving pregnant women and pregnant women were included in the questionnaires, the attendant doctors, past records of pregnancy outcomes, necessary laboratory research reports, and interviews with demographic data.

Results: The frequency of adverse pregnancy outcomes was 15.44%. Antepartum hemorrhage was the most common (36.17%); Eclampsia was the second most frequently reported event (29.79%). Maternal age did not show statistical significance ($p = 0.06$); ($p = 0,05$), rural residence ($p = 0,03$), race ($0,05$) and work status ($0,02$) were statistically related while low socioeconomic status was strongly correlated with negative pregnancy outcomes ($p = 0.05$). $p = 0.001$.

Conclusion: Antepartum bleeding was associated with eclampsia, clogged appetite, and premature ejaculation, as well as a frequently reported gestation. Socio-demographic characteristics of the mother, such as low education level, rural settlement, low socioeconomic status and employment status of women, have been associated with these negative pregnancy outcomes.

Keywords: Third trimester, Pregnancy, risk factors, outcomes.

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INTRODCUTION:

More than 85% of women are pregnant at some point in their lives and the effects on women's health and well-being are generally estimated to be very profound. Achieving a healthy pregnancy and satisfying results remains a problem for the medical research community. Although the results of pregnancy have improved considerably in the developed countries in the twentieth century, they still show great differences among women of different origins today. Current health inequalities are based, at least in part, on differences in sociodemographic characteristics of pregnant women. Inequalities can also be differences in prenatal health differences, differences in community norms, and individual lifestyle preferences and health care systems. pregnancy. Your pregnancy is a very important step in deciding on the results of third trimester pregnancy. Although pregnancy and childbirth are a peaceful event, there are life-threatening complications and misuse can lead to maternal death or disability.

The negative consequences of pregnancy or complications among women reported at the the gynecology and obstetrics department Unit I of services Hospital, Lahore for the period of one year from December 2016 to December 2017, ie bleeding at birth, eclampsia, clogged labor and premature birth. The study can help authorities create policies and provide opportunities for future mothers.

METHODOLOGY:

To estimate the frequency of complications / complications of negative pregnancy in the third quarter: 1. Based on these objectives the gynecology and obstetrics department Unit I of services Hospital, Lahore for the period of one year from December 2016 to December 2017a cross-sectional descriptor based on the hospital was studied. 2. We investigate the relationship between pregnancy sociodemographic characteristics and negative pregnancy outcomes. SIMS is a tertiary institution that serves as the main reference center for other public and private hospitals and is located within the population of the city and neighboring towns. The study samples and the pregnant women included in

the study were not based on all pregnant women reported for twenty-four months and delivery services. Pregnancy bleeding (placenta previa and detachment), obstruction of eclampsia and preterm labor in women's diseases and obstetrics branch Services Hospital, Lahore Merit delivery is labeled and available in pregnancy encountered Detailed interview.

Prenatal bleeding: 24 weeks of gestation is classified as prenatal bleeding after vaginal bleeding. This can be caused by one of the following two reasons: A. previa placenta It is said that all or part of the placenta is placed in the lower uterus part and is a previa, this party comes close to the internal cervical os.

Ablated placenta: Ablated placenta or accidental bleeding is defined as hemorrhage resulting from early placental separation. placental diagnosis was made according to clinical signs and vagina, tense and painful abdominal bleeding symptoms delivered and confirmed retroplacental blood through examination and clotting for local placental separation.

Eclampsia: Eclampsia is complication of hypertensive disorders unpredictable caused by pregnancy and is characterized by sudden proteinuria, hypertension, seizures and edema.

Preterm labor: Preterm delivery occurs after 24 weeks and 37 weeks of gestation. We excluded from the study the different coverage criteria included in delivery services, gynecological problems or unwanted women, multiple pregnancies, polyhromnios and uterine pathology cases. After receiving informed consent to participate in the study, the data were collected with a pre-designed proforma. All relevant information was kept confidential and the data were entered as key words in SPSS version 16.0. <0.05 p value was taken as statistical significance level.

RESULTS:

The total number six hundred and nine of patients reported in the obstetrics and gynecology unit I of SIMS. Among these, 15.43% (n = 94) had gestational or antepartum bleeding, obstructed labor, preterm pregnancy or eklampside. (Table I).

TABLE – I: FREQUENCY OF ADVERSE PREGNANCY OUTCOMES AMONG TOTAL ADMITTED CASES (n=609)

ADVERSE PREGNANCY OUTCOMES	FREQUENCY	% WITH TOTAL PATIENTS (N=609)
Placenta Previa	21	3.45%
Abruptio Placentae	13	2.13%
Eclampsia	28	4.60%
Obstructed Labour	22	3.61%
Pre-Term Labour	10	1.64%
Total	94	15.43%

Among ninety-four cases of adverse pregnancy outcomes, antepartum hemorrhage was the most common (36.17%, $n = 34$); Among the cases with antepartum hemorrhage, the placenta previa diagnosis was 22.34% ($n = 21$); placental abundance was detected as 13.83% ($n = 13$). Eclampsia was the second most frequently reported (29.79%, $n = 28$). Preterm labor was recorded only in 10.64% of the registered cases ($n = 10$) and in 23.40% ($n = 22$) the labor force was blocked (Table II).

TABLE – II: FREQUENCY AND PERCENTAGE OF PREGNANCY OUTCOMES (n=94)

OUTCOME OF PREGNANCY	FREQUENCY	PERCENT
Placenta Previa	21	22.34
Abruptio Placentae	13	13.83
Eclampsia	28	29.79
Obstructed Labour	22	23.40
Pre-Term Labour	10	10.64
Total	94	100.00

Table III shows the socio-demographic characteristics of women giving negative results in pregnancy.

TABLE – III: DISTRIBUTION OF SOCIO-DEMOGRAPHIC CHARACTERISTICS AMONG WOMEN REPORTING WITH ADVERSE PREGNANCY OUTCOMES

SOCIO-DEMOGRAPHIC CHARACTERISTICS	n=94	
	No.	%
Age		
Upto 30 years	45	47.87%
> 30 years	49	52.13%
Race		
Sindhi	60	63.83%
Urdu	18	19.15%
Panjabi	16	17.02%
Working Status		
House wife	76	80.85%
Agriculture work	18	19.15%
Residence		
Rural	67	71.28%
Urban	27	28.72%
Education		
Illiterate	77	81.91%
Primary	17	18.09%
Socio Class		
Lower(Rs <5000/month)	78	82.98%
Middle(Rs: 5000-15000/ month)	16	17.02%

More than thirty women, those belonging to the Sindhi race, wives, illiterates, people living in the countryside and members of the poor social class, were more affected by the complications of the pregnancy. The mean age of women with complications was 30.06 and there was an average 2.8 year standard deviation. The parity of the women (47.87%, $n = 45$) was up to 3; Women in the 4-6 age group were 36.17% ($n = 34$) and only 15.96% ($n = 15$) were women > 7 (Table IV).

TABLE – IV: PARITYWISE DISTRIBUTION OF WOMEN PRESENTING WITH ADVERSE PREGNANCY OUTCOMES (n=94)

PARITY	FREQUENCY	PERCENTAGE
1-3	45	47.87%
4-6	34	36.17%
>7	15	15.96%
Total	94	100%

However, the parity was not statistically related to the occurrence of pregnancy related complications ($p = 0.12$). The age of the women did not show any statistical correlation with the occurrence of adverse pregnancy outcomes ($p = 0.06$).

DISCUSSION:

Pregnancy and birth complications are the leading cause of death and disability in women in the reproductive age in the majority of developing countries. In our study, antepartum hemorrhage (Table I and II), the most frequently reported gestational complication (5.58%) and sudden placenta contributed to 38.23% of APH cases; sudden placenta is a major cause of perinatal morbidity and mortality worldwide and continues to be a major source of concern in developing countries. As most of the known causes of placental abruption are preventable or treatable, the more frequent occurrence of the condition continues to be a source of medical concern. In a study conducted at the Peshawar Master's Institute at Lady Reading Hospital, the reported abruptio incidence was 4.5%. Perinatal mortality in Pakistan and worryingly high maternal mortality, the frequency increases from 2.2% to 7%. Another study in Bangladesh reported an incidence of 4.88%. On the other hand, our findings seem high on worrying levels. The placental abruption frequency, which is higher than expected in our settings, warns careful prenatal checkups in early pregnancies. Regarding placenta previa, we reported the frequency of our study as 3.45% (Tables I and II). This finding coincided with another study in which the frequency was reported as 3.10%. In our study, the mean maternal age of the previous placenta presentation was calculated as 30 ± 6.4 years; was found to be 31.09 ± 5.38 in the study mentioned above. These two figures are quite comparable. In another study, the incidence of placenta previa was 0.42%. We report that we do not work on the incidence of eclampsia, which is 4.6% (Tables I and II). Compared to another study in which the incidence is very low (0.1%), our study configuration may be due to the fact that it is a public sector hospital where all cases are treated as well. The same reason could be attributed to another study that showed that our workout (Tables I and II) reported a high rate of clogged labor (3.61%) in Sudan, 0.9%. Regarding preterm labor, 1.64% of registered cases in our study were found to be premature (Table I and II). According to the Boykova MV, WHO report, the proportion of preterm births in 184 countries was between 5% and 18% of born babies; For this reason, the incidence of preterm labor does not seem shocking to be a developing country. For sociodemographic risk factors for adverse pregnancy outcomes, the mean age of women with complications was 30.06 years, with an average deviation of 2.8 years; The age of the women did not show any statistical correlation with the negative pregnancy outcome ($p = 0.06$). During the last decade, an increase in average maternal ages has

been observed at birth in most high-resource countries. It has been shown that advanced maternal age is associated with various side effects. A cohort study with the same objectives revealed relative risks associated with advanced maternal age and poor outcomes between 1.25 and 1.83. This specifies a gap in the reports and invites a more detailed study of this issue. This study found a significant relationship between the state of residence in negative pregnancy women ($p = 0.03$). Village women are considered the most disadvantaged in our country in terms of health status and access to people with sufficient comprehensive and affordable health (13). The low education level of women was also statistically significant with poor pregnancy outcome ($p = 0.05$); The working status of the women was also related to the occurrence of complications in the pregnancy ($p = 0.02$); However, the low socioeconomic level was strongly associated with adverse pregnancy outcomes ($p = 0.001$). In a study conducted in Lahore with a similar goal in tertiary care hospitals, we confirmed our findings, which strongly correlated with maternal quality of life outcomes in terms of negative pregnancy residence, working status and general socioeconomic status.

CONCLUSION:

A significant number (15.43%) of preterm infants who were admitted to the hospital with obstructed labor and labor associated with pregnancy, including prenatal bleeding (placenta previa, eclampsia) This is a worrying situation, although most conditions are preventable. In addition, many maternal sociodemographic characteristics are associated with these negative pregnancy outcomes. Appropriate strategies should be adopted to overcome these situations. Increasing the capacity of health services is recommended to anticipate and manage such situations.

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