CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
http://doi.org/10.5281/zenodo.2638938

Available online at: http://www.iajps.com Research Article

STUDY TO KNOW THE VARIOUS RISK FACTORS RESULT IN STILL BIRTH

[1]Dr. Shehnaz Sheeba, [2]Dr. Shahneela Moosa Memon, [3]Dr. Momina Muqadus
[1]Fatima Jinnah Medical University, Lahore
[2]SWMO Ghulam Mohammad Mahar Medical College Hospital, Sukkur
House Officer, Mayo Hospital, Lahore

Article Received: February 2019 **Accepted:** March 2019 **Published:** April 2019

Abstract:
Objective: *To identify known risk factors for still birth.*
Study design: *A cross-sectional study.*
Location and Duration: *In the Obstetrics and Gynecology department of Services Hospital, Lahore for One year duration from September 2017 to September 2018.*
Methodology: *A total of 148 pregnant women were taken using a simple random sampling. The data were collected for the purposes of the generated targets and analyzed with SPSS 21.*
Results: *Of 148 cases, 15 were nulliparous, 126 were multipara and 7 were grand multipara. In 117 cases, delivery was performed by simple vaginal delivery and the rest was delivered by cesarean section. Four out of 148 people had BMI> 30, another normal BMI. 84 out of 148 had BMI>30 other had normal BMI. 65 out 148 had an antenatal visit, 121 cases were socioeconomically satisfactory, while 27 were poor. Anemia was found in 139 out of 148, maternal malnutrition in 66 cases, Hypertension in 46 females, fetal malformation in 15 cases, malaria in 2 cases, diabetes mellitus in 6 cases, 68 cases used prescribed drugs and 80 women didn't use any medications.*
Conclusion: *Our study tried to determine the ratio of various risk factors related to stillbirths. Therefore, promotion of maternal health, improvement of family planning services, prenatal care and visit information, adequate health care system are the key to minimizing fetal mortality.*
Keywords: *Still life, risk factors.*

Corresponding author:
Dr. Shehnaz Sheeba,
Fatima Jinnah Medical University, Lahore

QR code

Please cite this article in press Shehnaz Sheeba et al., ***Study To Know The Various Risk Factors Result In Still Birth.,*** *Indo Am. J. P. Sci, 2019; 06(04).*

INTRODUCTION:

The term Still birth refers to the infant in the last three months of pregnancy. Still birth is defined as fetus death or part of conception in the uterus regardless of the duration of pregnancy, provided that the fetus does not show any signs of life after being expelled from the mother[1]. Pregnancy or birth weight of at least 1000 g results in still birth. Approximately 3.3 million stillbirths occur annually and 97% occur in developing countries[2]. In 2009, the Still birth estimate revealed that Pakistan had a mortality rate of 47 fetuses in 1000. In general, 19 in every 1000, Pakistan is in second place among the top five countries and constitutes half of all stillbirths. Risk factors that were significantly associated with maternal status were advanced maternal age, land race, nullity, obesity, preeclampsia, diabetes, anemia, smoking, and maternal malnutrition[3]. Although risk factors are not directly related to fetal death, they include prenatal care, maternal insufficiency and low socioeconomic status. The position of the mother to sleep may be the Still birth factor[4]. Among the lowest socioeconomic group of the population, the highest fetal mortality rates in both developing countries and in the more developed regions of the world increase the use as an indicator of the development of fetal death. The improved socioeconomic status, including better antenatal care and the mother's nutritional status, can reduce Still birth in developing countries[5]. In Pakistan, many of the fetal deaths can be prevented by providing high-quality obstetric care. The majority of fetal deaths (98%) occur in low- and middle-income countries. The cause of death is often not correctly recorded or recorded at all. Training of health care providers is necessary to improve the understanding of the causes of still birth and the factors related to stillbirth and their ability to perform perinatal control[6]. The rate of stillbirth has remained steady since 2000. It is estimated that the increase in obesity and mean maternal age rates may be behind the lack of improvement, and a systematic review described these factors as the most common risk factors of fetal death. It is important to recognize that there is a distinction between the underlying cause of death (disease process), type of death (eg choking), and death classification (eg growth restriction)[7-8]. Conventional diagnostic systems do not define a specific cause in approximately half of the IUFD. South Asia has the highest numerical Still birth load with 25 to 40/1000 birth rates. In Pakistan, reported fetal mortality rates vary from 70 to more than 36 in 1000[9]. In contrast, the World Health Organization (WHO) reported a fetal mortality rate in Pakistan 22 out of 1,000 births.

MATERIALS AND METHODS:

This cross-sectional study was held in the Obstetrics and Gynecology department of Services Hospital Lahore for One year duration from September 2017 to September 2018. The sampling technique was simple random sampling. A total of 148 pregnant women over 28 years of age who had Still birth were included in the study. We have excluded women who have given birth to non-pregnant women and babies. Data were collected for three months with a presentation to the LMH Department of Gynecology and Obstetrics. Ethics committee's approval was obtained and informed consent was obtained before data was received. Data were analyzed using spss21. The known risk factors were identified and the ratio in the number of stillbirths was determined and shown by simple bar graphs and circular diagrams.

RESULTS:

Study LMH revealed that fetal deaths were 148 in three months of our study. Table I shows the proportion of risk factors for Still birth among pregnant women. 139 cases of anemia, 66 cases of maternal malnutrition, 46 cases of hypertension, 15 cases of fetal malformation, malaria in 2 cases, diabetes mellitus in 6 cases, prescription drugs in 68 cases, drug use in 80 cases. Of 84 pregnant women with fetal deaths, 84 had a history of stillbirth in women with BMI> 30.7. In 116 cases, delivery was performed by simple vaginal delivery and the rest was by cesarean section.

Table I : Proportion of risk factors among 148 cases

Risk factors	Frequency	Proportion (%)
Maternal diseases	142	95.94
Anemia	139	93.91
Hypertension	46	31.08
Diabetes	6	4.05
Malnutrition	66	44.59
Fetal malformations	15	10.13
Malaria	11	7.43
Multiparity	126	83.10
Abnormal vaginal bleeding	88	59.45
Complications during labour	84	56.75
BMI > 30	83	56.08
Lack of education about antenatal visits		
No antenatal visits	83	56.08
Poor socioeconomic status	27	18.24
Drug use	68	45.94
Previous stillbirth	7	4.72

There were various complications during labor in 84 cases of stillbirth, while 88 pregnant women had abnormal vaginal bleeding. He had no knowledge of the importance of prenatal visits in 83 cases and had information about prenatal visits of 68 patients. While the socioeconomic conditions of 121 cases were sufficient, there was insufficient socioeconomic status in the rest of 27 cases. In terms of drug use during pregnancy, 68 women used non-contraindicated pregnancies during pregnancy and 80 cases did not use drugs during pregnancy. The main risk factors for all collected data are anemia, hypertension, abnormal vaginal bleeding, complications during delivery, and BMI> 30 without prenatal visits. As shown in Figure 1.

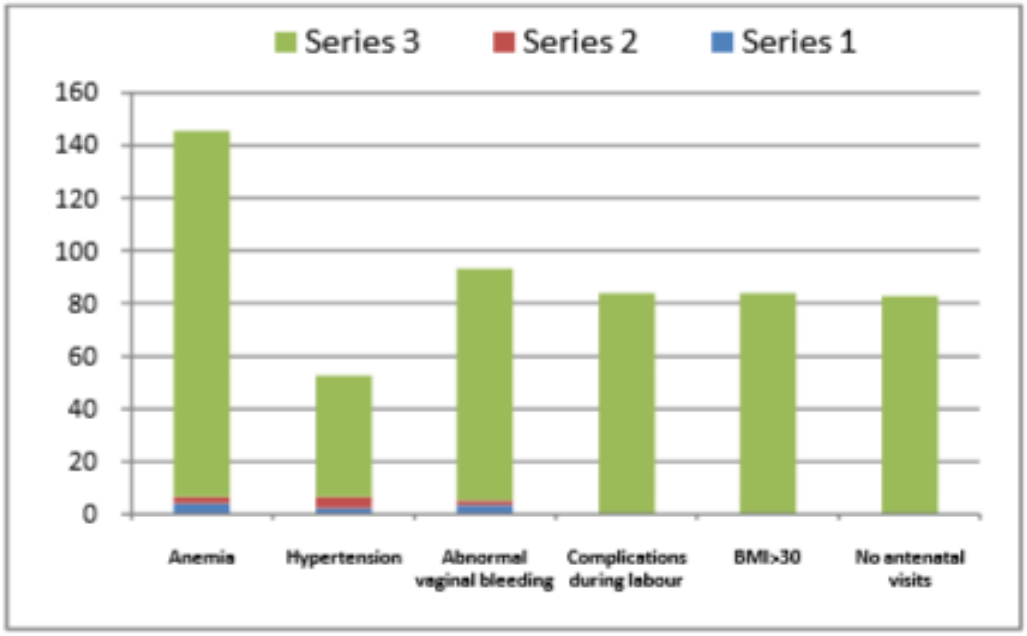

Figure 1. Major risk factors causing stillbirths in 148 cases.

DISCUSSION:

In the US and in other developed countries, most Still birth occurs before birth and often marinate. In this study, the vast majority of fetal deaths have been in the recent past and most of the fetal deaths have occurred near birth[10]. A recent study, based on the population in Pakistan, where the fetal mortality rate is 47/1000 births, reported that 75% of the results were similar to the results of this study. Based on this and other data, it is seen that there are significant differences in Still birth time between developed and developing countries, and fetal deaths are much higher in developing countries in peripartum period. Risk factors are associated with fetal death, but are clearly non-causal maternal characteristics[11-12]. In developed countries, conditions such as previous fetal death, minority status, low socioeconomic status (SES), maternal thinness, increased maternal age, single marital status and smoking, alcohol and drug use have associated with fetal death[13]. The condition of pregnant women is very important to resolve the problem of fetal death. Prenatal care or prenatal care is very important, so that all pregnant women have better access to prenatal care and obstetric care can reduce the incidence of stillbirths in developing countries[14]. Our data show an insufficient socioeconomic status in some cases, which may be a direct cause of malnutrition. It is a factor that contributes to high rates of maternal diseases and other poor health conditions. Obesity seems to be important in the context of fetal death, with more than 30 BMIs of these women. Our study reinforces the findings of other recent studies reporting that Pakistan health centers do not provide comprehensive and basic obstetric care; Deficiencies in staff competence have also been reported[15]. In developed countries, the cause of many stillbirths is unknown, even though there is a histological evaluation of the autopsy and placenta.

CONCLUSION:

Our study tried to determine the ratio of various risk factors related to stillbirths. Therefore, promotion of maternal health, improvement of family planning services, prenatal care and visit information, adequate health care system are the key to minimizing fetal mortality.

REFERENCES:

1. Björk, Ida, Karin Pettersson, and Pelle G. Lindqvist. "Stillbirth and factor V Leiden-A regional based prospective evaluation." *Thrombosis research* 176 (2019): 120-124.
2. Berihu, Birhane Alem, Abadi Leul Welderufael, Yibrah Berhe, Tony Magana, Afework Mulugeta, Selemawit Asfaw, and Kibrom Gebreselassie. "Maternal risk factors associated with neural tube defects in Tigray regional state of Ethiopia." *Brain and Development* 41, no. 1 (2019): 11-18.
3. Woolner, Andrea MF, Edwin Amalraj Raja, Siladitya Bhattacharya, Peter Danielian, and Sohinee Bhattacharya. "Inherited predisposition to stillbirth: an intergenerational analysis of 26,788 mother-daughter pairs." *American journal of obstetrics and gynecology* (2019).
4. Heazell, Alexander EP, Aleena Wojciese, Nicole Graham, and Louise Stephens. "Care in pregnancies after stillbirth and perinatal death." *International Journal of Birth and Parent Education* 6, no. 2 (2019): 23-28.
5. Cornelius, Alyssa J., Rachel Moxon, Jane Russenberger, Barbara Havlena, and Soon Hon Cheong. "Identifying risk factors for canine dystocia and stillbirths." *Theriogenology*(2019).
6. Reddy, Maya, Annie Kroushev, Kirsten Palmer, Daniel Rolnik, and Fabricio Da Silva Costa. "Maternal Cardiovascular Involvement." In *Fetal Growth Restriction*, pp. 217-229. Springer, Cham, 2019.
7. Bakar, Rukia Rajab, Rachel N. Manongi, Blandina T. Mmbaga, and Birgitte Bruun Nielsen. "Perinatal Mortality and Associated Risk Factors among Singleton Babies in Unguja Island, Zanzibar." *Health* 11 (2019): 91-107.
8. Hegelund, Emilie Rune, Gry Juul Poulsen, and Laust Hvas Mortensen. "Educational Attainment and Pregnancy Outcomes: A Danish Register-Based Study of the Influence of Childhood Social Disadvantage on Later Socioeconomic Disparities in Induced Abortion, Spontaneous Abortion, Stillbirth and Preterm Delivery." *Maternal and child health journal* (2019): 1-8.
9. Horn, Julie, Lauren J. Tanz, Jennifer J. Stuart, Amanda R. Markovitz, Geraldine Skurnik, Eric B. Rimm, Stacey A. Missmer, and Janet W. Rich-Edwards. "Early or late pregnancy loss and development of clinical cardiovascular disease risk factors: a prospective cohort study." *BJOG: An International Journal of Obstetrics & Gynaecology* 126, no. 1 (2019): 33-42.
10. Li, Yang, Yuan Tian, Ning Liu, Yang Chen, and Fuju Wu. "Analysis of 62 placental abruption cases: Risk factors and clinical outcomes." *Taiwanese Journal of Obstetrics and Gynecology* 58, no. 2 (2019): 223-226.
11. Magnus, Maria C., Allen J. Wilcox, Nils-Halvdan Morken, Clarice R. Weinberg, and Siri E. Håberg. "Role of maternal age and pregnancy history in risk of miscarriage: prospective

register based study." *bmj* 364 (2019): l869.
12. Adler, F., R. Christley, and A. Campe. "Invited review: Examining farmers' personalities and attitudes as possible risk factors for dairy cattle health, welfare, productivity, and farm management: A systematic scoping review." *Journal of dairy science* (2019).
13. Azad, Rshidul, Rukshan Fahmi, Sadichhya Shrestha, Hemraj Joshi, Mehedi Hasan, Abdullah Nurus Salam Khan, Mohiuddin Ahsanul Kabir Chowdhury, Shams El Arifeen, and Sk Masum Billah. "Prevalence and risk factors of postpartum depression among women living in urban slums of Dhaka, Bangladesh." *bioRxiv* (2019): 514729.
14. Ghimire, Pramesh Raj, Kingsley E. Agho, Andre MN Renzaho, Monjura K. Nisha, Michael Dibley, and Camille Raynes-Greenow. "Factors associated with perinatal mortality in Nepal: evidence from Nepal demographic and health survey 2001–2016." *BMC pregnancy and childbirth* 19, no. 1 (2019): 88.
15. Jones, A., 2019. *Investigating the association between socio-economic position and stillbirth in Brazil and the UK* (Doctoral dissertation, Lancaster University).