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**BOOK OF EXTENDED
ABSTRACTS**



A STUDY ON THE MATERNAL, SOCIO-DEMOGRAPHIC AND HEALTH SERVICE RELATED FACTORS OF PREGNANT WOMEN WITH PREGNANCY INDUCED HYPERTENSION AT TEACHING HOSPITAL BATTICALOA.

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Abstract

Introduction: Pregnancy-induced hypertension (PIH) is one of the common complications in pregnancy and contributes for significant maternal and prenatal mortality. This study describes the risk factors associated with PIH on pregnant women attending Teaching Hospital, Batticaloa.

Methods: A descriptive cross-sectional study was conducted among pregnant women with PIH between July and September 2021. A pretested, structured, self-administered questionnaire was used to collect the data. Descriptive analysis was done using SPSS software v.25.

Results: A total of 76 pregnant women with PIH participated in the study. Women with age of over 35 years (56.6%), BMI over 25kgm⁻²(67.1%), sedentary lifestyle (81.8%), and second parity (51.3%) were found to be clearly associated with PIH. Previous history of PIH (42.1%) moderately associated with PIH.

Conclusions: Advanced maternal age of over 35 years, having a BMI over 25kgm⁻², sedentary lifestyle, second parity and previous history of PIH were factors found to be associated with PIH. Health educational programs on causes of PIH need to be intensified.

Keywords: Pregnancy-Induced Hypertension (PIH), Pregnant Women, Maternal Factors, Socio-Demographic Factors, Health Service-Related Factors, Teaching Hospital Batticaloa.

Introduction: Pregnancy-induced hypertension (PIH) is defined as the elevation of the blood pressure more than 140/90 mm Hg with or without proteinuria, which emerges after 20 weeks of gestation and normally

resolves by 12 weeks postpartum. Several studies have been focusing on risk factors which include socio-demographic variables such as personal and lifestyle factors, obstetric-related factors, familial factors, and medical-related variables. Specifically, nulliparity, extremes of age, obesity, family history of PIH, previous history of PIH, personal and family history of chronic hypertension, gestational diabetes were found to be associated with a higher risk of developing hypertensive disorders in pregnancy (Owiredu et al., 2012).

General objective: To describe the effects of maternal, socio-demographic, and health service-related factors of pregnant women with PIH attending at Teaching Hospital Batticaloa (THB)

Specific objectives:

- To describe the effect of maternal factors on pregnant women with pregnancy-induced hypertension at THB.
- To describe the effect of socio-demographic factors of pregnant women with pregnancy-induced hypertension at THB.
- To describe the effect of health service-related factors on pregnant women with pregnancy-induced hypertension at THB.

Methodology: Descriptive cross-sectional study was conducted among pregnant women with PIH admitted and attended antenatal clinics at THB. The study period was July to September 2021. A pretested, structured, self-administered questionnaire was used to collect the data. Descriptive analysis was done by using SPSS software v.25. Ethical clearance was obtained from the Ethical Review Committee of FHCS. Informed written consent was obtained from each participant. Necessary permissions were obtained from hospital authorities.

Results and Discussion: A total of 76 pregnant women with PIH participated in the study of which 56.6% and 43.4% were in the age groups of 18-35years and over 35 years respectively. More than half of the participants (67.1%) were with high body mass index (BMI) of over 25kg/m². The majority of the participants were with nulliparity (30.2%) and second parity (51.2%). About one-fourth of participants (27.6%) have had a mother's history of PIH, and there were 24.2% of participants were with sister's history of PIH. 26.3% of participants were with gestational diabetes mellitus (GDM). Among multiparous participants, 42.1% were with a personal history of PIH during their previous pregnancies. There was a large number of participants (86.8%) did not engage in activities such as

exercises, walking, and yoga to maintain their physical fitness. And also more than half of the participants were housewives. About 95% of the participants have had formal education. There were 84.2% of participants who had a household monthly income of more than Rs.10, 000.00. 92.1% of participants had visited ANC monthly and followed medical advice properly. 94.7% of participants were satisfied with the health services provided during their pregnancy.

In our study, extreme maternal age of over 35 years, high body mass index (more than 25kg m⁻²), sedentary lifestyle, second parity, and also a previous history of PIH has a clear association with developing PIH. There were several studies that indicate a significant association of extreme age, (Kahsay et al., 2018; Kidanemariam Berhe & Ilesanmi, n.d.) obesity, (Ursavas et al., 2008; Zhang et al., 1997), sedentary lifestyle (Barakat et al., 2013; Magro-Malosso et al., 2017), parity (Jasovic-Siveska et al., 2011), previous history of PIH (Sultana, 2017) affecting with the development of PIH.

Conclusion: Our study on the factors affecting pregnant women with PIH conclude that women conceiving at or after age 35 years of age, having a BMI of over 25kgm⁻², and sedentary lifestyle have a strong association in developing PIH, but both nulliparity and second parity have statistically significant associations with PIH. Women with a history of PIH in previous pregnancies have a moderate association. Maternal education level and the household monthly income do not have clear associations with PIH. Early detection and timely management of PIH and its risk factors at antenatal care would improve maternal and perinatal health. -

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