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STUDY TO KNOW THE IMPORTANT RISK FACTORS CAUSING STILL BIRTH IN MULTAN DIVISION

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Abstract:
Objective: *To identify important risk factors that play a role in the birth of a dead baby(still Birth).*
Study design: *cross-sectional study.*
Place and duration: *Gynecology and obstetrics department, Fatima Jinnah Hospital, Multan for the period of Six months from December 2016 to May 2017.*
Methodology: *A sample consisting of 148 genders was selected by simple random sampling. The data were collected using the appropriate performance and SPSS 21 analysis.*
Results: *148 cases were nullipardi in 15 cases, 126 multiparas and 7 grandmultipar. 117 had a simple vaginal delivery in the form of birth, and the remaining 148 and BMI> 30 had the normal BMI, while others were made cesárea.84. Of the 148 patients, 65 had a prenatal visit, 121 were socioeconomically satisfying, and 27 were poor. Anemia 6 cases, prescription drugs used in 68 cases, 148 cases in 80 women, 66 cases in women, hypertension in maternal malnutrition in males, malaria in 15 cases, abnormalities in 15 cases, diabetes mellitus and 139 did not use any medication.*
Conclusion: *Our study aimed to determine the rates of various risk factors associated with stillbirths. For this reason, maternal health, improved family planning services, and information about antenatal care and visits are the key to reducing the number of dead births in adequate medical care.*
Keywords: *risk factors, Lifeless birth, multiparas.*

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INTRODUCTION:

Fetal death means that babies have died in the last three months of your pregnancy. Fetal death is defined as the death of a product of a fetus or fetus, regardless of the duration of the pregnancy, provided that the fetus does not show signs of death after being thrown from the mother, or if death at least occurs. 28 weeks gestation or at least 1000 g birth weight Approximately 3.3 million stillbirths are reported. In developing countries, 97% is estimated by the World Health Organization in 2009, 47% of Pakistan's deaths per 1,000 people, and the total number of births is 19 per 1000 people in the world. A Pakistan rank second among the top 5 countries and constitutes half of all stillbirths. Maternal status and advanced maternal age, black race, nulliparity, obesity, preeclampsia, diabetes, anemia, smoking, maternal malnutrition. Lack of prenatal care, maternal literacy and low socioeconomic status are not directly related to intrauterine fetal death. The location of the maternal may be a factor in fetal death. In both the developing and the more developed regions of the world, the highest fetal mortality rate among the lowest socioeconomic group in the society increases the use of fetal death as a sign of death. Improved socioeconomic status, including better prenatal care and maternal nutritional status, can reduce stillbirths in developing countries. In Pakistan, higher levels of obstetric care guarantees can prevent a large proportion of stillbirths. The majority of stillbirths (98%) are seen in low- and middle-income countries. Every stillbirth is a tragedy and a potential loss of life. In addition, there are many psychosocial consequences for parents such as anxiety, long-term depression, post-traumatic stress disorder, and stigmatization10. The cause of death is usually not recorded correctly or never. The training of health care providers needs to improve their understanding of the causes of fetal death and the factors associated with stillbirth and their perinatal control. The stillbirth rate has generally remained stable since 2000. Obesity and mean maternal age increase rates are thought to be behind the lack of improvement. A systematic review has identified these as the most common risk factors for intrauterine fetal death. It is important to realize that there is a distinction between the underlying cause of death (disease process), the pattern of death (eg drowning) and the classification of death (eg growth restriction). Traditional diagnostic systems do not define a specific cause in about half of the IUFD. South Asia has the highest stillbirth rate in the world between 25 and 40/1000 births. In Pakistan, in some rural areas fetal mortality rates range from 1000 to 70 or more. In contrast, the World Health Organization (WHO) reports 22 deaths per 1,000 births in Pakistan.

METHODOLOGY:

This study was conducted at the gynecology and obstetrics Unit II of Fatima Jinnah Hospital, Multan for a period of Six months from December 2016 to May 2017. The research study is a cross-sectional analytical study. Sampling technique is simple random sampling. A total of 148 pregnant women, over 28 weeks of age, were born in the quarter to give birth to an unborn baby. Except pregnant women and live births.

RESULTS:

The study revealed that in our six months work at Fatima Jinnah Hospital, Multan there were 148 stillbirths. Table I shows the proportion of risk factors for fetal death among pregnant women.

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

139 of 148 anemia, 66 malnutrition, 46 hypertension, 15 fetal malformation, 2 malaria and 6 diabetes mellitus were detected. In 68 cases using prescription drugs, 80 women did not use any medication. Of the 148 women who had stillbirths, 84 of them were found to have stillbirth narratives before> 30.7. The boxes were nulliparous, 126 multiparas and 7 grandmultiparous. There were 117 simple birth-type vaginal deliveries and the rest were cesarean operations. 84 complications were found during delivery at birth, 88 pregnant women had abnormal vaginal bleeding. 83 had no information about prenatal visits and prenatal visits, and 68 had information about prenatal visits. While the socioeconomic status of 121 cases was satisfactory, the remaining 27 socioeconomic conditions were poor. Regarding drug use during pregnancy, 68 women used drugs that were not contraindicated in pregnancy, while 80 women did not use any medication during pregnancy.
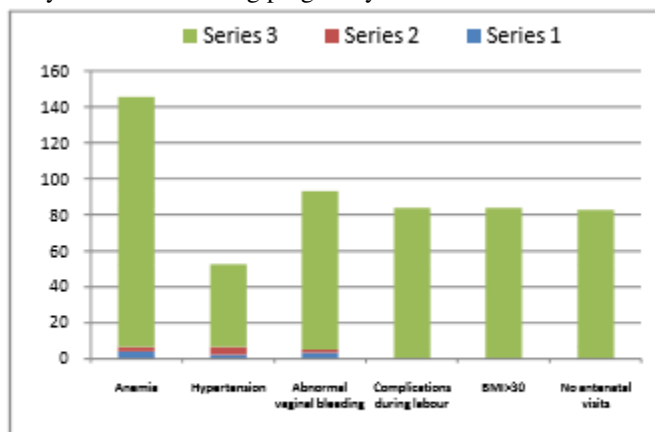

Figure 1. Major risk factors causing stillbirths in 148 cases.

The main risk factors from all collected data are anemia, hypertension, abnormal vaginal bleeding, complications during birth, BMI> 30 without prenatal visits. As shown in FIG.

DISCUSSION:
In USA and other developed countries, most of the births of dead babies occur before prenatal and are usually distressing. In this study, many stillborns have emerged in recent times, suggesting that the majority of fetal deaths occurred near the birth. A new study based on the population in rural areas of Pakistan, where the stillbirth rate is 47/1000 births, reported that 75% gave similar and fresh results to this study. Based on this and other evidence, there are significant differences in the time of intrauterine fetal death between developed and developing countries and it is seen that the rate of stillbirth is higher in the developing countries in the peripartum period. Risk factors are maternal characteristics that are not significantly causal for intrauterine fetal death. In developed countries, there have been cases of previous fetal demise, minority status, low socioeconomic status (SES), maternal weakness, advanced maternal age, single marital status and smoking, alcohol and drug use. associated with fetal death. Health and nutritional status of pregnant women is very important to address intrauterine fetal death problem. If the pregnant woman is always sick and ill, the fetus is likely to be affected by maternal feelings related to health, and most cases have anemia. Anemia can be any etiologic. However, we observed that no specific cause could be identified in about half of all cases, even in the case of a complicated determination of the cause of a birth of a dead baby, and even in developed countries where placenta pathology examinations and autopsies were found. Births of dead babies. Correction of anemia in these pregnant women is mainly due to good nutrition, as most women's nutritional status is unsatisfactory. Anemia as a risk factor can affect the haemodynamic state of both the mother and the growing fetus. For this reason, it should be considered adequately. In addition, studies have found that the malaria anemia is a contributing factor to the death of the fetus. Malnutrition has been observed in most cases after anemia, which may be due to inadequate health education, socioeconomic conditions and other pathological conditions related to food metabolism. The data obtained from our study revealed that a large number of stillbirths contributed to maternal insufficiency. Maternal malnutrition is a major risk factor, especially in developing and underdeveloped countries. During pregnancy, the caloric requirements of women who are needed for the development of the fetus are increasing. Frequent prevalence of hypertension and other pregnancy related diseases tends to affect maternal health. Prolonged hypertension or preeclampsia and eclampsia may cause hemodynamic

instability, which may contribute to intrauterine fetal death. Prenatal care or prenatal care is very important so that each pregnant woman has better access to antenatal care and obstetric care can reduce the frequency of stillbirths. Inadequate medical care contributes to high rates of fetal mortality in developing countries. Our data show that in some cases inadequate socioeconomic status may directly lead to maternal malnutrition. It is a contributing factor to maternal and other disease conditions. Obesity also seems important in the context of fetal death. These women had a body mass index greater than 30. Our work reinforces the findings of recently published studies reporting that Pakistan's health facilities do not provide the necessary and comprehensive obstetric care; The shortcomings in staff competence have also been reported. In developed countries, the cause of many stillbirths is still unknown, even with histological evaluation of autopsy and placenta.

CONCLUSION:

Our study aimed to determine the rates of various risk factors associated with stillbirths. For this reason, the promotion of maternal health, improvement of family planning services, knowledge of prenatal care and visits, the system of providing adequate medical care is the key to lowering the stillbirth rate.

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