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# ASSESSING THE PREVALENCE OF BOOKED AND UNBOOKED PREGNANCIES AND NEONATAL DEATH AMONG PREGNANT FEMALES

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**Abstract:**
***Background:*** *Uncovered double pregnancy is unnecessary for the woman and increases perinatal deaths. In 77 percent of patients before birth, twin pregnancy has been examined and usually occurs late, which is regrettable as early treatment for both mum and offspring should be achievable.*
***Aim:*** *Assessing the prevalence of booked and unbooked pregnancies and neonatal death among pregnant females.*
***Methods:*** *Descriptive Case Series study was conducted from May 2020 to April 2021 in Pakistan institute Of Medical Sciences, Islamabad. Total 170 patients were selected by non–probability Consecutive sampling.*
***Results:*** *There were exactly 170 hospitalized patients with double pregnancy, 71 (47%) were aged 19-32. 49(33%) were between 33 and 41 years old, with 32(21%) between 42 and 46 years old. Booked and unbooked patients were recurred individually at 64 (44 percent) and 92 (61 percent). There was 4 (1 percent) prenatal death among booked patients and 58 perinatal mortalities were not reported (39 percent). Perinatal mortality was 22 (25.4% in non-booked patients), whereas perinatal death in 71 was not observed (76.2 percent). Meconium was present primarily as a cause of perinatal mortality in 13(9%), while delivery asphyxia was present secondary reason of perinatal mortality in 7(5%) and neonatal sepsis in 7 (5%) patients.*
***Conclusion:*** *Sufficient evidence on the advantages of regular prenatal visits should be supplied to patients so that perinatal mortality of twin twins is decreased early after adequate administration in the prenatal period.*
***Keywords:*** *Perinatal mortality, twin pregnancy, booked cases*

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## INTRODUCTION:

A growing number of twin pregnancies have occurred as progress in aiding regeneration procedures such as medicine to accept ovulation, in vitro preparation and a number of intra-fallopian motion techniques.

The risk of twin pregnancy is high. The hazard to both mother and embryo in prenatal and during childbirth is significant. It is extremely severe. Twin pregnancies make for about 2-5% of all pregnancies and represent 12% of the total risk of perinatal death.
The development of Twin is related to increased rates of almost any predicted pregnancy complication. The largest danger is uncontrolled prematureness which contributes substantially to increased perinatal deaths and the sudden and sustained dullness of these neonates.

In many cases of preterm, low birth weight, gestational age, intrauterine developed delaying4, blocked work, antepartum release and childbirth damage are key variables affecting perinatal death.
Preterm newborns are more at risk of severe respiratory distress, intraventricular discharge, fragility, congenital abnormalities, retinopathy, enterocolitis necrotizing, ductus arteriosus patent and delayed admission. Neonatal mortality is the most common cause of quickness and extremely low weight of birth and of sepsis and jaundice. The second twin is particularly susceptible to a bad perinatal result. In the second twin the risk of severe birth asphyxia is more than several times higher. Elective delivery of caesareans may enhance the subsequent twin's perinatal prognosis.

The hatchers are inseparable and dizygotic in roughly 2/3 of twins, and they are identical or indistinguishable in 35 percent. The danger of problems, like for example intense bonds, twin-to-twin bonds, and twin-blood switched perfusion, and intrauterine mortality are significantly higher for monochromous twins, unlike for dichorionic twins.
Therefore, it is important to ensure chronicity and to monitor monochorionic pregnancy in prenatal consideration. When the determination is done right at growth, the twin pregnancy manager is viable. Present ultrasound research shows twin pregnancy, its placement, the design and fetal sexual orientation of the focus layers. Ultrasound tests can assist to select an adequate pregnancy treatment and optimum conveying technique.

The investigated twin pregnancy causes excessive risks to the mother and increases perinatal death. Twin pregnancy is analyzed in 76 percent of patients before transfer and regularly occurs too late; this is unfortunate, since mother and offspring should be treated early on. The absolute number of reserved patients in a research conducted by MN Maureen and distributed in 2003 was 34.5%, and 67.8% in non-reserved patients, with a perinatal death rate of 16.4% in unreserved instances compared with 4.4% in reserved cases (p-value less than 0.02).

The reason for this study is that in Pakistan there is an eminent lack of solid information, MN Maureen findings are very old whereas recent studies on perinatal effects of twin-incubation of Rizwan N and colleagues and Qazi G5 do not cover recurrence of perinatal mortality in unresolved twin cases and therefore the need to decide whether or not perinatal infections recur. This test will enable us to teach twins subjects that the perinatal death of twins may be reduced in the prenatal period after the legitimate administration by early determination.

**Operational Definitions:**
**Mortality:** All newborn fatalities from 28 weeks to 1 week after delivery Perinatal mortality: (all intrauterine deaths after 28 weeks, intra- partum still births and early neonatal deaths).
**Booked cases:** Booked cases include patients with first prenatal visits to Mayo Hospital Lahore in the first quarter and at least two consecutive antenatal visits.
**Un-booked cases:** Unbooked instances included those who did not follow the above criteria in the course of antenatal treatment.

## METHODOLOGY:

Description Cases The study at the Department of Gynae/OBS of Fatima Memorial Hospital Lahore was conducted between August 2018 and July 2019. 170 instances sample sizes were estimated on an unlikely basis Follow-up sample with a 96% confidence level, 9% mistake margin and predicted proportion of twin pregnancy booked instances, that is, 34.5%. This study was conducted in females in tertiary care hospitals with twin gestations of all parties and gestational age after 28 weeks, whereas fetal anomalies, known cases of: diabetes mellitus, hypertension, respiration, heart, liver, gastrointestinal, neoplastic, and patients with first twin. Approval from the hospital ethics committee with informed agreement to maintain their information configural from the research population. The cases were gathered from Fatima Memorial Hospital Lahore, Lahore Pakistan's Obstetrics & Gynecology Department. Patients received informed consent to incorporate their data in the trial. Patients were monitored for perinatal mortality, i.e., in both

Groups, until the first week following birth. These data were all recorded on a proforma pre-designed.
In SPSS 23, data were input and evaluated. For quantitative data, averages and standard deviations have been generated for descriptive statistics. For qualitative variable, i.e., reserved, unbooked and perinatal mortality, incidences and proportions were computed. Chi - the importance of prenatal mortality among groups was determined on a square. The value of P < 0.06 was considerable. For age and parity to control the effect modifications, the data were stratified.

**Figure 1:**

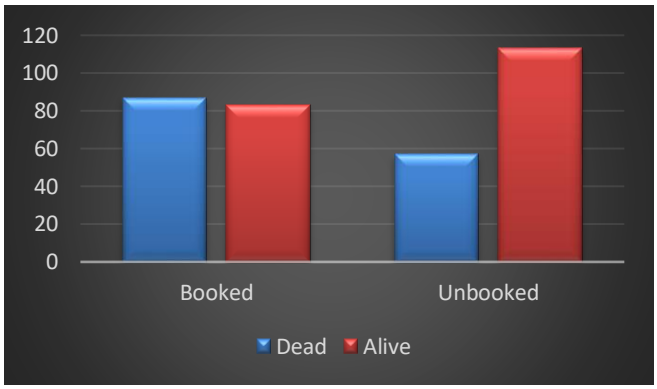
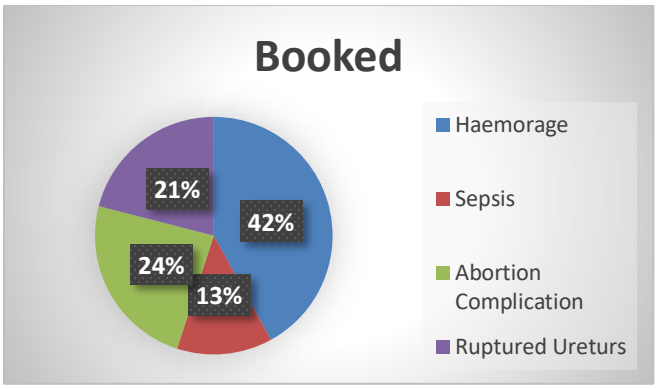



**Figure 2:**




## RESULTS:

A total of 170 twin-pregnant patients, concerning the age distribution of these patients as given in table 1, were included in this study, with 68 (46 per cent) belonging to the 19-32 age group. 49(33%) were 30-42 years old and 31(22%) were 41-46 years old. 48(25%) The frequency was 40% (60) and 64% (91%), respectively, of 150 reserved and unreserved patients (table 2).

The booked prenatal mortality patients (Table 3) were 4 (3%) and no perinatal mortality was seen in 4).

55 (39%).

In Un booked infant death patients (table 3) was 23(21.3%), and in 71(79.8%) neonatal circumcision was absent.

Meconium aspiration syndrome was the main causes of perinatal mortality in 11 (9%) patients; birth asphyxia in 7 (5%) patients followed by newborn septicemia in 7 (5%) sufferers was the second major cause of perinatal mortality (Table

## RESULTS:

**Table 1: Age distribution of patients (n=170):**

| Age | n | %Age |
|---|---|---|
| 19-31 | 72 | 46 |
| 32-41 | 50 | 35 |
| 42-46 | 32 | 19 |

**Table 2: Frequency of booked and Un booked cases in twin pregnancies (n=170):**

| Booked/Un booked cases | n | %Age |
|---|---|---|
| Booked | 75 | 43 |
| Un Booked | 95 | 57 |

**Table 3: Frequency of Perinatal Mortality in booked andUn booked cases in twin pregnancies n = 170**

| Perinatal Mortality | Booked | Un booked |
|---|---|---|
| Yes | 5 (4%) | 22(21.3 %) |
| No | 58 (41%) | 71(79.78 %) |

**Table 4: Causes of perinatal mortality (n=170)**

| Causes of perinatal mortality | n | %Age |
|---|---|---|
| Meconium aspiration | 14 | 9 |
| Birth asphyxia | 7 | 5 |
| Neonatal sepsis | 7 | 5 |

## DISCUSSION:

With advance age, twin pregnancy and hence perinatal death are more common18. Our study included 68 (47%) from 19 to 31 years, 44 (33%) from 32 to 41 years, and 32 (21%) from 42 to 47 years. Talat Parveen et al and Raj Laxmi Mundra reported similar results in 2015.

In twin pregnancies, the frequency of booked and unbooked instances was reported as 63 (42) and 91(62); large numbers of expectant moms were unbooked, which might be due to the lower educational and social class level of pregnant mums who do not realize how important pregnancy visits are. Maureen MN15 and Nashoba R in 20103 produced similar findings. Early diagnosis not only reduces morbidity and mortality, but is also a key to optimum antepartum attention and the cornerstone of successful labor and delivery management18.

With regard to prenatal mortality, twins reported 4-10 times the perinatal mortality rate and represented a major portion of perinatal mortality15. Out of 60 booked cases (40%), of 90 booked cases (60%), 3 (2%), 20 (60%), of which 20 were booked (22.2 percent). In a further Bangash N 2 study in 2008 and Qazi G5 research by 2011, perinatal death rates were similarly high. The primary causes of perinatal death in our study are meconium aspiration, birth asphyxia and newborn infection. Raj Laxmi Mundra observed similar results.

## CONCLUSION:

Twin pregnancy is a pregnancy that has significant risk. Unbooked twin pregnancies show a greater frequency of perinatal death compared to booked twin pregnancy. It is crucial to diagnose before to delivery. The patient should be informed about the advantages of regular prenatal checkups so that early detection reduces the perinatal mortality of the twins after correct treatment.

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