Pregnancy-Related Complications and Associated Factors Among Women Attending Antenatal Care

Manal Saleh Hussein[1], Edwar Z. Khosho [2], Hind Elia[3]

1. MBChB, Ministry of Health, Basrah Health Directorate
2. Consultant of Obstetrics and Gynaecology, College of Medicine / University of Basrah
3. Ministry of Health, Basrah Health Directorate

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Abstract

Background: Annually, over 200 million pregnancies occur globally, with 40% unplanned. Early prenatal care is crucial in preventing poor outcomes. Maternal mortality remains high, especially in developing nations. In addition, maternal morbidity and delivery complications can adversely affect the developing baby, potentially leading to fatal outcomes such as miscarriage, stillbirth, or early neonatal death.
Aims of the study: To estimate the prevalence of pregnancy complications and associated factors among women attending antenatal care at Basrah Maternity and Child Hospital and Alrazi Primary Health Care Center in Basrah City.
Subjects and Methods: A prospective cross-sectional study was conducted at Basrah Teaching Hospital for Maternity and Children and Alrazi Primary Health Care Center in Basrah City, examining pregnancy-related complications in 150 women from October 1, 2023, to April 1, 2024. Data were collected through interviews and questionnaires that covered socio-demographics, pregnancy characteristics, antenatal care knowledge, and complications.
Results: The study analyzed 150 women, 44% of whom were 30-39 years old, 86% of whom lived in urban areas, and 78% of whom were housewives. Pregnancy complications affected 37.3%, mainly anemia (26.7%) and urinary tract infections (21.3%). Complications were significantly associated with age ($p = 0.004$), rural residency ($p = 0.002$), lower education ($p = 0.001$), unemployment ($p = 0.03$), and low socioeconomic status ($p = 0.001$). Previous pregnancy complications, late antenatal care visits, and history of abortion were also significant ($p=0.001$).
Conclusion: The study found that pregnancy complications like anemia and UTIs are common and significantly linked to older maternal age, rural residency, lower education, low socioeconomic status, previous abortions, and poor knowledge of early prenatal care benefits.
Keywords: Pregnancy, Complication, Associated Factors, Women, Antenatal Care

Corresponding author:
Manal Saleh Hussein
Email: mnalsalh132@gmail.com

Introduction

Annually, the worldwide number of pregnancies exceeds 200 million. Out of these pregnancies, over 40% are unplanned. Unintended does not always mean undesirable. Every couple should be able to decide when they are ready for pregnancy and make plans for it. Early prenatal care is crucial in preventing poor perinatal outcomes and complications in 40% of unplanned births. [1] Preventing, detecting, and managing preconception health concerns, ensuring readiness for pregnancy, seeking early prenatal care, and minimizing risks throughout the perinatal and interconception periods are crucial factors for a healthy pregnancy and reproductive life. [2, 3]

Pregnancy and childbirth complications continue to be a significant issue in worldwide public health. Over 810 women die daily due to complications associated with pregnancy and delivery. Recent data suggests a global maternal mortality rate of over 211 fatalities per 100,000

live births, with 94% of these occurring in developing nations. [4, 5] Sub-Saharan Africa has a maternal mortality rate of about 500 deaths per 100,000 live births, which represents half of the global maternal mortality rate. Uganda has seen improvements in maternal health indices over time, although they have not been deemed sufficient. Maternal mortality (336 deaths per 100,000 live births) and pregnancy-related mortality (368 deaths per 100,000 live births) rates are still high. [6]

Maternal morbidity and complications during delivery have a substantial adverse effect on the developing baby and may lead to fatal consequences. The fatal outcomes of a fetus might manifest as a miscarriage (death of the fetus in the early stages), stillbirth, or early death in the neonatal period. [7]

Risk Assessment [8, 9] encompasses the following **factors:** Diabetes, Infection**,** Genetic factors**,** Occupational and environmental **exposures,** Psychosocial factors**,** Substance and drug use**,** Tobacco use**,** Financial **Considerations,** Nutrition**,** and other risks that may impact pregnancy, such as medication use, exposure to harmful substances, and known teratogens.

Aims of the study: To estimate the prevalence of pregnancy-related complications and to study the associated factors among women attending antenatal care at Basrah Maternity and Child Hospital and Alrazi Primary Health Care Center in Basrah.

Method:

A prospective cross-sectional study was conducted at Basrah Teaching Hospital for Maternity and Children and Alrazi Primary Health Care Center in Basrah City. To study the prevalence of pregnancy-related complications and to study the associated factors among women attending antenatal care in Basrah. For the period from October 1, 2023, to April 1, 2023.

One hundred and fifty pregnant women attending the Basrah Teaching Hospital for maternity and children, as well as the ANC unit at Alrazi Primary Health Care Center, aged between 15 and 45 years, were included in the study population. Systemic random sampling was used in the selection of study participants. The enrolled women were thoroughly oriented to the topic and its value, and verbal consent had been obtained from them before their participation. The agreement between the University of Basrah, the College of Medicine, and the Basrah Directorate of Health to conduct the study was obtained before commencing the study.

The data were collected from women who participated in the study through direct interviews, and a questionnaire developed for the study's purpose was used. The questionnaire includes the following:

- Part 1: the sociodemographic characteristics of the woman and her husband, such as Age, residency, occupation, education, and the family's economic status.
- Part 2: Pregnancy characteristics like gravidity, parity, previous miscarriage, previous mode of delivery, and gestational age by weeks. The women's past medical and surgical histories were assessed.
- Part 3: The knowledge about ideal ANC follow-up, the timing of booking visits, the frequency of visits, and the benefits of ANC were all assessed in the interview.

In this study, pregnancy-related complications were defined as health problems that occurred during pregnancy, which included those affecting the mother's health, the baby's health, or both.

- Part 4: The presence of any complications includes (Anaemia, Eclampsia, Stillbirths, Miscarriage, gestational diabetes, pre-eclampsia, postpartum hemorrhage, antepartum hemorrhage, placenta previa, and UTIs) in the present pregnancy or any of the previous pregnancy were asked about.

Data were entered using computerized statistical software; the Statistical Package for the Social Sciences (SPSS) version 26 was used.

The appropriate statistical tests were performed. In all statistical analyses, the level of significance (p-value) is set at a value of ≤ 0.05.

Results

*Note: All tables mentioned in this section are provided at the end of the article.

The results of 150 women were analyzed, with 44% of the women falling between 30-39 years old and only 6% of them being below 20 years old. Regarding the residency, 86% of them lived in urban areas. Thirty-six percent had primary education, and 22% had higher education. 78% of them were housewives. Regarding the husband's

characteristics, 40.7% were between 20 and 29 years old, 40% had a secondary education, and 58% of them were self-employed. The socioeconomic level of the participants was predominantly medium, affecting 72% of them. All of these are presented in Table 1.

Table 2 shows the pregnancy-related characteristics of the participants: 92% of them were multi gravida, and 39.1% of them had a history of abortion. Regarding the pregnancy stage, 78% of them were in their third trimester. Women were asked if they knew the time of first antenatal care, and 75.3% of them answered yes. 52 % of them visit the ANC after 20 weeks of gestation. Women were asked about the benefits of early antenatal care; 37.3% responded to detect fetal malformations, while 38% of them answered to receive advice and medication. 28% of them were unaware of the benefits of early antenatal care. The antenatal care visit was regular among 27.3% of women. The participants were asked if they had any complications in their previous pregnancy, and 39.9% of them answered yes.

The causes of current pregnancy complications are presented in Table 3; 37.3% of the participants women had complications in the current pregnancy. Anaemia was the main cause of complications, followed by urinary tract infections in 21.3% of the participants. The least common complication was miscarriage, with 2.0 %.

Figure 1 shows the frequency of different complications. Out of women who had complications, anemia had the highest frequency, followed by UTI, then hyperemesis gravidarum, and antepartum hemorrhage.

Table 4 shows the association between pregnancy complications and women's sociodemographic characteristics. There is a significant statistical association between the mother's age and the development of complications during the current pregnancy, with a P value of 0.004. The complication increases with advancing age.

The complication was significantly associated with residency; women living in rural areas showed a higher percentage of complications (p-value = 0.002).

A significant association was also noticed between the mother's educational level and the mother's occupation since the P value was <0.05. Women with higher education showed a lower percentage of complications, similar to the women who were employed.

The husband's age and occupation showed no significant statistical difference with women's development of complications since the P value> 0.05.

The husband's education showed a significant association with the development of complications, and the woman showed a less tendency for the development of complications when their husband had a higher education P value= 0.001. Socioeconomic status shows a significant association with complication development and a P value of 0.001

The association between the pregnancy complications are the pregnancy related factors a wave shown at Table 5. There is no significant association between gravidity and subsequent complication development, as indicated by a P value of 0.122.

There is a significant association between a history of abortion and complication development, with a P value of 0.001. The gestational age and ANC regularity showed no significant association with subsequent complication development, as indicated by a p-value greater than 0.05.

The woman's knowledge about the time of the first ANC, the time of their first antenatal care, and complications in previous pregnancy showed significant association with current pregnancy complication development

Discussion

Pregnancy is a crucial period in a woman's life, characterized by significant physiological and psychological changes. It is critical to know about the sociodemographic variables and pregnancy-related factors that impact maternal health to avoid complications and enhance outcomes for both the mother and the baby (10). The prevalence of different complications of pregnancy among the study participants is 37.3%. The complications include hypertension, gestational diabetes, preterm labour, anemia, infections, and placental abnormalities. Each of these problems presents substantial hazards to the health of both the mother and the fetus and has been extensively studied in the medical field.

Anemia, mainly brought on by insufficient iron levels, impacts around 20% of pregnancies globally (11). The prevalence observed in our research, with 40 out of 150 cases (26.6%), aligns with global patterns, indicating a widespread issue in providing appropriate maternal nutrition. Research conducted by Babah et al. (2024) found a prevalence rate of 41%, which is more than the prevalence rate seen in our study (12).

Pregnancy-induced hypertension is a well-established illness that impacts 5–10% of pregnancies worldwide (13). The prevalence of hypertensive disorders in our research

(15 out of 150, 10%) aligns with these statistics, indicating that maternal health continues to be significantly impacted by these conditions. The elevated occurrence may be ascribed to characteristics such as older maternal age, obesity, and pre-existing medical disorders, which have frequently been highlighted in previous research (14,15).

Approximately 21.3% of the subjects, particularly 32 out of 150, reported experiencing urinary tract infections (UTIs). If these infections are not effectively handled, they may result in serious consequences. The prevalence seen in our research is similar to the worldwide statistics, which is around 28%, emphasizing the need for frequent screening and immediate treatment to avoid negative consequences such as preterm labor and neonatal infections (16).

Gestational diabetes affects about 6-9% of pregnancies globally (17). The prevalence determined by our research (12 out of 150, 8%) is consistent with worldwide estimates, reflecting the increasing concerns about gestational diabetes, particularly given escalating obesity rates and lifestyle modifications.

Preterm labor, which occurs in around 10% of pregnancies worldwide, is a major contributor to newborn morbidity and mortality (18). The results of our research, which represent 8% (13 out of 150), align with these findings, emphasizing the significance of identifying and addressing the issue at an early stage.

Hyperemesis gravidarum, a condition marked by intense nausea and vomiting, impacts about 0.3-3% of pregnancies worldwide (19). The prevalence recorded in our research (20 out of 150, 13.3%) exceeds this range. According to research conducted by Hinkle et al. (2016), about 27 to 30 percent of women have just nausea throughout pregnancy, whereas vomiting is seen in 28 to 52 percent of all pregnancies (20).

Advanced maternal age was identified as a crucial factor since older pregnant women exhibited a higher incidence of complications. The finding aligns with previous studies conducted by Glick et al. (2021). Pregnancies in women over 35 are associated with increased risks of unfavorable outcomes (21). Our research reports that younger pregnancies also had problems, consistent with the results of Diabelková et al. (2023) (22).

The degree of education also had a significant impact, as women with lower educational attainment had a greater incidence of complications. This might be attributed to the restricted availability of health information and services, underscoring the need for educational initiatives targeting pregnant women. These findings are consistent with the findings of Gholami et al. (2022) (23).

Frequent prenatal care (ANC) visits have been shown to have a solid correlation with a decreased incidence of complications. Women with a lower attendance at antenatal care (ANC) sessions had a higher likelihood of experiencing problems such as hypertension and gestational diabetes. ANC visits play a crucial role in close monitoring and promptly identifying any problems, highlighting the need to promote frequent prenatal check-ups. The present study's findings are consistent with those of previous literature by Schmidt et al. (2021) and Pervin et al. (2020) (24, 25).

The research revealed that women with a prior history of abortion were more susceptible to experiencing problems in future pregnancies. The finding emphasizes the need for meticulous medical supervision and assistance for women who have had an abortion to achieve improved results in subsequent pregnancies (26).

Women with a history of problems in past pregnancies have a higher likelihood of experiencing similar concerns in their current pregnancies. These problems include preterm labor, preeclampsia, and gestational diabetes. The repeated occurrence of these consequences indicates an inherent susceptibility or unresolved health problems that need aggressive management. This finding aligns with the research conducted by Seid et al. (2023) (27).

Although the study is comprehensive, it contains several limitations. The limited generalization of the results is due to the small sample size of 150 pregnant women. Self-reported data may introduce recall bias or errors. The study's cross-sectional design limits the establishment of causal links. Furthermore, the research was conducted within a limited geographical region, which limits its applicability to broader demographic trends.

Conclusions:

The research participants had an elevated risk of anemia and urinary tract infections, which are frequent health concerns during pregnancy. The research emphasizes a notable association between the age of the mother and the development of pregnancy complications, suggesting that the risks increase as the age of the mother increases. Maternal education had a protective effect, as greater levels of education were associated with a reduced prevalence of complications during pregnancy. There is a significant connection between a history of abortion and prior pregnancy complications and an increased likelihood of

experiencing problems with the present pregnancy. The lack of knowledge on the benefits of getting early prenatal care highlights the need for improved maternal health education programs.

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Table 1: The sociodemographic characteristics of the participants

Variables		N. (%)
Mothers age	<20	9 (6.0)
	20-29	63 (42.0)
	30-39	66 (44.0)
	>40	12 (8.0)
Residency	Rural	21 (26.0)
	Urban	129 (86.0)
Mothers Educational level	Illiterate	15 (10.0)
	Primary	54 (36.0)
	Secondary	48 (32.0)
	Higher education	33 (22.0)
Mothers occupation	Housewives	117 (78.0)
	Employed	33 (22.0)
Husbands age	<20	10 (6.7)
	20-29	61 (40.7)
	30-39	52 (34.7)
	>40	27 (18.0)
Husband educational level	Illiterate	9 (6.0)
	Primary	42 (28.0)
	Secondary	60 (40.0)
	Higher education	39 (26.0)
Husband occupation	Self-employed	87 (58.0)
	Employed	63(42.0)
Socioeconomic status	Low	39 (26.0)
	Medium	108 (72.0)
	High	3 (2.0)
Total		150 (100.0)

Table 2: The pregnancy-related characteristics of the participants

Variables		N. (%)
Gravida	Primigravida	12 (8.0)
	Multigravida	138 (92.0)
History of Abortion (n=138)	Yes	54 (39.1)
	No	84 (60.9)
Gestational age	1st trimester	6 (4.0)
	2nd trimester	27 (18.0)
	3rd trimester	117 (78.0)
Knowledge about the time of the 1st ANC	Yes	113 (75.3)
	No	37 (24.7)
Time of first ANC	Before 20 weeks	72 (48.0)
	After 20 weeks	78 (52.0)
Benefits of early ANC	To detect fetal malformations	56 (37.3)
	To get advice and medicine	57 (38.0)
	I don't know	42 (28.0)
ANC visits	Regular	41 (27.3)
	Irregular	109 (72.7)
Complications of previous pregnancy N=138	Yes	55 (39.9)
	No	83 (60.1)

Table 3: The causes of current pregnancy complications

Variable		No. (%)
Complications in the current pregnancy	Yes	56 (37.3)
	No	94 (62.7)
Anemia		40 (26.7)
Stillbirths		5 (3.3)
Miscarriage		3 (2.0)
Gestational diabetes		12 (8.0)
Preeclampsia		15 (10.0)
APH		18 (12.0)
Placenta previa		13 (8.7)
UTIS		32 (21.3)
Hyper emesis gravidarum		20 (13.3)

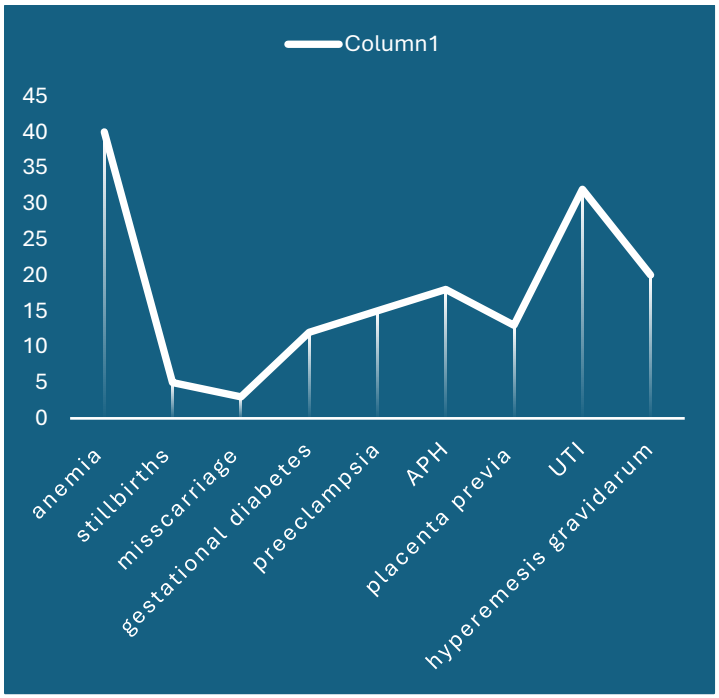

Figure 1: The percentage of current pregnancy complications

Table 4: The association between pregnancy complications and women's sociodemographic characteristics

Variables		Had complication	No complication	p-value
Mothers age	<20	2 (3.7)	7 (7.4)	0.004
	20-29	15 (26.7)	48 (51.1)	
	30-39	29 (51.7)	37 (39.4)	
	>40	10 (17.9)	2 (2.1)	
Residency	Rural	15 (26.8)	7 (7.4)	0.002
	Urban	41 (73.2)	87 (92.6)	
Mothers Educational level	Illiterate	10 (17.9)	5 (5.4)	0.001
	Primary	30 (53.6)	24 (25.5)	
	Secondary	7 (12.5)	41 (43.6)	
	Higher education	9 (16.0)	24 (25.5)	
Mothers occupation	Housewives	49 (87.5)	68 (72.3)	0.03
	Employed	7 (12.5)	26 (27.7)	
Husbands age	<20	4 (7.1)	6 (6.4)	0.772
	20-29	20 (35.7)	41 (43.6)	
	30-39	22 (39.3)	30 (31.9)	
	>40	10 (17.9)	17 (18.1)	
Husband educational level	Illiterate	8 (14.2)	1 (1.1)	0.001
	Primary	28(50.0)	14 (14.9)	
	Secondary	10 (17.9)	50 (53.1)	
	Higher education	10 (17.9)	29 (30.9)	
Husband occupation	Self-employed	36 (64.3)	51 (54.3)	0.228
	Employed	20 (35.7)	43 (45.7)	
Socioeconomic status	Low	29 (51.8)	10 (10.6)	0.001
	Medium	27 (48.2)	81 (86.2)	
	High	0 (0.0)	3 (3.2)	

Table 5: The association between pregnancy complications and pregnancy-related factors

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Variables		Had complication	No complication	p-value
Gravida	Primigravida	2 (3.6)	10 (10.6)	0.122
	Multigravida	54 (96.4)	84 (89.4)	
History of Abortion (N=138)	Yes	41 (75.9)	16 (19.1)	0.001
	No	13 (24.1)	68 (80.9)	
Gestational age	1st trimester	2 (3.6)	4 (4.3)	0.694
	2nd trimester	12 (21.4)	15 (15.9)	
	3rd trimester	42 (75.0)	75 (79.8)	
Knowledge about the time of the 1st ANC	Yes	36 (64.3)	77 (81.9)	0.015
	No	20 (35.7)	17 (18.1)	
Time of first ANC	Before 20 weeks	40 (71.4)	32 (43.1)	0.001
	After 20 weeks	16 (28.6)	62 (65.9)	
ANC visits	Regular	19 (33.9)	22 (23.4)	0.161
	Irregular	37 (66.1)	72 (76.6)	
Complications of previous pregnancy (n=138)	Yes	40 (74.1)	15 (17.9)	0.001
	No	14 (25.9)	69 (82.1)	