DOI.10.7860/JCDR/2026/91947.24279 Abstract No.: 13

Assess the High Risk and Danger Signs of Pregnancy among Antenatal Mothers of Selected Community Health Centres of Ambala District with View to Develop Need Based Educational Booklet: A Pilot Study

SHAMSUN NISA[1], POOJA JASWAL[2], JYOTI SARIN[3]

ABSTRACT

Introduction: Pregnancy is an important phase in a woman's life associated with various physiological and psychological changes. Some pregnancies become high-risk due to medical, obstetrical, or social factors, which may adversely affect the health of the mother and fetus. Lack of awareness regarding danger signs during pregnancy can delay timely healthcare seeking and increase maternal and neonatal complications. Therefore, early identification of high-risk pregnancy and recognition of warning signs are essential for ensuring safe motherhood.

Aim: To assess high-risk pregnancy and danger signs of pregnancy, determine their relationship, evaluate the feasibility and practicability of conducting the final study, and develop a need-based educational booklet on high-risk pregnancy and danger signs of pregnancy.

Materials and Methods: A quantitative non-experimental descriptive research design was adopted for the pilot study. The study was conducted among 20 antenatal mothers residing in selected community areas of Ambala, Haryana using convenience sampling technique. Structured tools including demographic profile, high-risk pregnancy assessment checklist, and danger signs assessment checklist were used for data collection. Total 50 antenatal mothers were assessed; out of 50 mothers 20 mothers lie in high-risk pregnancy. Based on power analysis and pilot study findings, the final sample size for the main study was estimated to be 296 antenatal mothers. The need-based educational booklet included information regarding the meaning and risk factors of high-risk pregnancy, common danger signs during pregnancy, importance of regular antenatal check-ups, balanced nutrition, personal hygiene, and adherence to Iron Folic Acid (IFA) and calcium supplementation. It also emphasised healthy lifestyle practices, prevention of pregnancy complications, institutional delivery, emergency preparedness, and timely healthcare seeking behaviour. The booklet was prepared in simple language with illustrations to enhance understanding and awareness among antenatal mothers.

Results: Most mothers 19 (95%) had regular antenatal check-ups and were taking IFA and calcium supplements. Regarding high-risk pregnancy factors, severe anemia was identified among 11 (57.9%) mothers, oedema or raised blood pressure among 10 (52.6%), history of preterm or low birth weight baby among 10 (52.6%), gestational hypertension or pre-eclampsia among 8 (42.1%), and previous caesarean section among 7 (36.8%) mothers. Among danger signs during the second trimester, persistent back pain or pelvic pressure was reported by 16 (80%) mothers, pain in upper abdomen or shoulder by 13 (65%), blurred vision by 11 (55%), and severe headache by 9 (45%) mothers. During the third trimester, persistent back pain or pelvic pressure was reported by 13 (65%) mothers, shortness of breath or chest pain by 10 (50%), pain in upper abdomen or shoulder by 10 (50%), and severe abdominal pain or cramping by 9 (45%) mothers. The pilot study findings demonstrated that the proposed methodology and tools were suitable and feasible for conducting the final study on a larger sample.

Conclusion: The study findings revealed that a considerable number of antenatal mothers were experiencing high-risk conditions and pregnancy danger signs, indicating the urgent need for improved awareness and early identification of complications during pregnancy. Overall, the study highlighted the importance of community-based maternal health education in promoting safer pregnancy outcomes and strengthening maternal and fetal well-being.

Keywords: Feasibility, High-risk pregnancy, Iron folic acid.

PARTICULARS OF CONTRIBUTORS:
1. Student M.Sc. Nursing, Maharishi Markandeshwar College of Nursing, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.
2. Associate Professor, Maharishi Markandeshwar College of Nursing, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.
3. Principal cum Professor, Maharishi Markandeshwar College of Nursing, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:
Pooja Jaswal,
Associate Professor, Maharishi Markandeshwar College of Nursing, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala-133207, Haryana, India.
Email: poojajaswalmmcn@mmummullana.org