

## RESEARCH PAPER

# Knowledge of pregnancy danger signs and associated factors among pregnant women attending antenatal care services in Basrah city

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### Abstract

**Background:** Pregnancy is a natural condition that can predispose to several physiological and psychological changes in the anticipated mothers. However normal pregnancy may face the risk of sudden, unexpected complications that may end up in death or harm to the mother or her unborn child.

**Objectives:** To assess the knowledge of pregnancy danger signs among pregnant women attending antenatal care services in Basrah city and factors affecting such knowledge.

**Method:** The present study is a cross-sectional study carried out in four primary health care centres in Basrah city. The study involves 385 pregnant women aged 15 years and older attending the selected primary health care centres during the study period. A special questionnaire form was designed for the purpose of the study.

**Results:** Majority of the women had heard about pregnancy danger signs (53.2%), approximately half of them had obtained this information from a health-care provider with a considerable percentage of women who thought that it is important to know such information (86%). The knowledge level was poor in (45%) of women with a nearly similar percentage (44%) who exhibited good knowledge toward these signs. The most commonly recognized danger sign was vaginal bleeding followed by severe abdominal pain and reduced or absent fetal movement. Severe headache, weakness, swollen hands, face and feet and high-grade fever were mentioned by (32.7%, 31.9%, 17.9% and 7.5%) of women, respectively.

**Conclusion:** knowledge level was poor in (45%) of women. However, a nearly similar percentage (44%) had a good knowledge about these signs. Most commonly recognized danger sign was vaginal bleeding followed by severe abdominal pain and reduced or absent fetal movement.

**Keywords:** Danger sign, pregnancy, knowledge

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### Introduction

Maternal health is one of the major public health concerns all over the world and lays a strong foundation to the health of the nation in general.<sup>1</sup> According to the World health organization (WHO), an estimated number of 295,000 women died globally during and following pregnancy and childbirth in 2017 alone. The vast majority of these deaths (94%)

took place in low-resource settings, and most could have been prevented.<sup>2</sup> Direct obstetrical complications like hemorrhage, sepsis, pregnancy hypertensive disorders, obstructed and prolonged labor, and unsafe abortion were the leading causes that accounted for nearly 75% of these deaths. The reminder was related to or caused by infections such as malaria, chronic conditions like heart disease or diabetes.<sup>3</sup> Every pregnant woman faces the risk of sudden, unexpected complications that may end up in death or harm to herself or her unborn child. Therefore, it is necessary to implement strategies to overcome such problems as they arise.<sup>4</sup> Maternal mortality in countries with limited

resources has been attributed to three delays (the three delays model): delay in deciding to seek appropriate care, delay in identifying and reaching appropriate health facility, and delay in receiving adequate emergency care at the facility.<sup>5</sup> The first delay has been linked to family and community-related factors, such as the woman's socio-economic status, her awareness of pregnancy danger signs, her perception of the seriousness of illness, her perception of the physical distance to the medical facility, the potential cost of medical care and her prior experience with the health system.<sup>6</sup> Among all, the main reason for first delay is lack of awareness about pregnancy danger signs among the mothers and community to decide to seek care.<sup>7</sup> The danger signs of pregnancy are defined as the signs that a pregnant woman may see, or those symptoms that she may experience, which endangers her pregnancy.<sup>8</sup> These warning signs usually indicate the presence of an obstetric complication that could arise during pregnancy, delivery or post-delivery.<sup>9</sup> They are not the actual obstetrical complications but rather symptoms that the mother and nonclinical personnel can easily identify.<sup>10</sup> They include vaginal bleeding, convulsions, severe headache with blurred vision, severe abdominal pain, swelling of fingers, face and legs, fever, reduced or absent fetal movement, feeling too weak to get out of bed and difficulty of breathing.<sup>11</sup> Knowing these danger signs will help women to make the right decisions and seek appropriate healthcare. Ultimately, seeking appropriate healthcare means receiving immediate and appropriate care, which reduces maternal mortality and morbidity. Therefore, when women visit an ANC clinic, they should receive health education about pregnancy including outcomes, danger signs during pregnancy, nutrition and family planning, as well as other services.<sup>12</sup> Communities and individuals

should be empowered not only to identify the dangers associated with pregnancy, but also to respond quickly and effectively when these warning signs appear.<sup>13</sup>

### **Objectives:**

1. To assess the knowledge of pregnancy danger signs among pregnant women attending antenatal care services in Basrah city.
2. To identify the factors that affect the knowledge of these danger signs.

### **Justification:**

In Basrah, a city where maternal mortality still imposes a burden on the health system and the community, little is known about the current knowledge level and the associated factors. Thus, this study is conducted to assess the current knowledge of pregnancy danger signs and associated factors among pregnant women attending ANC services in Basrah.

### **Method**

This study is a facility based cross-sectional study carried out in four primary health care centres in Basrah city during 12 months. The study population involved pregnant women aged 15 years and older, attending antenatal care at the selected primary health care centres during four-month period, regardless of their gestational age. By simple random sampling method, one primary health care centre was selected from each of the three health sectors serving Basrah city centre, and one primary health care centre was selected from Shatt Al Arab health sector serving one of Basrah districts. The selected centres are serving population of different socioeconomic classes, so, they may be representative of all other health centres in Basrah city. The data collection phase involved all pregnant women aged 15 years and older who were attending antenatal care at these

centres on one selected day per week over four months period extending from the beginning of January to the beginning of May, 2022. Accordingly, 385 pregnant women (100 from Intifadhat- Al Aqsa, 100 from Al-Jumhooria, 95 from Al -Bradeya and 90 from Nahar Hassan) were included in the study. A special questionnaire form was designed for the purpose of the study.

**The questionnaire comprised four sections:**

1. Socio-demographic characteristics related to the studied population such as respondent’s age, level of education, occupation, husband’s education, family monthly income and socioeconomic status.

2. Obstetrical characteristics of the respondents including number of pregnancies, number of deliveries and abortions.

3. The obstetrical characteristics of women related to their last pregnancy, for women who had a previous pregnancy (primigravida were excluded) such as type and place of last delivery, whether women had experienced complications in their last pregnancy and antenatal care attendance.

4. Knowledge of women about pregnancy danger signs. Women were asked if they had heard of pregnancy danger signs, the source where they got their information, also whether they thought it was important for pregnant women to be aware of the pregnancy danger signs.

**Results**

**Sociodemographic characteristics of the studied sample**

A total of 385 females were interviewed in this study. 36.4% of them were between 20-24 years of age. Thirty-five percent (35%) of women had only primary education (Table-1).

**Table 1. Sociodemographic characteristics of the studied sample**

Variables		No.	%
Age (years)	< 20	36	9.4
	20-24	140	36.4
	25-29	89	23.1
	30-34	67	17.4
	≥ 35	53	13.7
Residence	Rural	91	23.6
	Urban	294	76.4
Women’s Education	Illiterate	27	7.0
	Primary	135	35.1
	Intermediate	47	12.2
	Secondary	67	17.4
	University and higher education	109	28.3
Women’s Occupation	Housewife	289	75.1
	Employed	83	21.6
	Student	13	3.4
Husbands education	Illiterate	32	8.3
	Primary	116	30.1
	Intermediate	49	12.7
	Secondary	75	19.5
	University and higher education	113	29.4
	4-6	180	46.8
	➤ 7	158	41.0
Socioeconomic status	Low	218	56.6
	Intermediate	145	37.7
	High	22	5.7
Total		<b>385</b>	<b>100.0</b>

**Distribution of women according to their obstetrical characteristics**

About (53.8%) of women were of gravida (2-4), and only (17.7%) were primigravida. While 40.3% of women had a parity of (2-4) as detailed in (Table-2).

**Table 2. Distribution of women according to their Obstetrical characteristics.**

Variables		No.	%
Gravidity	1	68	17.7
	2-4	207	53.8
	≥ 5	110	28.6
Parity	0	68	17.7
	1	115	29.9
	2-4	155	40.3
	≥ 5	47	12.2
Abortions	None	257	66.8
	1	91	23.6
	2	23	6.0
	≥ 4	4	1.0

### The level of knowledge about the danger signs of pregnancy

Forty-four percent of women had good knowledge. 10.4% of them had no knowledge.

**Table 3.** The level of knowledge about the danger signs among the studied population

Level of knowledge	No.	%
No knowledge	40	10.4
Poor knowledge	174	45.2
Good knowledge	171	44.4

### Distribution of women's knowledge about the danger signs.

Vaginal bleeding and severe abdominal pain were the most commonly recognized danger signs as mentioned by (82.6 and 79.0%) of women, respectively (Table-4).

**Table 4.** Distribution of women's knowledge about the danger signs.

The danger signs	No.	%
Vaginal bleeding	318	82.6
Convulsion or fit	4	1.0
Severe headache with blurred vision	126	32.7
Severe abdominal pain	304	79.0
High-grade fever	29	7.5
Swelling of face, hands, and feet	69	17.9
Reduced or absent fetal movement	213	55.3
Too weak to get out of bed	123	31.9
Fast or difficult breathing	23	6.0

### The relationship between sociodemographic characteristics of women and knowledge of danger signs.

There is a significant association between knowledge and sociodemographic characteristics.

**Table 5.** The relationship between sociodemographic characteristics and knowledge of danger signs

Variables	Level of knowledge			P-value		
	No.	Poor	Good	Total		
Age (years)	<20	5 (13.9)	25 (69.4)	6 (16.7)	36(100.0)	0.001
	20-24	11 (7.9)	72 (51.4)	57 (40.7)	140(100.0)	
	25-29	8(9.0)	24(27.0)	57 (64.0)	89(100.0)	
	30-34	11 (16.4)	25 (37.3)	31 (46.3)	67(100.0)	
	≥35	5 (9.4)	28(52.8)	20 (37.7)	53(100.0)	
Residence	Rural	22 (24.2)	48 (52.7)	21 (23.1)	91(100.0)	0.001
	Urban	18 (6.1)	126 (42.9)	150(51.0)	294(100.0)	
Women's Education	Illiterate	11 (40.7)	15 (55.6)	1 (3.7)	27(100.0)	0.001
	Primary	22(16.3)	79 (58.5)	34(25.2)	135(100.0)	
	Intermediate	5(10.6)	26 (55.3)	16 (34.0)	47(100.0)	
	Secondary	2(3.0)	38(56.7)	27 (40.3)	67(100.0)	
	University and higher education	0 (0.0)	16 (14.7)	93 (85.3)	109(100.0)	
Women's occupation	Housewife	39 (13.5)	153 (52.9)	97(33.6)	289(100.0)	0.001
	Employed	0 (0.0)	19 (22.9)	64 (77.1)	83(100.0)	
	Student	1(7.7)	2(15.4)	10(76.9)	13(100.0)	
Husbands' education	Illiterate	9 (28.1)	19 (59.4)	4 (12.5)	32(100.0)	0.001
	Primary	13(11.2)	69 (59.5)	34(29.3)	116(100.0)	
	Intermediate	10(20.4)	26(53.1)	13 (26.5)	49(100.0)	
	Secondary	6(8.0)	38(50.7)	31 (41.3)	75(100.0)	
	University and higher education	2 (1.8)	22(19.5)	89 (78.8)	113(100.0)	
Socioeconomic status	Low	38 (17.4)	132(60.0)	48 (22.0)	218(100.0)	0.001
	Intermediate	2(1.4)	40(27.6)	103(71.0)	145(100.0)	
	High	0 (0.0)	2(9.1)	20(90.9)	22(100.0)	
Media exposure	Not at all	33 (40.2)	48 (58.5)	1 (1.2)	82(100.0)	0.001
	At least once a week	5(4.2)	94 (79.0)	20(16.8)	119(100.0)	
	More than once a week	2(1.1)	32 (17.4)	150 (81.5)	184(100.0)	
<b>Total</b>		40 (10.4)	174 (45.2)	171 (44.4)	385 (100.0)	

**The association between obstetrical characteristics of women and knowledge of danger signs.**

There's a significant association between gravidity and parity with the level of knowledge.

**Table 6.** the association between obstetrical characteristics of women and knowledge on danger signs

Variables		Level of knowledge				P-value
		No.	Poor	Good	Total	
Gravidity	1	4 (5.9)	35 (51.5)	29 (42.6)	68	0.027
	2-4	19(9.2)	83(40.1)	105(50.7)	207	
	≥ 5	17 (15.5)	55 (50.0)	38(34.5)	110	
Parity	0	4 (5.9)	36(52.9)	2 (41.2)	68	0.003
	1	68 (7.0)	49(42.6)	58(50.4)	115	
	2-4	15 (9.7)	72 (46.5)	68(43.9)	155	
	≥ 5	13 (27.7)	17(36.2)	17(36.2)	47	
Abortions	None	23(8.9)	114(44.4)	120(46.7)	257	0.095
	1	14 (15.4)	39(42.9)	38(41.8)	91	
	2	1 (4.3)	14(60.9)	8(34.8)	23	
	3	2(20.0)	2 (20.0)	6 (60.0)	10	
	≥ 4	0(0.0)	4(100.0)	0(0.0)	4	

**The relationship between obstetrical characteristics of the last pregnancy and knowledge of danger signs.**

The place of last delivery had a significant association with the knowledge level (p = 0.001). The booking visit within 14<sup>th</sup> to 17<sup>th</sup> week of gestation was associated with the highest percentage of good knowledge (51.9%).

**Table 7.** The relationship between obstetrical characteristics of last pregnancy and knowledge of danger signs

Variables		Level of knowledge				P-value
		No.	Poor	Good	Total	
Mode of last delivery (n=317)	NVD	27 (12.9)	90 (42.9)	93(44.3)	210(100.0)	0.464
	CS	9 (9.4)	44(45.8)	43 (44.8)	96(100.0)	
	Induction of delivery	0 (0.0)	4 (36.4)	7(63.6)	11(100.0)	
Place of last delivery (n=317)	Home	13 (46.4)	11(39.3)	4(14.3)	28 (100.0)	0.001
	Governmental hospital	22(10.6)	112(53.8)	74(35.6)	208(100.0)	
	Private hospital	1(1.2)	15 (18.5)	65(80.3)	81(100.0)	
complication during the last pregnancy (n=317)	Yes	8 (9.1)	37(42.0)	43(48.9)	88 (100.0)	0.418
	No	28(12.2)	101(44.1)	100(43.7)	229 (100.0)	
ANC attendance (in last pregnancy) (n=317)	Yes	29(10.1)	125 (43.6)	133(46.3)	287 (100.0)	0.074
	No	7(23.3)	13(43.3)	10(33.4)	30(100.0)	
Gestational age at booking visit (n=287)	Within 14 <sup>th</sup> -17 <sup>th</sup> week	16 (7.4)	88(40.7)	112 (51.9)	216(100.0)	0.004
	>17 <sup>th</sup> week	13 (18.3)	37 (52.1)	21(29.6)	71(100.0)	
Number of visits (n=287)	One	3 (13.6)	10(45.5)	9 (40.9)	22(100.0)	0.001
	2-3	20 (18.2)	61 (55.5)	29(26.4)	110(100.0)	
	4 and above	6(3.9)	54 (34.8)	95 (61.3)	155(100.0)	

**Discussion**

Essentially, all women in underdeveloped countries face obstetric complications. Medical and nursing management for women with obstetric complications begins with the recognition of danger signs, because lack of knowledge about the danger signs of obstetric complications frequently delays decision-making for seeking health care services. This delay may result in tragic outcomes in which women die at home or in their way to the health facility.<sup>14</sup> Findings of this study showed that about forty-five percent (45%) of the women exhibited poor knowledge regarding danger signs of pregnancy, this finding is in agreement with studies by Teng SP et al., 2015 in Malaysia<sup>15</sup> and Ebrahim et al., 2017 in Egypt,<sup>16</sup> they reported that women generally had low or poor level of knowledge.

The percentage of pregnant women with good knowledge of pregnancy danger signs was forty-four which is high compared to the study previously conducted in Iraq, in Baghdad city in 2017,<sup>14</sup> which revealed that less than ten percent of women had an acceptable or good level of knowledge. The most commonly recognized danger sign in this study was vaginal bleeding which was mentioned by 83% of women followed by severe abdominal pain and reduced or absent fetal movement with a percentage of (79% and 55.3%) for each, respectively. Older age groups had a better chance of knowing the pregnancy danger signs than those aged 15-19 years as a reference ( $P = 0.001$ ). Similar finding was found in a study done by Teng SP et al., 2015 in Malaysia<sup>15</sup> while different finding was found in a study conducted in in southeast Nigeria,<sup>17</sup> where younger women were more knowledgeable about these signs. Also, a statistically significant association was present between maternal education and knowledge of pregnancy danger signs ( $P < 0.05$ ). These results go in the same line with Eittah H, 2017 in Egypt.<sup>18</sup> Similarly husband educational status was another predictor of knowledge of pregnancy danger signs; this finding was in line with a study conducted in Jordan<sup>19</sup> where respondents who had well-educated husbands were more aware of the signs of danger during pregnancy. The employed and student mothers in this study had a higher knowledge level compared to women who are housewives, a study in Egypt by Eittah H, 2017<sup>18</sup> revealed similar results, whereas a study in Ethiopia by Hailu and Berhe, 2014<sup>20</sup> had shown no significant association with knowledge. Another factor found to play a role in women's knowledge in this study was the socioeconomic status; approximately ninety percent of those with high socioeconomic status had a good level knowledge, a similar finding

was reported in Nigeria by Doctor et al, 2013.<sup>21</sup> The analysis also found that women who get more frequent exposure to media had a better knowledge. This finding is in line with the findings of a previous study conducted in Africa in 2019, which confirms that media exposure is the best tool for increasing knowledge.<sup>22</sup> Regarding obstetric characteristics, the present study finding revealed that there's a significant association between gravidity and parity and the level of knowledge, Parallel with the present study finding is a study conducted by Kheamy et al., 2017 in Saudi Arabia.<sup>23</sup> In contrast to these results, a different result was found by Abas AA, Fakhredeen E, 2017 in Baghdad<sup>14</sup> where no statistical significant association between pregnant women's knowledge and reproductive characteristics was found. Regarding experiences in the last pregnancy, the place of delivery had a significant association with the knowledge level; this is consistent with khaemy et al., 2017 in Saudi Arabia <sup>23</sup> and Zaki A, Fouad S, 2021 in Egypt.<sup>24</sup>

**Conclusion,** the knowledge level was poor in (45%) of women; however, a nearly similar percentage (44%) had a good knowledge about these signs. The most commonly recognized danger sign was vaginal bleeding followed by severe abdominal pain and reduced or absent fetal movement. The least recognized signs were difficult breathing and convulsions or fit. Fitting an educational message about danger sign within the health education activities of primary health care centres is highly recommended.

#### **Conflicts of interest**

The authors declare no conflict of interest in this study.

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## معرفة علامات خطر الحمل والعوامل المرتبطة بها بين النساء الحوامل اللواتي يحضرن خدمات الرعاية السابقة للولادة في مدينة البصرة

**الخلفية:** الحمل حالة طبيعية يمكن أن تؤهب للعديد من التغيرات الفسيولوجية والنفسية للأمهات المنتظرات. مع ذلك، فإن الحمل الطبيعي قد يواجه خطر حدوث مضاعفات مفاجئة وغير متوقعة قد تؤدي إلى الوفاة أو الإضرار بالألم أو طفلها الذي لم يولد بعد.

**الأهداف:** تقييم المعرفة بعلامات خطر الحمل بين النساء الحوامل اللواتي يترددن على خدمات الرعاية السابقة للولادة في مدينة البصرة والعوامل التي تؤثر على هذه المعرفة.

**الطريقة:** الدراسة الحالية عبارة عن دراسة مقطعية أجريت في أربعة مراكز للرعاية الصحية الأولية في مدينة البصرة. اشتملت الدراسة على ٣٨٥ امرأة حامل تتراوح أعمارهن بين ١٥ سنة وما فوق في مراكز الرعاية الصحية الأولية المختارة خلال فترة الدراسة. تم تصميم استمارة استبيان خاصة لغرض الدراسة لجمع البيانات ذات الصلة.

**النتائج:** سمعت غالبية النساء عن علامات خطر الحمل (٥٣,٢٪)، وحصل نصفهن تقريباً على هذه المعلومات من مقدم رعاية صحية مع نسبة كبيرة من النساء اللواتي اعتقدن أنه من المهم معرفة هذه المعلومات (٨٦٪). كان مستوى المعرفة ضعيفاً لدى (٤٥٪) من النساء مع نسبة مماثلة تقريباً (٤٤٪) أظهرن معرفة جيدة تجاه هذه العلامات. كانت علامة الخطر الأكثر شيوعاً هي النزيف المهبلي يليه ألم شديد في البطن وانخفاض أو غياب حركة الجنين. الصداع الشديد والضعف وانتفاخ اليدين والوجه والقدمين والحمى الشديدة تم ذكرها لدى (٣٢,٧٪، ٣١,٩٪، ٧,٩٪، ٧,٥٪) من النساء على التوالي.

**الخلاصة:** كان مستوى المعرفة ضعيفاً لدى (٤٥٪) من النساء. ومع ذلك، فإن نسبة مماثلة تقريباً (٤٤٪) لديها معرفة جيدة بهذه العلامات. كانت علامات الخطر الأكثر شيوعاً هي النزيف المهبلي يليه ألم شديد في البطن وانخفاض أو غياب حركة الجنين.

**الكلمات المفتاحية:** علامة الخطر، الحمل، المعرفة