Effect of Parity on Birth Weight of Neonate

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ABSTRACT

This field of study focuses on the multi-para pregnants and their effect on the size of a New born babies , after the exposure of pregnant to several internal and external factors affect the size and nature of the child.

Objective: this study was designed to identify risk factors for low birth Weight Neonate.

Methodology: A descriptive study (cross-sectional design) had been done on pregnant on Low Birth Weight Neonate, starting from the 17th June2013 to 14th April 2014. Non –Probability (purposive) sample of (160) pregnant women , the ages range between (15-45) years . Most of the samples Previously diagnosed for at least (2)month Low Weight Neonate. They visited the care centers for pregnants women. The data were collected through the use of semi-constructed questionnaire, which consists of two parts; (1) Socio demographic data previous history (2) Reproductive characteristic, Reliability of the questionnaires are determined through a pilot study and the validity through a panel of (10) experts. The data were described statistically and analyzed through the use of the descriptive and inferential statistical analysis procedures.

Results : The findings of the present study indicate that the Low Weight Neonate affected by the obstetrical history. The maximal effect presented by the premature baby , and type of delivery. There is no significant association of Reproductive characteristic with Demographic, age, education level, Occupation and Consanguinity . But high significant to previous premature baby ,type of delivery and receiving antenatal care during pregnancy **.**

Recommends: Regular and proper prenatal care provided in the health centers and through home visiting. develop a special programs in the radio, television magazines , newspaper concerning pregnancy and prenatal care specially to school age girls using interesting teaching aids such as pictures diagrams …etc. taking in consideration the public's income and level of education.

Keywords: Birth Weight Neonate, Parity, descriptive statistical methods, Data collection
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INTRODUCTION

Birth weight is an important indicator of a population's health and is associated with numerous interrelating factors [1] in the infant, mother, and physical environment [2,4].(Moraes′ Anaelena(et,.al 2003)Low birth weight and prematurity are the principal determinants of prenatal mortality, and low birth weight infants are more vulnerable to the impact of environmental and social conditions [1,3].Worldwide, more than 20 million low birth weight infants are born every year, the equivalent of 17% of all births in developing countries, more than double the rate in industrialized countries (7%) [3,5]

Result

Table(1):distribution of the study sample according to demographic characteristics

Variables Age group(years)	NO	Frequency
15-19	2	1.3
20-24	30	18.8
25-29	50	31.3
30-34	38	23.8
40-44	38	23.8
45>	2	1.3
Total	160	100.0
level of education	NO	Percent
Primary school graduate	100	125
Intermediate school graduate	22	13.8
Secondary school graduate	20	12.5
Institution graduate	18	11.8
Total	160	100.0
Occupation of pregnant women		Percent
Housewife	138	86.3
Non Housewife	22	13.8
Total	160	100.0
Consanguinity	No	Percent
No	104	35.0
Yes	56	65.0
Total	160	100.0

Table (1) Show that according to age of the study sample, the highest percentage (31.3%)of the study sample at age group .

Table (2): distribution of the study sample according reproductive characteristics..

Variable Gravidity	Frequency	Percent%	
3	30	18.6	
4	46	28.7	
5	34	21.3	
6	24	15.0	
7	12	7.5	
8	4	2.5	
9	8	5.0	
10	2	1.3	
Total	160	100.0	
Variable Parity	**No**	**Percent%**	
2	22	13.8	
3	38	23.8	
4	54	33.8	
5	32	20.0	
6	2	1.3	
7	8	5.0	
8	4	2.5	
Total	160	100.0	
Variable No. of abortion	**NO**	**Percent%**	
0	64	40	
1	60	37.5	
2	24	15.0	
3	6	3.8	
4	4	2.5	
5	3	1.3	
Total	160	100.0	
Variable No.of dead child	**During pregnancy**		**After delivery**	
	No.	%	No.	%
0	116	72.5	112	70.0
1	42	26.3	47	28.7
2	2	1.3	2	1.3
Total	80	100.0	80	100.0

We see in **Table (2)** there was a significant proportion of children and abortion high percentage of deaths during childbirth.

Table (3)distribution of the study sample according to obstetrical history.

Variable No.of previous premature baby	No.	%
None	70	43.5
1	90	56.3
No. of previous low birth weight baby	NO	%
None	62	38.8
1	98	61.3
Type of deliveries		
Cesarean Section	116	72.5
Normal vaginal delivery	12	7.5
Cesarean section/vaginal delivery	32	20.0
Conception interval between each pregnancy	NO	%
>2Years	98	60.3
<2Years	62	40.3
Total	160	100

See **Table (3)** In the previous Marital pregnancy there was a proportion of premature babies and the percentage of children from low-birth weight majority of birth was a caesarean section had a few period between pregnancy and another was not to exceed two years.

Table (4): distribution of the study sample according to receiving antenatal care during current pregnancy.

Variable	NO.	%
Yes	42	26.3
No	118	73.8
Total	160	100

In **Table (4)** with respect to a pregnant mother to receive pre-natal health care, the largest sample indicate that most of the mothers did not have access to health care before pregnancy due to several factors, including the economic and cultural level of the expectant mother.

Table (5)distribution of the study sample according to current baby's characteristics.

gestational age(months)	NO.	%
7	44	55
8	62	77.6
9	34	67.6
	80	100.0
SEX	NO	%
Boys	100	125
Girls	60	75
Total	80	100.0
Weight of baby at time of delivery in grams		
1000-1400	40	50.0
1500-1900	68	85
2000-2500	52	65
	160	100.0
NO .of babies for each pregnancy	NO.	%
Single	122	76.3
Twin	38	23.8
	160	100.0

Table (5) with respect to the characteristics of the child was the highest percentage of baby boomers may have completed the eighth month of pregnancy, the baby boomers who are male and their weight ranging between 1500-1900gm

Table (6): distribution of the study sample according to the complications that occurred   during current pregnancy.

NO.	NO	%
No	82	51.2
Yes	78	48.8
Total	100	100.0

Table (6) In this table complication rate was less than half of the sample a little of this shows that the child completed the period of pregnancy and there were no complications.

Discussion

demographic data include age, the present study revealed that the highest percentage (31.3%)of study sample were at age group (25-29) years respectively as shown in table (1) maternal and prenatal health is influenced socio demographic factors including age [11,9,4] and related Level of education The finding of this study shows that more their half of the study sample were graduated from primary school which considered low education level as shown in table(1) level of education effect up their health awareness and health attitudes [11,12] the study sample were 69% house wife (unemployed), about this result effect on number of pregnant the female, related consanguinity Half of the study sample were relative to their husbands as shown in table(1)25% yes .,[14,17]Concerning gravidity the highest percentage (28.7%) of The study sample their gravidity were one pregnancy and five and more pregnancies respectively as shown in table low birth weight increased with gravidity., about the parity The finding shown that more than one third of the study sample have four child respectively , supportive and consistent with [12,3,5] Two third of the study sample did not have previous abortion table (2) while(40.0%)of study Sample have previous abortion because low

percentage of abortion increase multi Parity., Regarding previous infertility most (87.5%) of the study fertile while (12.5%) of their had a history of infertility table (2) ,[13,1,2]stated that past history of infertility is risk for low birth weight., Number of dead children we see in this study and of the number of deaths of children during pregnancy rate was not high and represented 26.3% of the sample size for I if we compare the mortality rate during pregnancy [20,19]with the mortality rate after birth note that the percentage is very high sample size where it was increased by 70.0% the size of sample and we see the high that this result is due lack of awareness among mothers Review hospitals and private pre-natal period .,number of premature babies ,The finding of this study showed that(43.5%)of the study sample had not premature baby ,while (56.3)of them had premature baby this result give high present of premature because short period between each conception according to table(3).,and Two third of study sample had previously low birth weight babies, while(61.3%)of then had one low birth weight babies because low of nutrition mother intake that effect on growth of baby .,according type of delivery study sample had normal vaginal deliveries. while(7.5%)of them had two third

cesarean section(72.5%) absent pain and complication of operation and normal vaginal delivery that all cause essential to multi Parity .,and concerning interval between each pregnancy The finding of this study showed that percentage(40%)of the study sample had two years interval between each pregnancy, while(40%)of them had two years interval between each pregnancy table(3) because short period that cause multi pregnant. ,Receiving antenatal care during current pregnancy The highest percentage(73.8%)of study sample had receiving antenatal during current pregnancy while of them were not receiving any care during current pregnancy ,table(4) low of care during pregnant period effect on size and growth baby, but we can show that highest percentage of study sample are receiving antenatal care during current pregnancy that cause the Increase the proportion of health awareness among some women[16,1,3], especially from the uneducated as well as increasing the proportion of returning to the increase of health centers in the region. and regarding the table distribution of the study sample according to current baby's characteristics , In this table, we are possible to see the proportion of births were Caesarean deliveries, the highest and reliable reason that some women to not take enough time in the process of labor as well as pain are not

trained in advance to prepare for the birth process, and also we see in this table were the highest proportion of births of children have completed a period of pregnancy, which was more a sample of births are male, but the proportion of 42% are less than normal, knowing that most of the respondents were single births were not twins due the fact that multiple births the mother did not take sufficient rest,.[18,8] and In this table, we can see that half of the sample did not occur to them complications during pregnancy and the reason for that is the mother of knowledge complications of pregnancy and the risks resulting from some complication rate was so taken by high caution is the main reason for obtaining the ratio of the sample

Conclusion

Although the data showed a significant to previous premature baby ,type of delivery and receiving antenatal care during pregnancy, But effect presented by the premature baby , and type of delivery, according to result most samples were unemployed (housewives) ,level of education that effect on number of delivery, was effect on pregnant number of abortion ,that cause low birth of neonatal and mother, according to the result was complication after delivery this complication raise rate of death, There was a high rate of Caesarean

deliveries, which in turn affect the size of the newborn,

RECOMMENDATION

1-Regular and proper prenatal care provided in the health centers and through home visiting.

2-develop a special program in the radio, television, magazine &newspaper concerning pregnancy and prenatal care specially to school age girls using interesting teaching aids such as pictures diagrams …etc. taking in consideration the public's income and level of education.

3-Improving food intake of people is very vital one this role should defined and clarified by the nursing authorities.

4-a follow-up system can created initiated and presented through the primary health care center of the health care delivery system during the period for checking up antenatal .

5-Teaching programs to the pregnant women to be self-monitoring for the purpose of early detection of any problems during antenatal period to seek medical care to save their pregnancy .

6- Open health care centers concerned with the affairs of pregnant women and follow-up complications

7-Increase health awareness among pregnant mothers, especially women with first pregnancy

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الخلاصة

ركزت الدراسة على مدى تاثير الام متعددة الولادات على اوزان الاطفال حديثي الولادة.

هدف ألدراسة: التعرف على المخاطر المؤثرة ولادة طفل حديث الولادة .

منهجية البحث:دراسة وصفية طبقت على الامهات متعددات الولادة ,بدات الدراسة في 2013/6/17 ولغاية 2014/4/14 كانت عينة احتمالية (الهادفة) حجم العينة (160)من الامهات الحوامل ,كان معدل العمر مابين (15-45)سنة اغلب العينة شخصت قبل شهرين ماقبل الولادة الطفل في وحدات العناية بالأمهات الحوامل ,جمعت العينة من خلال اسئلة استبيانيه ركزت على محورين المعلومات الديمغرافية ,والخصائص الولادة , فيما يتعلّق بمصداقية الاسئلة اخذت (10)عينات لغرض اجراء المصداقية عليها خلال استخدام التحليل الاحصائي الوصفي ألاستنتاجي .

النتيجة:اظهرت النتائج ان وزن الطفل يتاثر بالولادات السابقة ,حيث كان التأثير مؤثرا على ولادة الاطفال الخدج ونوع الولادة , لا يوجد أي اقتران هام للخصائص الإنجابية مع الديمغرافية، العمر مستوى ألتعليم ألمهنة والقرابة ,لكن هنالك نسبة عالية من الاقتران لطبيعة نوع الولادة والولادات الاطفال الذين تلقوا رعاية خلال فترة الحمل.

التوصيات:توصي الدراسة تنظيم ودعم الزيارات للمراكز الصحية ,والزيارات الى المنازل,وتفعيل دور صحة ألمجتمع . وضع برنامج خاص في الإذاعة والتلفزيون او مجلة وصحيفة بشأن الحمل، والرعاية خصوصا للفتيات في سن المدرسة حيث تدرس الامور الهامة ذات العلاقة بالصحة عن طريق استخدام الصور الخ ، مع الأخذ في الاعتبار مستوى التعليم.