

Study of Parity in Normal and Intrauterine Growth Retardation(IUGR) Pregnancies

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Abstract

Background and Purpose: The purpose of the study is to compare the Parity level in normal and IUGR pregnancies

Material and Methods- Research study, Department of Anatomy, R.N.T. Medical College, Udaipur. 100 control and 100 IUGR Pregnancies

Result- In normal Pregnancies maximum patients studied were primigravidas , some patients were para three, in this group, Primigravida 62 multigravida38 , but in IUGR cases 50 females were Primigravida and 50 were multigravida ,**Conclusion-** In our study age is not statistically significant factor causing IUGR ,**Conclusion:** Primigravida were more prone for normal Pregnancies .

Keyword: Parity, Intrauterine Growth Retardation.

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I. Introduction

Intrauterine growth retardation (IUGR) is associated with smaller than normal placenta and there is increased prenatal morbidity and mortality¹

Regulation of fetal growth is multifactorial and complex. Diverse factors, including intrinsic fetal conditions as well as maternal and environmental factors, can lead to intrauterine growth restriction (IUGR). A multi disciplinary approach is imperative, including early recognition and obstetrical management of IUGR, assessment of the growth-restricted newborn in the delivery room, possible monitoring in the neonatal intensive care unit, and appropriate pediatric follow-up. Future research is necessary to establish effective preventive, diagnostic, and therapeutic strategies for IUGR, perhaps affecting the health of future generations.²

Fetal growth depends on the proper development and function of the placenta , which serves to maintain maternofetal interference for the exchange of blood gases, nutrients, and waste³

II. Material And Method

The study of Parity level in normal and Intrauterine Growth Retardation cases were carried out at R.N.T. Medical College & Hospital, Udaipur, two hundred women admitted and delivered in Mahila Chikitsalaya attached to R.N.T. Medical College, Udaipur. Cases taken were those admitted to the labour rooms of the hospital (either directly or through the antenatal wards).The cases were selectively studied from 1-7-13 to 1-4-14.All the cases were within the age group of 18-40 years, of average height and weight and includes both primigravida and multigravida. All the cases were free from any other systemic disease.

Group 1-Normal Pregnancy

100 patients included in this group, had a haemoglobin above 9 gms% and a normal urine analysis, not associated with any disease.

Group 2-IUGR Cases

100 cases of Idiopathic IUGR were included.

Study Location: Mahila Chikitsalaya attached to R.N.T. Medical College, Udaipur

Study Duration: from 1-7-13 to 1-4-14

Sample size: 200 patients

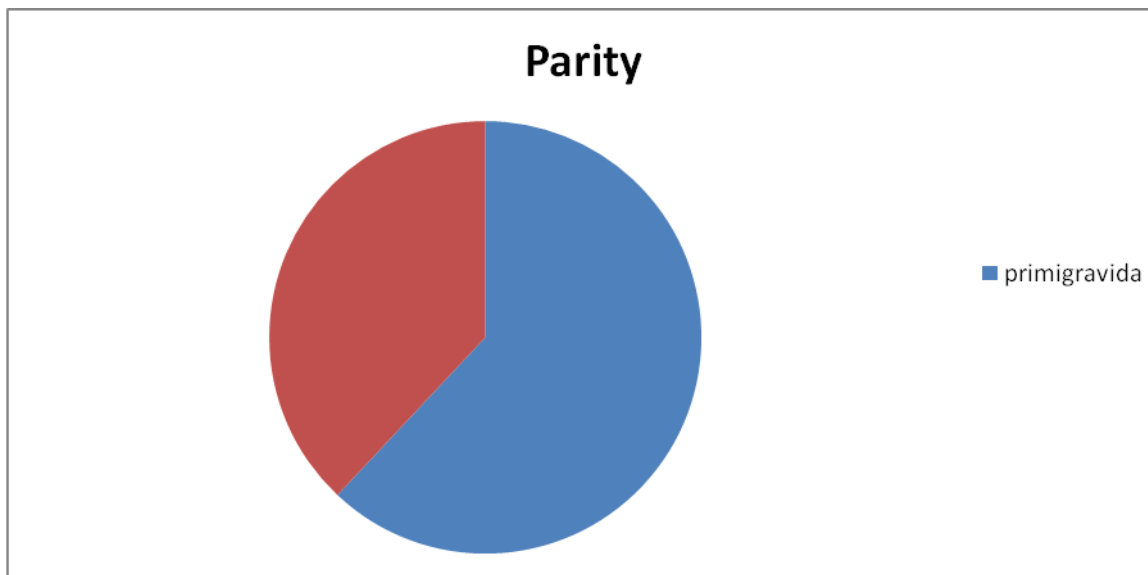
III. Result

PARITY-

Maximum number of normal patients studied were primigravidas, some patients were para three, in this group.

TABLE NO.1.5

PARITY	NO.OF PATIENTS
Primigravida	62
Multi gravid-	38



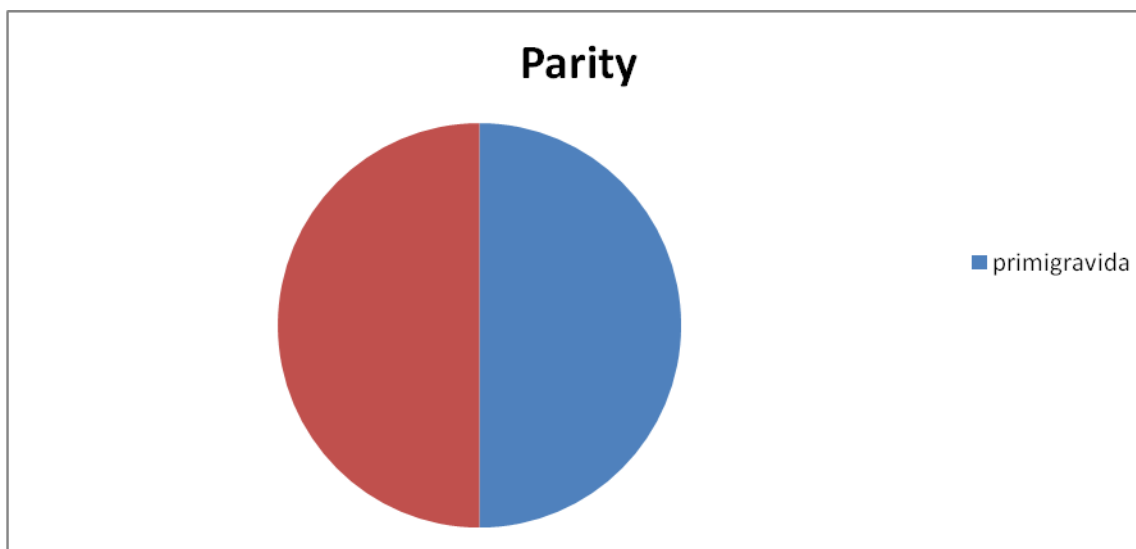
IUGR PLACENTA-

Total number of cases studied were 100 .

PARITY-

TABLE NO.2.5

PARITY	NO.OF PATIENTS
Primigravida	50
Multi gravida-	50



IV. Discussion

Jaya DS⁴ et al reported that the prevalence of low birth weight (LBW) was high (22.0%) among the mothers aged between 15 and 19 years irrelevant to parity level. There was a significant difference ($p < 0.001$) in the mean birth weight (BW) of term male and female babies but there was no significant differences in their parity level.

Hendrix N⁵ said that causes of IUGR can be subdivided into fetal and maternal etiologies. The maternal etiologies are categorized as maternal age, and Primipara or Multipara. Knowledge of the etiologies of fetal growth restriction is essential, so that future care can be targeted at prevention. There are several strategies that can be adopted. In our study maximum 62 females were Primigravida in normal Pregnancies but in IUGR cases 50 females were Primigravida and 50 females were Multi gravid

V. Conclusion

Primigravida were more prone for normal Pregnancies but in IUGR cases 50 females were Primigravida and 50 females were Multi gravid

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