

Risk Factors and Perinatal Outcome in Pregnancies with Bad Obstetric History: A Case-Control Study

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Abstract

Introduction: Bad obstetric history (BOH), characterized by recurrent adverse pregnancy outcomes, poses significant challenges in obstetric care and is associated with increased maternal and perinatal morbidity. This study aims to analyze risk factors and outcomes in pregnancies complicated by BOH compared to controls without such history.

Materials and Methods: A prospective observational case-control study was conducted over one year at Sri Devaraj URS Medical College. Twenty multigravida women with BOH (Group A) and 40 controls without BOH (Group B) were enrolled. Data on demographic variables, obstetric history, risk factors, and perinatal outcomes were collected and analyzed using appropriate statistical tests, with $p < 0.05$ considered significant.

Results: Group A had a higher mean maternal age (28.5 ± 2.7 years) compared to Group B (27.2 ± 2.5 years) ($p = 0.037$). Hypertension was significantly more prevalent in Group A (25%) versus Group B (7.5%) (OR = 4.0, $p = 0.009$). Preterm delivery (30% vs. 12.5%, OR = 3.0, $p = 0.038$), cesarean section rate (55% vs. 27.5%, OR = 4.1, $p = 0.012$), and NICU admissions (25% vs. 10%, OR = 3.2, $p = 0.027$) were significantly higher in the BOH group. Thyroid dysfunction and gestational diabetes mellitus were more frequent in Group A but not statistically significant. Perinatal mortality was higher in Group A (10%) compared to controls (2.5%) without statistical significance.

Discussion: Pregnancies with BOH are associated with increased maternal hypertension, preterm delivery, cesarean section, and neonatal morbidity. These findings highlight the multifactorial etiology of adverse outcomes in BOH pregnancies and underscore the importance of comprehensive risk assessment and vigilant antenatal care.

Conclusion: BOH significantly increases the risk of adverse maternal and perinatal outcomes. Early identification and targeted management of modifiable risk factors are essential to improve outcomes in this high-risk population.

Keywords

Bad obstetric history, maternal hypertension, preterm delivery, cesarean section, neonatal morbidity.