

## THE FACTORS INFLUENCING MISCARRIAGE: MOTHERS' PERSPECTIVE

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### INTRODUCTION

Miscarriage is the recommended medical term for pregnancy loss under the twenty weeks of gestation. The main cause of miscarriages was identified as fetal chromosomal anomalies (Campbell & Monga, 2003). According to Perera and Silva (2009) uterine infection and abnormalities, exposure to environmental or work place hazards, smoking, drinking alcohol, having uncontrolled diabetes, thyroid diseases, taking certain medications, severe malnutrition and advance maternal age are also other reasons for miscarriage.

From the moment of pregnancy is discovered, parents start to bond with the unborn fetus and plan the future. Therefore miscarriage may be an unexpected situation for parents. Most common problems related to woman who faced miscarriage are feeling of loss, less awareness and believing misconceptions (Brier, 1999).

Hence, the present study was carried out with the objectives of determine the factors influence to miscarriage; evaluate the existing knowledge level of mothers about miscarriage, attitudes and misconceptions regarding miscarriage among mothers who had pregnancy. It will help to avoid risk factors and ensure safe motherhood.

### METHODOLOGY

The study was conducted at gynecological wards of De Soysa Maternity Hospital for Women in Sri Lanka. The quantitative approach and descriptive design was used in this study as it describes the characteristics within a particular field of study, population or setting (Samitha, 2006). The female patients, who are treated in ward at De Soysa Hospital for Women for miscarriage during the month of September, 2011 were considered as target population and purposive sampling method was used to select participants for careful selection of mothers who had miscarriage. Sample size was 125.

Self developed questionnaire was used as the research tool for this study. The questionnaire was consisted of main three categories such as demography, underlying factors influencing miscarriage and misconceptions. Knowledge and attitudes towards each category were also evaluated. Questionnaires were distributed only by the researcher and gathered direct answers without referring other sources. All collected data were analyzed using SPSS software package and Microsoft Excel work sheets.

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**RESULTS AND DISCUSSION****Demographic data****Table 1: Miscarriage percentage regarding Age of mother and trimester of their pregnancy**

Characteristics	Number	Percentage (%)
<b>Age (Years)</b>		
18-29	22	18
30-35	29	23
35- 40	63	51
>40	9	7
<b>Trimester</b>		
First Trimester	118	95
Second Trimester	62	5

**Risk Factors**

Body Mass Index (B.M.I.) considered as measurement for the obesity of the mother and potential diseases were evaluated as risk factors.

**Table 2: Miscarriage percentage regarding different risk factors**

Characteristics	Number	Percentage (%)
<b>Body Mass Index (B.M.I.)</b>		
19-23	9	7
23-25	38	31
> 25	77	62
<b>Potential Diseases</b>		
Uncontrolled Diabetes	82	66
Incompetent cervix	22	17
Anti Phospholipids Syndrome	22	17

Obesity and uncontrolled diabetes were highlighted as risk factors in present study.

**Table 3: Knowledge, attitudes and misconceptions regarding miscarriage among participants**

Characteristics	Number	Percentage (%)
<b>Knowledge</b>		
Miscarriage is common pregnancy complication	10	8
Miscarriage is not common pregnancy complication	22	18
Unknown	92	74
<b>Attitude</b>		
Grief of the lost baby	125	100
Required partners support to overcome the situation	125	100
<b>Misconceptions (Believed)</b>		
Eating raw pineapple or papaw	75	60
Unfaithfulness of the god	25	20
Problems with the marriage	18	15
Genetic anomalies of the fetus	7	5

Out of total participants, 95% of miscarriages occurred at the first trimester of pregnancy (Table1) same as the findings of Burns and Grove (2007). The majority of the miscarriage occurred in late maternal age, over 35 years due to fetal chromosomal anomalies (Campbell &

Monga, 2003)

Sixty Two percent of mothers with miscarriage had over 25 of Body Mass Index. They expected a baby for more than two years and had a history of previous miscarriage (Table2). It was proven that the obesity is a risk factor for miscarriage (Metwally, 2007). Moreover uncontrolled diabetes directly influence on fetal anomalies and recurrent miscarriages (Regan, 1997). Same as the literature 66% of miscarriages occurred in mothers having uncontrolled diabetes (Table2). Incompetent cervix and Anti Phospholipids Syndrome recorded as similar contribution among potential diseases which lead to miscarriage (Table2).

According to the study findings, 74% participants were not aware of miscarriage, common factors that lead to miscarriage and main signs and symptoms of miscarriage (Table3). There was very poor knowledge about miscarriage even among women who passed the advance level and had higher education. Therefore poor attitudes and misconceptions among mothers are directly affected to their miscarriage in Sri Lanka. Present study further highlighted 100% participants expected their partner's support to overcome the situation of miscarriage (Table3). Because most of the women suffered from their lost pregnancy, psychological support is a crucial part of the health care team as well as the family to overcome the problem in miscarriage. Furthermore Brier (1999) highlighted that partner's support is an essential part of coping with the situation of miscarriage and avoid depression or anxiety. When consider about misconceptions, 60% of participants believed that eating raw pineapple or papaw can be leading to miscarriage (Table3).

#### CONCLUSIONS/RECOMMENDATIONS

Women more than 35 years and in the first trimester of their pregnancy were highly susceptible for miscarriage. Obesity and uncontrolled diabetes were identified as direct risk factors of miscarriage. Poor knowledge about miscarriages among mothers was highlighted and it is beneficial to organize health education sessions for mothers and women who faced miscarriages. Poor knowledge was further leading to negative attitudes and misconceptions. Most of the women suffered from their lost pregnancy and they totally expected partner's support to overcome the problem. Strong counseling programme for women after incidence of miscarriage is recommended. However, there are high potentials to perfect this study with further research studies by examining the perspectives of nurses, doctors and other related health care workers.

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