The reasons for the termination of pregnancies in the third trimester in Shahr-e-kord’s Hadjar hospital during 2005

Delaram M. (M.Sc.)1, Rahmani F. (M.Sc.)2, Ahmadi A. (Ph.D.)3.
1-Instructor, Department of Midwifery, Faculty of Nursing & Midwifery, Shahr-e-Kord University of Medical Science & Health Services, Shahr-e-Kord, Iran.
2-Instructor, Department of Anatomy, Faculty of Medicine, Shahr-e-Kord University of Medical Science & Health Services, Shahr-e-Kord, Iran.
3-Assistant Professor, Department of Biomedicine, Alzahra University, Tehran, Iran.

Abstract

Introduction: Observations show that the majority of pregnant women hospitalized in the third trimester of pregnancy, their pregnancies are terminated in the absence of any labor pain. Because of the importance of mother and baby health, this study was designed to assess the reasons for these terminations in Hadjar’s University Hospital in Shahr-e-Kord.

Materials & Methods: In this descriptive and analytical study, 750 women who were hospitalized for the termination of pregnancy, were selected randomly and assessed in morning, evening and night shifts. A questionnaire and a check list were used for data collection. Hospital records, interviews with mothers, a vaginal exam and physical exam of infants were used to complete the form and the check list. Data were analized by SPSS software and t, Chi square tests were used and p<0.05 was considered significant.

Results: Based on the results, 298 (39.7%) of pregnancies were terminated for labor pain and 452 (60.3%) were terminated according to physicians’ advice or other health care providers’ without presence of labor pain. In the latter group, 23.2% of pregnancies were terminated for a history of previous cesarean section, elective cesarean sections, reduction of fetal movements, post-term pregnancies, maternal hypertension, placenta previa, placenta abruption or oligohydramnios. The mean Bishop score for induction was greater in women whose pregnancies were terminated for labor pain than those terminated according to physicians’ or any other health care providers’ advice (df=541, p<0.001). The correlation between Bishop score and mode of delivery was significant and in women whose Bishop score was less than 5, cesarean section was higher (df=20, p<0.001). After the elimination of previous and elective cesarean sections, the correlation between the causes of terminations and mode of delivery was significant and most hospitalized women terminated their pregnancies, by cesarean section without presence of labor pain (df=16, p<0.001), although in this group the mean gestational age based on LMP and sonography was greater than those with labor pain (t= 3.7, df= 311, p<0.001). There were no significant differences in the weight of infants in the two groups.

Conclusion: Taking the exact information in prenatal cares about the gestational age, carrying out a sonography in the first 26 weeks of pregnancy, educating pregnant women about the time of hospitalization for the termination of pregnancy and complications of early hospitalization, forming a specialty committee to decide on the termination of pregnancies in hospitals and setting practice guidelines in this regard, are efforts to prevent early termination of pregnancies.

Key Words: Termination of pregnancy, Third trimester, Cesarean section, Delivery, High risk pregnancy.

Corresponding Author: Masoumeh Delaram, Department of Midwifery, Faculty of Nursing & Midwifery, Shahr-e-Kord University of Medical Science & Health Services, Rahmatieh, Shahr-e-Kord, Iran.
E-mail: mdelaram@skums.ac.ir