



---

## A RISE IN ADULT PREGNANCIES, ABORTION, CHILDBIRTH, AND PERINATAL CARE IN DELHI DESPITE ADVANCEMENTS IN CONTRACEPTION

Aparna K.N<sup>1</sup>, Dr. Khemchand<sup>2</sup>

Department of Nursing

<sup>1,2</sup>Shri Venkateshwara University, Uttar Pradesh, (India)

### Abstract.

The period between conception and the age of two years is critical for a child's proper growth and development. Inadequate diet and lifestyle among reproductive-age women as well as throughout gestation may have severe repercussions for birth outcomes as well as the newborn's survival, health, and growth. The environment of induced miscarriages has changed drastically during the previous few decades. According to latest estimates, 15.6 million miscarriages were performed in India in 2015, with nearly 22% of them occurring in health institutions and 11.5 million (73%) occurring outside of them. In India, miscarriages constituted with 1/3rd of all conceptions in 2015, according to the WHO (2015) study, with nearly half of all pregnancy being unplanned. Pregnant women at both ends of the reproductive age spectrum (under 20 and beyond 35) are considered high-risk. However, the study's objective is to determine the number of adult pregnancy, miscarriages, childbirth, and perinatal care that has grown in Delhi despite important advances in contraception. A total of 200 patients were assessed over a 12-month period in a Delhi hospital from January 2016 to January 2016 as part of a prospective cohort study. The study revealed that despite advancements in contraception, miscarriages, childbirth, perinatal care, and infant therapy and the number of adult pregnancy has increased and where 72 people agreed, 69 people strongly agreed, 39 people disagreed, and 20 people severely disagreed. This research is important because comprehensive miscarriages care services must be offered at multiple levels of the wellness system in order to promote safe miscarriages access. Not only would this relieve women of the stress of terrible miscarriages, but it would also decrease late miscarriages number.

**Keywords:** Pregnancy, contraception, miscarriages, childbirth, Delhi



---

## INTRODUCTION

The environment of induced miscarriages has altered substantially during the previous several decades. This research includes the most up-to-date information on the worldwide occurrence of miscarriages, as well as the regulations which regulate miscarriages as well as their delivery care. This also focuses at the issue of unwanted pregnancies, their relation to miscarriages, or an effect both were on couples and women those are growingly looking for smaller families with greater control over the birth dates of their children. In years 2010–2014, poor nations had 36 miscarriages per 1,000 women aged 15–44, compared to 27 in developed countries. The rate of miscarriages in affluent nations has declined considerably during 1990–1994, while there has been no discernible change in impoverished countries. (1)

The time between conception and 2 years of age is the vital a chance of children's optimum development and growth. Among reproductive-age women and throughout childbirth, poor diet and health may have serious consequences; have a severe effect on the outcomes of birth as well as the survival, health, and growth of the newborn. In South Delhi, India, in a factorial experiment, an individually randomized controlled experiment is being conducted low- to middle-income urban and peri-urban neighbourhoods (9). The cornerstone of adult health and productivity is adequate kid development and growth, which seems to be the critical step toward reaching the Sustainable Development Goals (SDGs). The first 1000 days of life, or from conception to two years of age, are thought to be crucial for optimal growth and brain development [6]. Because the causes of poor growth (stunting) and neurodevelopment, such as insufficient nutrition, frequent illnesses, and sub-optimal care, are comparable throughout this period, In the 1<sup>st</sup> 2 years of life, neurodevelopment and linear growth were closely intertwined. [7]. Birth weight, birth size, gestational age seems to be all important factors in early life growth and development. Low birth weight (LBW) seems to be a determinant for early childhood linear growth as well as Stunting and impaired cognitive development are caused by an important risk factor, additionally, contributing significantly to death. It is caused by Preterm birth & intrauterine growth restrictions are also possible outcomes.



---

## **Terriblemiscarriages**

The majority of terriblemiscarriages (97%) took place in underdeveloped nations across Africa, Asia, and Latin America (2). According to recent estimates, 15.6 million miscarriages were conducted in India in 2015, with around 22% being administered throughhospitals and clinics and 11.5 million people (73%) are taking medicine miscarriagescarried conducted outside of a hospital. According to WHO (2015) report, miscarriagesaccounting for a third of the total gestation in India in 2015, with almost half of all gestation being unplanned (3). According to a 2015 report by the Ministry of Health and Family Welfare that cites data from studies conducted between 2001 and 2004, more than half of all miscarriages in India are terrible, and 10 Indian women die every day as a result of terriblemiscarriages.

In India, the terms of miscarriages have been liberalized with the President's consent to a modified law on March 25, 2016. Women in India are questioned about their miscarriages experiences in some surveys, however direct questioning to women are known to result in significant under-reporting due to stigma (4). This knowledge vacuum not only hampered the government's capacity to establish reproductive health policies and programmes, but it also weakened global estimates of miscarriages rates.

## **Fetomaternal outcome in Extremes of Reproductive Age**

High-risk categories include pregnant women at both ends of the reproductive age spectrum (under 20 years and over 35 years old). Spontaneousmiscarriages, Diabetes, hypertensive diseases, autosomal trisomy's, grow neonatal & mother morbidity or death, as well as caesarean sections are all common issues in pregnant women over 35 years old in India. Preterm labour, Anemia, UTI, pre-eclampsia, as well as caesarean sections, premature delivery, and premature birth are also commonor development newborns' retardation affectsgestation in the 18-year-old age range.

However, the study's goal is to determine the number of adult pregnancy that have increased in Delhi despite major advancement in contraception, miscarriages, childbirth, perinatal care, and infant therapy among the sample size of 200 patients.



---

## MATERIAL AND METHODS

From January 2016 to January 2016, a prospective study was conducted at a Delhi hospital. Data was obtained and followed up on primigravidas in each group who visited the outpatient and inpatient departments at random. Only participants who willingly volunteered were invited to take part in the survey, and informed consent procedures were followed. Among 200 patients (N = 200), In the 5 years prior to the survey, information for any woman between the ages of 15 and 49 marriage status who had aborted its previous gestation through forced miscarriages have been included in the study. An independent result ascertainment team collects data on the outcomes. With prior consent, data was obtained from patient case records at the Medical Records Department.

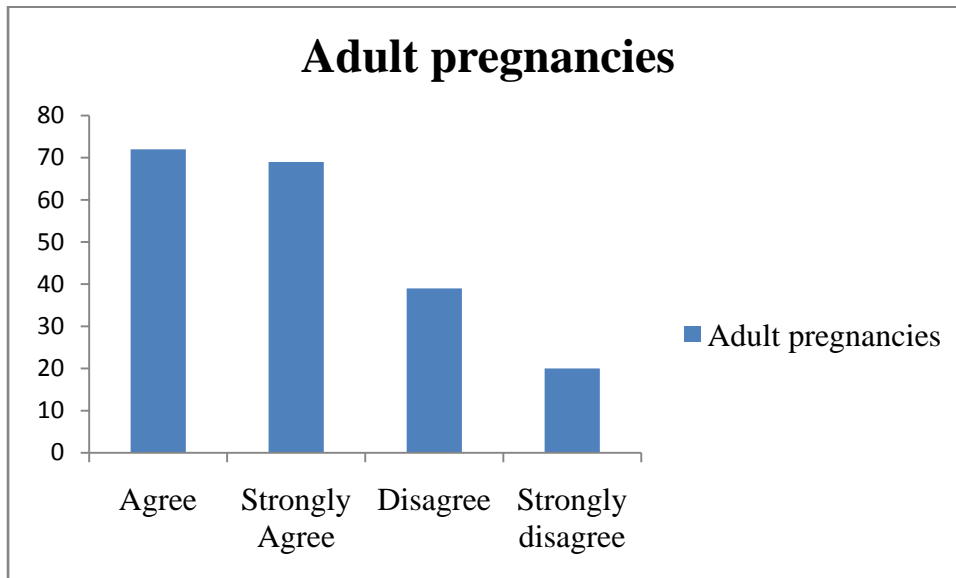
## RESULTS

The quantitative tests were completed with SPSS 15.0, an all-around perceived factual programming application. Diagrams and tables were generated with Microsoft Word and Microsoft Excel.

Opinion	No. of respondent
Agree	72
Strongly Agree	69
Disagree	39
Strongly Disagree	20

**Table 1:** Adult pregnancy have grown despite breakthroughs in contraception, miscarriages, childbirth, perinatal care, and infant therapy

Above table1, describesthe Adult gestation have grown due to breakthroughs in contraception, miscarriages, childbirth, perinatal care, and infant therapy, 72 respondents agreed, 69 respondents strongly agreed, 39 respondents disagreed and 20 respondents strongly disagreed.

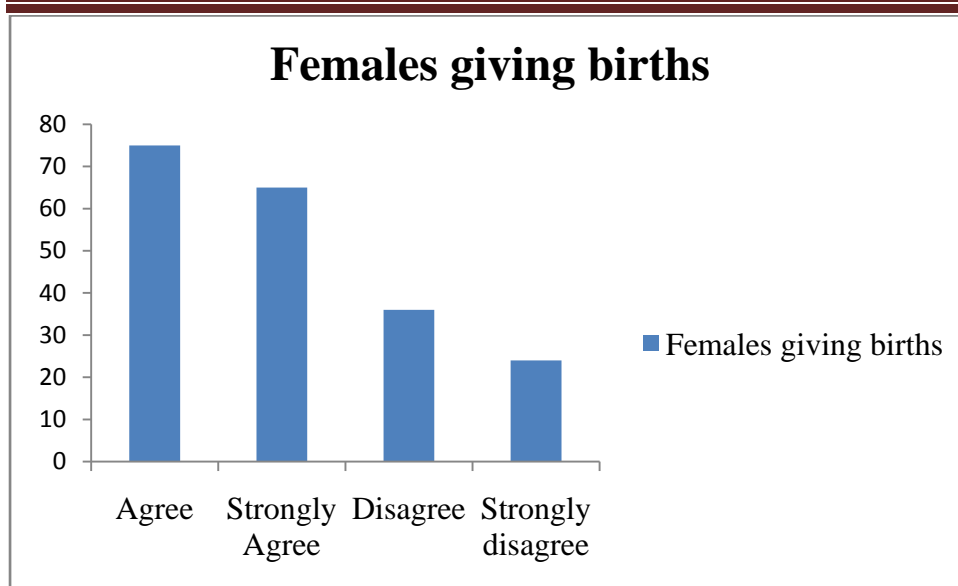


**Figure 2:** Adult pregnancy have grown despite breakthroughs in contraception, miscarriages, childbirth, perinatal care, and infant therapy

Opinion	No. of respondent
Agree	75
Strongly Agree	65
Disagree	36
Strongly Disagree	24

**Table 2:** The maternal age has increased of the females giving birthwith major comorbidities.

Above table 2, describeth the number of females giving birth increases with maternal age, as does the frequency of females giving birth with major comorbidities, 75 respondents agreed, 65 respondents strongly agreed, 36 respondents disagreed and 24 respondents strongly disagreed.

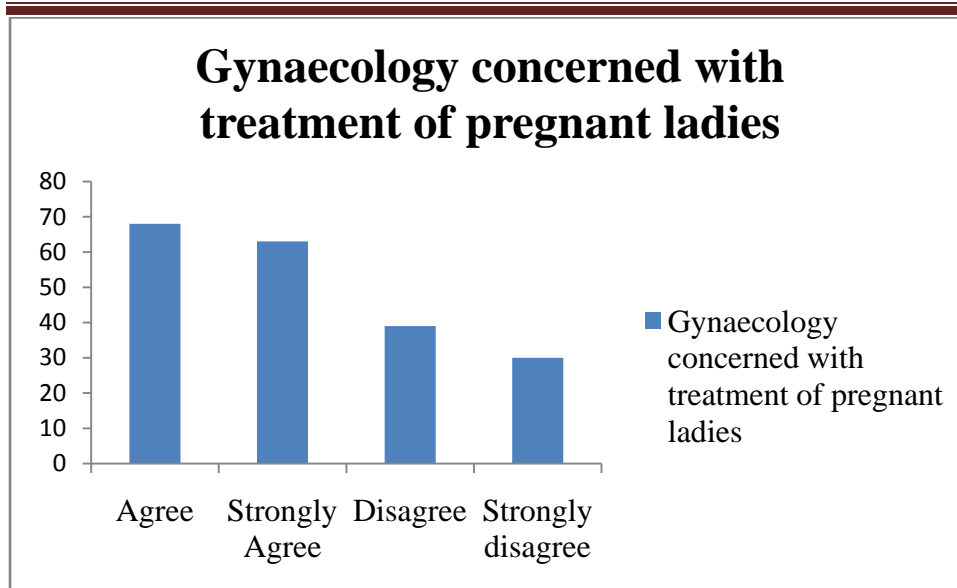


**Figure 2:** The maternal age has increased of females giving birth with major comorbidities.

Opinion	No. of respondent
Agree	68
Strongly Agree	63
Disagree	39
Strongly Disagree	30

**Table 3:** Gynecology is concerned well with treatment of pregnant ladies.

Above table 3, describe Gynecology that is concerned well with treatment of pregnant ladies, their newborn babies, labour and delivering, or the post - natal care. 68 respondents agreed, 63 respondents strongly agreed, 39 respondents disagreed and 30 respondents strongly disagreed.



**Figure3:** Gynecology is concerned well with treatment of pregnant women.

## DISCUSSION

According to a study conducted in Delhi (5), safe miscarriages services are available through the public healthcare system. The first was held in December 2015 to gather comments on the study's scope, objectives, and methodologies. In February and March 2016, another round of expert discussions was held to collect input on the report's findings. Finally, we have referred to pregnant people as pregnant ladies in various places of this study (and where relevant, girls). We know that miscarriages restrictions can have profoundly negative consequences not only for women, but also for transgender males and non-binary people who have the ability to become pregnant. While the law specifies certain grounds under which women may obtain miscarriages, the study found that due to wide variations in how these grounds are interpreted, as well as the law's absolute discretion granted to service providers, access to safe miscarriages services is frequently based on factors that have little to do with the law or the pregnant woman's health or rights. At the same time, a surprise finding was that even when clinicians are personally opposed to providing miscarriages services owing to the stigma associated with the procedure, they feel compelled by law to do so. A development which may be obtained if major elements that are well-known impede The development and



---

growth of children is covered jointly, peri-and Pre-conception through young infants are all parts of a spectrum, according to Taneja S. (2016) study, was demonstrated. The findings contributed to a better knowledge of science and provided direction for nutrition programmes in low- and middle-income countries. The goal of this study was to determine the influence of an integrated intervention package administered during the pre- and peri-conception period, pregnancy, and the first 24 months of a child's life on birth outcomes, growth, and development.(9)

According to Kalaiselvi, P. (2016) of a Comparative study on Fetomaternal Outcome in Reproductive Age Extremes, pregnant women on each sidesof the reproductive age spectrum (under 20 years and over 35 years) have high risk. Spontaneousmiscarriages, Diabetes, hypertensive diseases, autosomal trisomy's, grow neonatal & mother morbidity or death, as well as caesarean sections are all common issues in pregnant women over 35 years old. Preterm labour, Anemia, UTI, pre-eclampsia, as well as caesarean sections, premature delivery, and premature birth are also commonor development newborns' retardation affect gestation in the 18-year-old age range. (10). However, in this study, the findings showed thatdespite advancements in contraception, miscarriages, delivery, perinatal care, and infant therapy,and the number of adult gestation has increased. 72 people said yes, 69 people said strongly yes, 39 people said no, and 20 people said strongly no.

## **CONCLUSION**

Due to the recent rise in number of adult pregnancies,abortion, childbirth, and perinatal care in Delhi, India despite advancements in contraception, family planners need to focus on contraceptive failure issues in more comprehensive manner.High-risk pregnancy groups include adolescent and older age groups. Gestation at adult age should be closely monitored with adequate maternal and foetal surveillance to obtain the best maternal and foetal outcomes. Women in Delhi, India prefer to get miscarriages from private wellness establishments rather than from government wellness establishments, and there was substantial socioeconomic, regional variance and demographic in where women sought miscarriages care. Currently, not all wellness workers in India are permitted to perform safe





miscarriages. It is critical to have comprehensive miscarriages care services available at various levels of the system of wellness in order to promote access to safe miscarriages. This would not only relieve women of the burden of terrible miscarriages, but it should also lower women percentage who have late miscarriages. Delays in reaching wellness facilities may be reduced if people were more informed of service availability.

## REFERENCES

1. Singh S, Remez L, Sedgh G, Kwok, L and Onda T (2015a) Miscarriages Worldwide 2017: Uneven Progress and Unequal Access Miscarriages Worldwide 2017: Uneven Progress and Unequal Access. URL: [https://www.guttmacher.org/sites/default/files/report\\_pdf/miscarriages-worldwide-2017.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/miscarriages-worldwide-2017.pdf) (accessed September, 2015).
2. WHO (2015) Preventing Terrible Miscarriages. WHO, Geneva.
3. Singh S, Shekhar C, Acharya R, Moore AM, Stillman M, Pradhan MR and Sundaram A (2015b) The incidence of miscarriages and unintended pregnancy in India, 2015. *The Lancet Global Health* 6(1), e111–e120
4. Singh, S., Shekhar, C., Acharya, R., Moore, A. M., Stillman, M., Pradhan, M. R., ... & Browne, A. (2015). The incidence of miscarriages and unintended pregnancy in India, 2015. *The Lancet Global Health*, 6(1), e111-e120.
5. Chandra, A., Shree, S., & Satish, M. S. M. (2016). Legal barriers to accessing safe miscarriages services in India: A fact finding study.
6. Cusick SE, Georgieff MK. The role of nutrition in brain development: the golden opportunity of the “first 1000 days”. *J Pediatr.* 2016;175:16–21. <https://doi.org/10.1016/j.jpeds.2016.05.013>.
7. de Onis M, Branca F. Childhood stunting: a global perspective. *Matern Child Nutr.* 2016;12(Suppl 1):12–26
8. Sudfeld CR, McCoy DC, Danaei G, Fink G, Ezzati M, Andrews KG, et al. Linear growth and child development in low- and middle-income countries: a meta-analysis. *Pediatrics.* 2015;135:e1266–75



- 
9. Taneja, S., Chowdhury, R., Dhabhai, N., Mazumder, S., Upadhyay, R. P., Sharma, S., ... & Bhandari, N. (2016). Impact of an integrated nutrition, health, water sanitation and hygiene, psychosocial care and support intervention package delivered during the pre-and peri-conception period and/or during pregnancy and early childhood on linear growth of infants in the first two years of life, birth outcomes and nutritional status of mothers: study protocol of a factorial, individually randomized controlled trial in India. *Trials*, 21(1), 1-18.
  10. Kalaiselvi, P. (2016). A Comparative study on Fetomaternal outcome in Extremes of Reproductive Age (Doctoral dissertation, Thanjavur Medical College, Thanjavur).