

Pregnancy Related Health Problems among Pregnant Women at Selected Hospital in Dhaka

Umme Salma^{1*}, Habibur Rahman², Meshkatul Ferdous³, Runu Chowdhury⁴

¹Lecturer, CRP Nursing College, CRP-Chapain, Savar, Dhaka-1343, Bangladesh

²Lecturer, CRP Nursing College, CRP-Chapain, Savar, Dhaka-1343, Bangladesh

³Lecturer, STS Nursing College, Banani, Dhaka-1213, Bangladesh

⁴Associate Professor, CRP Nursing College, CRP-Chapain, Savar, Dhaka-1343, Bangladesh

Abstract

Objectives: To identify the common pregnancy related health problems in different body region of pregnant women. To find out the gestational age when pregnancy related health problems arises more frequently. To determine about the frequency of treatment received by pregnant women for health problems. **Methodology:** Method of the study was a quantitative research model in the form of a prospective type survey and cross sectional study design was carried out in this study. The researcher used descriptive statistics in this research. **Results:** The participants 20 were in first trimester, 33 were in second trimester, and 27 were in third trimester of their pregnancy. Almost 21% of the participants were primigravida and rest 79% of the participants were multigravida in this study. The study result shows that a large number of participants 26.3% (24) complained of nausea, vomiting, hyperemesis gravidrum, morning sickness 40% (32) complained of back pain, 14.4% (13) complained of maternal bleeding, 11.5% (10) complained of abortion and 39.9% (30) complained oedema and rest of others had no complain, 33.8% (20) participants complained of hypertension, 11.5% (10) complain gestational diabetes, 26.7% (19) complain of pre-eclampsia, 12.8% (11) complain eclampsia, 9.2% (8) participants complain maternal sepsis and rest of others participants did not have complain during their pregnancy. Cross tabulation showed that the participants were complained of nausea, vomiting, hyperemesis gravidrum, & morning sickness, Back Pain, Maternal Bleeding, Abortion, & Oedema, Hypertension, Gestational diabetes, Pre-eclampsia, Eclampsia, Maternal Sepsis did not differ with age range of the participants. So, it happens those problems experience age with by ≤ 19 years, between 20-30 years & ≥ 30 years of all pregnant women during of pregnancy. **Conclusion:** In this study none of the participants received nursing care for pregnancy related health problems during pregnancy, so need raise awareness program for gynaecological nursing treatment and recommended for further study on pregnancy related postnatal complaints.

Key words: Pregnancy, health problems, gestational age, para, gravid, first trimester, second trimester, third trimester.

INTRODUCTON

National Health Portal of India, describe pregnancy as period from conception to birth. Pregnancy usually lasts 40 weeks, beginning from the first day of the women's last menstrual period and is divided into three trimesters, each lasting into three months. In the "Physiological changes in pregnancy", it has mentioned that during pregnancy the female body undergoes various changes anatomically and physiological changes to create a suitable environment for the fetus. The most obvious changes are the enlarged abdomen and increased body weight (Symonds, 2009).

Pregnancy may cause various complaints, predispose to injury, or alter the course of preexisting conditions Health problems such as headache, low back pain, anxiety, depression, urinary incontinence, and fecal incontinence may remain after childbirth. During normal pregnancy, that can alter appreciably criteria for disease diagnosis and treatment. Thus, the understanding of these pregnancy adaptations remains a major goal of obstetrics, and without such knowledge, it is almost impossible to understand the disease processes that can threaten women during pregnancy. The most common pregnancy-related health problems are postpartum haemorrhage, hypertensive disorders (including pre-eclampsia and eclampsia), sepsis, obstructive or prolonged labour, and spontaneous abortion. (Khan et al, 2009).

It is estimated that most of all women experiences some problem during pregnancy and at least 25% have temporarily disabling symptoms (Borg-Stein et al, 2009). 70% of all women suffer low back pain during pregnancy that, common health complaints during pregnancy include low back pain, pelvic pain, postpartum haemorrhage, hypertensive disorders (including pre-eclampsia and eclampsia), sepsis, obstructive or prolonged labour, and spontaneous abortion, incontinence etc. Obstetrics nursing can play a vital role in obstetrics. Most of the health problems that arise during pregnancy can be prevented and treated with treatment (Apple, 2011).

The population is becoming aware to understanding the benefits of exercise and a healthy lifestyle. It is important for the physician to understand the effects of exercise on the mother and her unborn child, thus many women wants to continue their exercise regimens throughout their pregnancies (Ireland & Ott, 2010).

Pregnant women with uncomplicated pregnancies should be encouraged to continue healthy lifestyle, nutritional food and engage in physical activities because pregnancy is not a state of confinement. As pregnancy is associated with profound anatomical and physiological changes so, proper nutrition and exercise may help to prevent complications associated with pregnancy (Apple, 2011).

In Western countries, women are increasingly demanding for the better quality of pregnancy and delivery and obstetric nursing is quite well established (Polden & Mantle, 2014). However in Bangladesh, obstetric nursing is a very new concept and is not well established.

OBJECTIVES

General Objective

- To find out common pregnancy related health problems arising among women during pregnancy period at selected hospitals in Dhaka.

Specific Objectives

- To identify the common pregnancy related health problems of pregnant women.
- To find out the gestational age when pregnancy related health problems arises more frequently.
- To determine about the frequency of treatment received by pregnant women for health problems.

METHODOLOGY

Study Design: The study was conducted by using cross sectional study design to meet the study objectives. Because the cross sectional study is the simplest variety of descriptive or observational epidemiological study that can be conducted on representative samples of a population. This design involved identifying group of people and then collecting the information that required when they use the particular service. Cross sectional studies gather information about the prevalence of health related states and conditions and measure the frequency of conditions and demonstrate associations. The researcher chose the quantitative cross sectional design to carry out the research aim and objectives because this design is appropriate if the issue is known about, relatively simple and unambiguous.

Study Site: The site of study was selected hospitals in Dhaka – Dhaka Medical College & Hospital (DMCH), Dhaka.

Study Population: The population all the pregnant women of Bangladesh were considered as the study population.

Data Collection Instruments and Tools: To collect data, the consent form, questionnaire form, pen, papers, files, calculator and laptop used as data collection tools.

Questionnaire: Data was collected using a questionnaire form. Questionnaire is a method of collecting information whereby subjects answer a set of questions usually predefined by the researcher. In this questionnaire form structured questions were included for collecting data from the participants. So the investigator reviewed some relevant previous studies questionnaires that help to design the questionnaire in order to identify important part of questions that needed to include. Close ended questions were selected to make the questionnaire. Questionnaire must be kept in short that the respondent would finish it. In this questionnaire researcher tried to keep the questions very easy, so that participants can understand to answer. Investigator collected data from questionnaire form and setup sequentially. The questions in the questionnaire are in two parts, one is about socio demographic information and another is directly related to pregnancy related health problems among the pregnant women.

Data management and analysis: The data was analyzed by 'Statistical Package for Social Science' (SPSS) version 20. The presentation was performed in SPSS and in Microsoft office Excel 2007. Every questionnaire was rechecked for missing information or unclear information. The raw data was ready for analysis in SPSS Descriptive Statistics & Chi Square test for association between age & trimester of pregnancy. Microsoft word excel was also used to present data using column and pie chart and data were coded and captured in Microsoft Excel, using an SPSS 20 version software program. The investigator collected the descriptive data and calculated as percentages and presented by using tables, bar and pie charts.

RESULTS

The aim of the study was to find out the common pregnancy related health problems experienced by pregnant women at selected hospitals in Dhaka. 80 participants were selected for the study.

Socio-demographic characteristics

Socio-demographic characteristics of the respondents include their age range, religion, educational qualification and occupation

Age range

The mean age of the participants in the study was 23.58(±). The majority of the respondents n=80 (88.9%) were in 18 to 30 years of age, n=6 (7.6%) were in ≤19 years of age, and n=5 (6.4%) were in ≥30 years of age in this study (Table- 1).

Age range	Number (percent)
≤ 19 years	6 (7.6)
20-30 years	69 (86)
≥ 30 years	5 (6.4)
Total	80 (100)

Table 1: Age range of the participants

Religion

Among 80 participants, majority of the respondent were Muslim n=57(71.3%), were Hindu n=15(18.8%), were Christian and n=8 (10%) were Buddhist participants has not found in this study.

Educational qualification

Majority of the respondent's (n= 80; 88.9%) completed Primary level followed by n=23 (28.8%), were completed their Secondary school certificate level (S.S.C) n=30 (37.5%), were completed higher secondary certificate level (H.S.C) n=21 (26.3%) were completed Degree or above certificate level n=6 (7.5%) in this study.

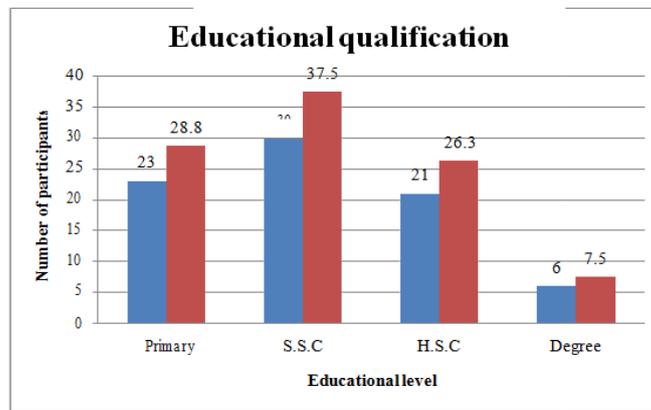


Figure 1: A chart showing number of educational qualification of the participants.

Occupation

Most of the respondents were housewife n=62 (77.5%) followed by service-holder n=18 (22.5%) in this study

Living area

Most of the respondents were rural n=50 (62%) and were urban n=30 (38%) in this study.

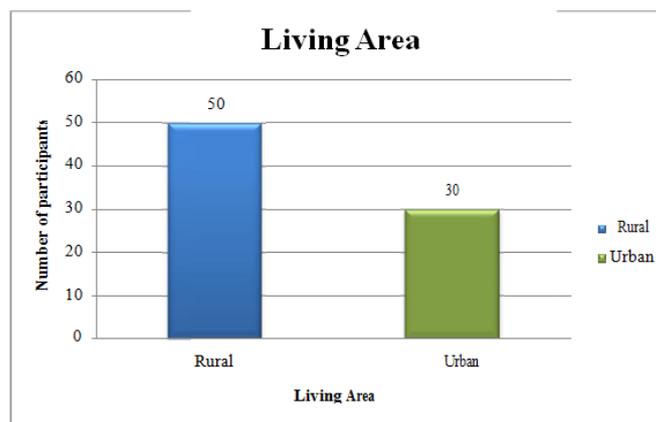


Figure 2: A chart showing percentage of living status of the participants.

Family Status

Most of the respondents were joint family n=21 (26%) and were nuclear family n=59 (74%) in this study.

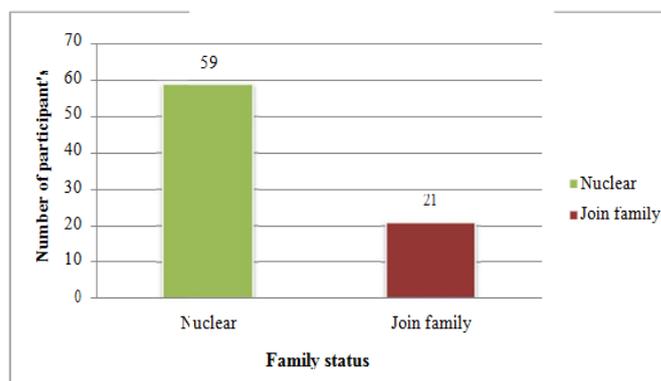


Figure 3: A chart showing percentage of family status of the participants.

Gestational age

Pregnant women of all trimester were selected for this study. Majority of the participants 25% (20) were in first trimester of their pregnancy, 41% (33) were in second trimester of their pregnancy, and 27% (34) were in third trimester of their pregnancy.

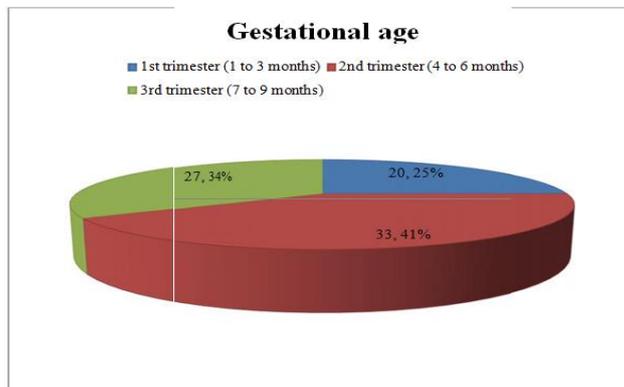


Figure 4: A pie chart showing percentage of gestational age of the participants.

Number of children

Sequential order of this child of the participants were first child in 21.3% (17) cases, second child in 51.3% (47) cases, third child in 20.0% (16) and more than three children in 7.5% (6) cases. That means almost 21.3% (17) participants were primigravida and rest of the 78.8% (63) participants were multigravida in this study.

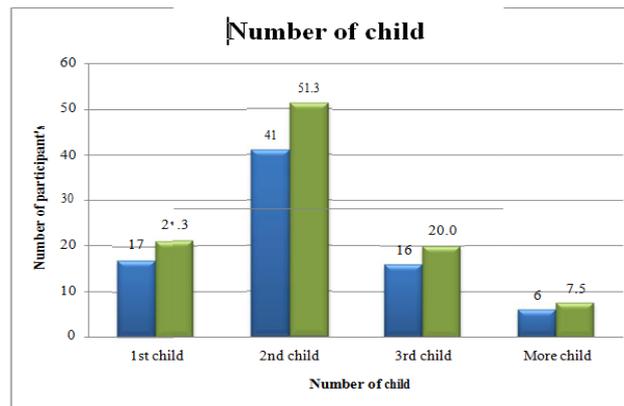


Figure 5: A column chart showing percentage of number the child participants

Common health problems arising among the pregnant women during prenatal period or First trimester

The study result showed that the most common health problems of pregnant women almost in (20) 25% cases of the participants had nausea, vomiting, hyperemesis gravidum, morning sickness during first trimester of pregnancy followed by nausea in 25% cases and rest 75% of the participants did not complained of it, vomiting was reported by 25% of the participants and 75% of the participants had not complained of it, hyperemesis gravidum complained by 20% of the participants and rest 80% of the participants did not complained of it, morning sickness complained by 25% of the participants and rest 75% did not complained of it, found as less common health problems of pregnancy almost in 25% cases and rest 75% of the participants had no health problems during first trimester of pregnancy in this study.

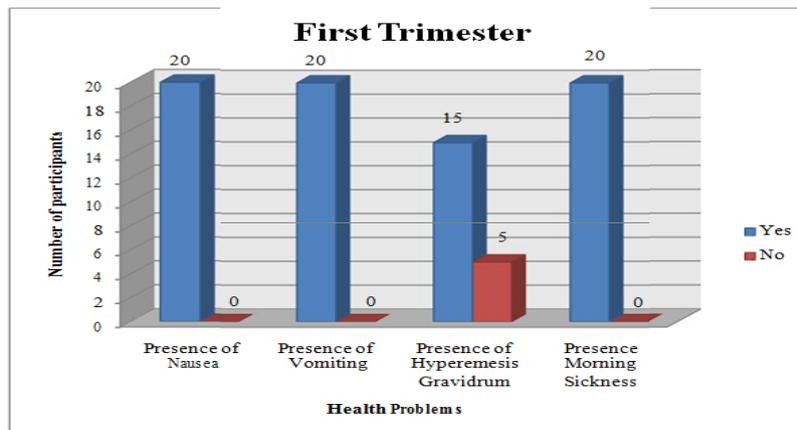


Figure 6: A column chart showing percentage of common health problems during first trimester of pregnancy of the participants

Table 2: Cross-tabulation between First trimester & Age

Crosstab				Pearson Chi-Square Test	
Questionnaire	Age	Yes	No	Df	Asymp. Sig.
Nausea	≤19	3	0	1	.080
	20-30	17	0		
	≥30	0	0		
Vomiting	≤19	3	0	1	.112
	20-30	17	0		
	≥30	0	0		
Hyperemesis gravidum	≤19	2	2	1	.172
	20-30	13	3		
	≥30	0	0		
Morning sickness	≤19	3	0	1	.101
	20-30	17	0		
	≥30	0	0		

Cross tabulation showed that the participants were complained of nausea, vomiting, hyperemesis gravidum, & morning sickness did not differ with age range of the participants. So, it happens those problems experience age with by ≤19 years, between 20-30 years & ≥30 years of all pregnant women during first trimester of pregnancy.

Common health problems arising among the pregnant women during prenatal period or Second trimester

The study result showed that the most common health problems of pregnant women almost in (33) 41% cases of the participants had back pain, maternal bleeding, abortion, oedema during second trimester of pregnancy followed by back pain in 32% cases and rest 68% of the participants did not complained of it, maternal bleeding was reported by 13% of the participants and 87% of the participants had not complained of it, abortion complained by 10% of the participants and rest 90% of the participants did not complained of it, oedema complained by 30% of the participants and rest 70% did not complained of it, found as less common health problems of pregnancy almost in 40% cases and rest 60% of the participants had no health problems during second trimester of pregnancy in this study.

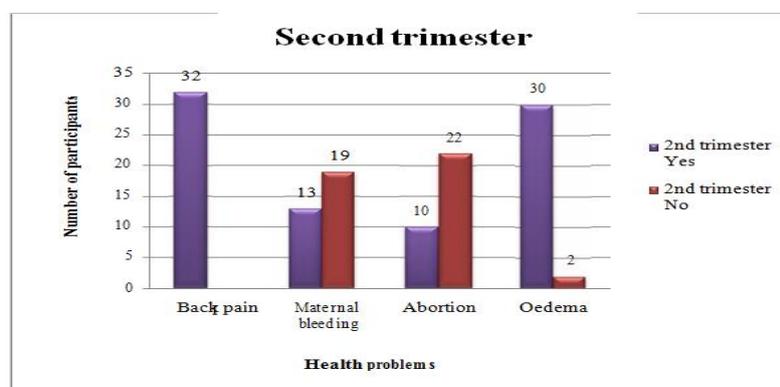


Figure 7: A column chart showing percentage of common health problems during second trimester of pregnancy of the participants

Table 3: Cross-tabulation between Second trimester & Age

Crosstab				Pearson Chi-Square Test	
Questionnaire	Age	Yes	No	df	Asymp. Sig.
Back pain	≤19	2	0	1	.077
	20-30	27	0		
	≥30	3	0		
Maternal bleeding	≤19	1	1	2	.080
	20-30	9	18		
	≥30	3	0		
Abortion	≤19	1	1	2	.296
	20-30	7	20		
	≥30	2	1		
Oedema	≤19	2	0	2	.821
	20-30	25	2		
	≥30	3	0		

Cross tabulation showed that the participants were complained of Back Pain, Maternal Bleeding, Abortion, & Oedema did not differ with age range of the participants. So, it happens those problems experience age with by ≤19 years, between 20-30 years & ≥30 years of all pregnant women during second trimester of pregnancy.

Common health problems arising among the pregnant women during prenatal period or third trimester

The study result showed that the most common health problems of pregnant women almost in (27)33.8% cases of the participants had hypertension, gestational diabetes, pre-eclampsia, eclampsia, maternal sepsis during third trimester of pregnancy followed by hypertension in 20% cases and rest 80% of the participants did not complained of it, gestational diabetes was reported by 10% of the participants and 90% of the participants had not complained of it, pre-eclampsia complained by 19% of the participants and rest 81% of the participants did not complained of it, eclampsia complained by 11% of the participants and rest 89% did not complained of it, maternal sepsis complained by 8% of the participants and 92% of the participants did not complained of it, found as less common health problems of pregnancy almost in 33.8% cases and rest 66.2% of the participants had no health problems during third trimester of pregnancy in this study.

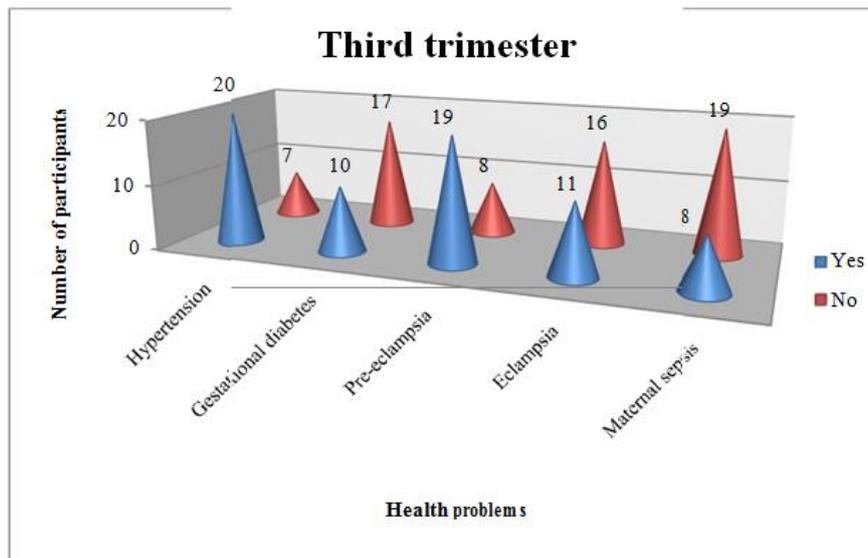


Figure 8: A column chart showing percentage of common health problems ring first trimester of pregnancy of the participants

Table 4: Cross-tabulation between Third trimester & Age

Questionnaire	Crosstab			Pearson Chi-Square Test	
	Age	Yes	No	df	Asymp. Sig.
Hypertension	≤19	0	0	1	.963
	20-30	17	6		
	≥30	3	1		
Gestational diabetes	≤19	0	0	1	.561
	20-30	2	15		
	≥30	2	2		
Pre-eclampsia	≤19		0	1	.334
	20-30	17	6		
	≥30	2	2		
Eclampsia	≤19	0	0	1	.683
	20-30	9	14		
	≥30	2	2		
Maternal sepsis	≤19	0	0	1	.334
	20-30	6	17		
	≥30	2	2		

Cross tabulation showed that the participants were complained of Hypertension, Gestational diabetes, Pre-eclampsia, Eclampsia and Maternal Sepsis did not differ with age range of the participants. So, it happens those problems experience age with by ≤19 years, between 20-30 years & ≥30 years of all pregnant women during third trimester of pregnancy.

Common medical health problems arising among the pregnant women during prenatal period

The study result showed that the most common health problems of pregnant women almost in (80) 100% hypertension before cases of the participants had diabetes pregnancy, bleeding disorder, diabetes before pregnancy, after pregnancy, hypertension after pregnancy, followed by diabetes before pregnancy in 21%, hypertension before pregnancy in 21%, bleeding disorders 22%, diabetes was reported after pregnancy by 18%, hypertension reported after pregnancy 18%, found as less common health problems of pregnancy almost in 100% cases of the participants had medical related health problems during pregnancy in this study.

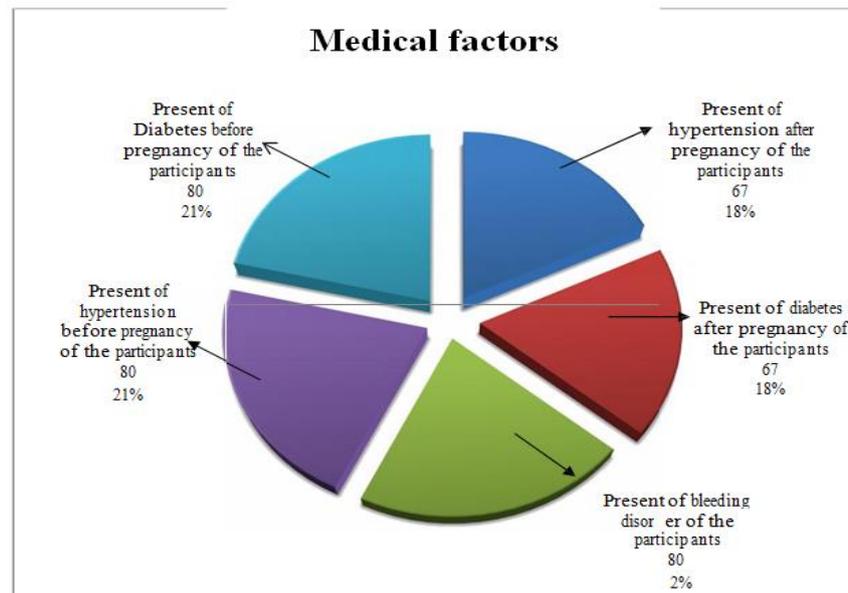


Figure 9: A pie chart showing percentage of common medical health problems of pregnant women during prenatal period of the participants

Table 5: Association between variance of trimester & Diabetes before pregnancy

Variance	Chi. Square level	P. value	Comments
Nausea & Diabetes before pregnancy	.000	.000	Cannot significant
Vomiting & Diabetes before pregnancy	.000	.000	Cannot significant
Hyperemesis Gravidrum & Diabetes before pregnancy	.328	1.000	Significant
Morning Sickness & Diabetes before pregnancy	.000	.000	Cannot significant
Back pain & Diabetes before pregnancy	.000	.000	Cannot significant
Maternal Bleding & Diabetes before pregnancy	.217	.406	Cannot significant
Abortion & Diabetes before pregnancy	2.271	.307	Significant
Oedema & Diabetes before pregnancy	.069	.793	Cannot significant
Hypertension & Diabetes before pregnancy	1.643	.200	Significant
Gestational diabetes & Diabetes before pregnancy	7.983	.012	Cannot significant
Pre-eclampsia & Diabetes before pregnancy	1.977	.0160	Significant
Eclampsia & Diabetes before pregnancy	6.830	.009	Cannot significant
Maternal Sepsis & Diabetes before pregnancy	11.152	.001	Cannot significant

Table no 5, Cross tabulation showed that the participants were complained of Nausea, Vomiting, Hyperemesis Gravidrum, Morning Sickness of First trimester of their pregnancy. Back Pain, Maternal Bleeding, Abortion, Oedema of their second trimester of pregnancy, and Hypertension, Gestational diabetes, Pre-eclampsia, Eclampsia, Maternal Sepsis of their third trimester of pregnancy did not differ with presence of diabetes before pregnancy of the participants. So, it happens those problems experience age with by ≤ 19 years, between 20-30 years & ≥ 30 years of all pregnant women during of pregnancy.

Table 6: Association between variance of trimester & Hypertension before pregnancy

Variance	Chi. Square level	P. Value	Comments
Nausea & Hypertension before pregnancy	.000	.000	Cannot significant
Vomiting & Hypertension before pregnancy	.000	.000	Cannot significant
Hyperemesis Gravidrum & Hypertension before pregnancy	.175	.676	Cannot significant
Morning Sickness & Hypertension before pregnancy	.000	.000	Cannot significant
Back pain & Hypertension before pregnancy	.000	.000	Cannot significant

Maternal Bleeding & Hypertension before pregnancy	8.661	.003	Cannot significant
Abortion & Hypertension before pregnancy	2.280	.131	Significant
Oedema & Hypertension before pregnancy	.395	.530	Cannot significant
Hypertension & Hypertension before pregnancy	10.177	.001	Cannot significant
Gestational diabetes & Hypertension before pregnancy	2.095	.148	Significant
Pre-eclampsia & Hypertension before pregnancy	12.243	.000	Cannot significant
Eclampsia & Hypertension before pregnancy	3.240	.072	significant
Maternal Sepsis & Hypertension before pregnancy	5.787	.016	Significant

Table no 6, Cross tabulation showed that the participants were complained of Nausea, Vomiting, Hyperemesis Gravidrum, Morning Sickness of First trimester of their pregnancy. Back Pain, Maternal Bleeding, Abortion, Oedema of their second trimester of pregnancy, and Hypertension, Gestational diabetes, Pre-eclampsia, Eclampsia, Maternal Sepsis of their third trimester of pregnancy did not differ with presence of hypertension before pregnancy of the participants. So, it happens those problems experience age with by ≤ 19 years, between 20-30 years & ≥ 30 years of all pregnant women during of pregnancy

Table 7: Association between variance of trimester & Bleeding disorder before pregnancy

Variance	Chi. Square level	P. value	Comments
Nausea & bleeding disorder	.000	.000	Cannot significant
Vomiting & bleeding disorder	.000	.000	Cannot significant
Hyperemesis Gravidrum & bleeding disorder	.328	.567	Cannot significant
Morning Sickness & bleeding disorder	.000	.000	Cannot significant
Back pain & bleeding disorder	.000	.000	Cannot significant
Maternal Bleding & bleeding disorder	3.521	.061	Significant
Abortion & bleeding disorder	3.443	.064	Significant
Oedema & bleeding disorder	.835	.361	Cannot significant
Hypertension & bleeding disorder	5.559	.018	Significant
Gestational diabetes & bleeding disorder	7.400	.007	Significant
Pre-eclampsia & bleeding disorder	6.687	.010	Significant
Eclampsia & bleeding disorder	5.632	.018	Significant
Maternal Sepsis & bleeding disorder	12.414	.000	Cannot significant

Table no 7, Cross tabulation showed that the participants were complained of Nausea, Vomiting, Hyperemesis Gravidrum, Morning Sickness of First trimester of their pregnancy. Back Pain, Maternal Bleeding, Abortion, Oedema of their second trimester of pregnancy, and Hypertension, Gestational diabetes, Pre-eclampsia, Eclampsia, Maternal Sepsis of their third trimester of pregnancy did not differ with presence of diabetes before pregnancy of the participants. So, it happens those problems experience age with by ≤ 19 years, between 20-30 years & ≥ 30 years of all pregnant women during of pregnancy.

Table 8: Association between variance of trimester & Diabetes after pregnancy

Variance	Chi. Square level	P. value	Comments
Nausea & Diabetes after pregnancy	.000	.000	Cannot significant
Vomiting & Diabetes after pregnancy	.000	.000	Cannot significant
Hyperemesis Gravidrum & Diabetes after pregnancy	.179	.672	Cannot significant
Morning Sickness & Diabetes after pregnancy	.000	.000	Cannot significant
Back pain & Diabetes after pregnancy	.000	.000	Cannot significant
Maternal Bleding & Diabetes after pregnancy	.000	.000	Cannot significant
Abortion & Diabetes after pregnancy	.000	.000	Cannot significant
Oedema & Diabetes after pregnancy	.000	.000	Cannot significant
Hypertension & Diabetes after pregnancy	.348	.555	Cannot significant
Gestational diabetes & Diabetes after pregnancy	1.739	.187	Significant
Pre-eclampsia & Diabetes after pregnancy	.430	.512	Cannot significant
Eclampsia & Diabetes after pregnancy	1.461	.227	Significant
Maternal Sepsis & Diabetes after pregnancy	2.087	.149	Significant

Table no 8, Cross tabulation showed that the participants were complained of Nausea, Vomiting, Hyperemesis Gravidrum, Morning Sickness of First trimester of their pregnancy. Back Pain, Maternal Bleeding, Abortion, Oedema of their second trimester of pregnancy, and Hypertension, Gestational diabetes, Pre-eclampsia, Eclampsia and Maternal Sepsis of their third trimester of pregnancy did not differ with presence of diabetes before pregnancy of the participants. So, it happens those problems experience age with by ≤ 19 years, between 20-30 years & ≥ 30 years of all pregnant women during of pregnancy.

Table 9: Association between variance of trimester & Hypertension after pregnancy

Variance	Chi. Square level	P. value	Comments
Nausea & hypertension after pregnancy	.000	.000	Cannot significant
Vomiting & Hypertension after pregnancy	.000	.000	Cannot significant
Hyperemesis Gravidrum & Hypertension after pregnancy	.525	.469	Cannot significant
Morning Sickness & Hypertension after pregnancy	.000	.000	Cannot significant
Back pain & Hypertension after pregnancy	.000	.000	Cannot significant
Maternal Bleding & Hypertension after pregnancy	2.644	.104	Significant
Abortion & Hypertension after pregnancy	.229	.632	Cannot significant
Oedema & Hypertension after pregnancy	.159	.690	Cannot significant
Hypertension & Hypertension after pregnancy	2.667	.102	Significant
Gestational diabetes & Hypertension after pregnancy	2.904	.088	Significant
Pre-eclampsia & Hypertension after pregnancy	3.294	.070	Significant
Eclampsia & Hypertension after pregnancy	5.714	.017	Significant
Maternal Sepsis & Hypertension after pregnancy	4.000	.046	Significant

Table no 9, Cross tabulation showed that the participants were complained of Nausea, Vomiting, Hyperemesis Gravidrum, Morning Sickness of First trimester of their pregnancy. Back Pain, Maternal Bleeding, Abortion, Oedema of their second trimester of pregnancy, and Hypertension, Gestational diabetes, Pre-eclampsia, Eclampsia, Maternal Sepsis their third trimester of pregnancy did not differ with presence of diabetes before pregnancy of the participants. So, it happens those problems experience age with by ≤ 19 years, between 20-30 years & ≥ 30 years of all pregnant women during of pregnancy.

DISCUSSION

The aim of the study was to identify common pregnancy related health problems experience by pregnant women in selected hospitals in Bangladesh. There were 80 samples in this study. The majority of the respondents almost 86% were between 19 to 30 years of age. Most of the participants 24% were in first trimester of their pregnancy, 40% were in second trimester of their pregnancy and 33.8% were in third trimester of their pregnancy. Almost 21.3% of the participants were primigravida and rest 78.8% of the participants were multigravida in this study.

The study result shows that a number of participants 26.3% (57) complained of nausea, vomiting, hyperemesis gravidrum and morning sickness, during their pregnancy. The results of these studies support my study result health problems among the pregnant women during first trimester in Bangladesh.

In this study, result shows that 40% participants complained of back pain, maternal bleeding, abortion, and oedema during their second trimester pregnancy and 32 participants had back pain. Back pain can affect women of child bearing age whether pregnant or not. Approximately 70% of women will report back pain at some point in their lives (Svensson et al, 2010). However, during pregnancy alone, the incidence of back pain is reported by 50–80% of women (Mogren, et al, 2008). One-third of pregnant women claim that low back pain is a significant problem (Andersson et al, 2011).

In a study by Stapleton et al. 61.8% of women who reported low back pain during pregnancy claimed the pain was at least moderately severe, 9% claimed they were completely disabled by pain, women are suffering from back pain during their pregnancy but in Bangladesh the result prevalence of back pain in pregnant women is 40-50%, which is nearly similar with this study on Bangladeshi women (Stapleton, et al 2009).

The study result shows that 33.8% (34) participants complained of hyperyension, gestational diabetes, pre-eclampsia, eclampsia, maternal sepsis during there third trimester of pregnancy where complained of hypertension 20%, gestational diabetes 10%, pre-eclampsia 19%, eclampsia 11%, and maternal sepsis 8% during their third trimester of pregnancy. In a study, showed that prevalence of hypertension during pregnancy is approximately 30%. In a study on Iranian women (Mollart, 2012) found that almost 20 % of women reported oedema during their pregnancy.

Sabino and Grauer (2008) stated that there are so many problems arising in pregnancy period including hypertension, sleeplessness, diabetes mellitus, tenosynovitis, general weakness and fatigue. During pregnancy the female body has so many hormonal and anatomical changes that affect the many systems. These changes may cause various complaints, predispose to injury or other physical and physiological problems (Irelands & Otts, 2011).

The researcher found in this study that among the pregnant women, none of them received any treatment and nursing care services for their health problems during pregnancy period. They were not aware about the role of nurse in gynecological area. Gosselink (2006) had shown in his research that antenatal care by nurse during pregnancy is effective in pregnant women to reduce the common health problems. In Bangladesh, obstetric nursing is a very new concept and is not well established, so it needs to organize awareness program of gynecological nursing and its effectiveness in Bangladesh.

CONCLUSION

Aim of the study was to find out the common pregnancy related health problems among the pregnant women at selected hospitals in Dhaka. For the fulfillment of this study the investigator used a quantitative research model in the form of a prospective type survey. Conveniently 80 participants who came in hospitals during their pregnancy for checkup were chosen. The investigator used a questionnaire. Each Participant was given a questionnaire to identify common pregnancy related health problems among the pregnant women during at selected hospital in Dhaka. And from the documents of the patients the researcher forms a data base for the total sample included in the study. From the data base, it was found that nausea, vomiting, morning sickness the most common complaint of pregnant women almost in 30% cases and rest 70% of the participants had not complained, followed by back pain in 46% cases and rest 54% of the participants did not complained of it, oedema was reported by 40% of the participants and 60% of the participants had not oedema, hypertension complained by 60% of the participants and rest 40% of the participants did not complained of it, gestational diabetes complained by 30% of the participants and rest 70% did not complained of it, approximately 32% of the participants complained of eclampsia and rest 68% of the participants did not complained of eclampsia. The researcher identified some further step that might be taken into consideration for the better accomplishment of further research. For the ensuring of the generalized ability of the research it is recommended to investigate large sample. In this study researcher only took the pregnant women who came for checkup at selected hospitals in Dhaka. So for further study researcher strongly recommended to include other hospitals from all over Bangladesh. In this study, common health problems of pregnant women were focused only so need to further research to explore the frequency of common health problems in postnatal period. It is recommended for further study to generalized nursing services among the pregnant women to prevention and treatment of common health problems in women both in prenatal and postnatal period.

RECOMMENDATION

On the basis of findings of the present study following recommendations are put forwards; Health care team members should be arranging some special training for newly mother and pregnant women's care. Awareness program regarding pregnant women should be arranged by health care agency & organization. National level survey can be conducted to know the prevalence of pregnancy related health problems experienced by the pregnant woman in Bangladesh. Health care and others facilities for the pregnant women need to be improved in Bangladesh. Health care team members can conduct more research on pregnancy related health problems experienced by pregnant women involving their more health care organization.

REFERENCES

1. Apple cart, 2011, coping with pregnancy related health discomforts, Core Concepts Musculoskeletal Health Group.
2. Borg-Stain J, Dugan S and Gruber J, (2009), health aspects of pregnancy, American Journal of Physical Medicine and Rehabilitation, 84(3):180-192.
3. Brook G, Brayshaw E, Coldon Y, Davis S, Evans G, Hawkers R, Lewis A and Thomar R, (2008), Physiotherapy in women's health, 3rd edn, Elseivers, London.
4. Bullock JE, (2007), the relationship of low back pain to postural changes during pregnancy, the Australian Journal of Physiotherapy, 33(1):10-18.
5. Children's health, (2012), Prenatal Development [Online], Children's Health Association, available: <http://www.healthofchildren.com/P/Prenatal-Development.html>.
6. Khan KS, Wojdyla D, Say L, Gulmezoglu AM, Van Look PF (2009) WHO analysis of causes of maternal death: a systematic review. *Lancet* 367: 1066–1074S0140-6736(06)68397-9
7. MacEvilly M and Buggy D, 1996, Back pain and pregnancy: a review, *Pain*, 64:405-414
8. Mogren IM, Pohjanen AI. Low back pain and pelvic pain during pregnancy: prevalence and risk factors. *Spine*. 2008
9. Polden, M, and Mantle J, (2014), obstetrics and gynecology nursing, Jaypee Brothers, New Delhi.
10. Rheumatology, (2012), Musculoskeletal Conditions in Pregnancy [Online], available: http://www.tg.org.au/etg_demo/tgc/rhg/5381.html.
11. Sabino J and Grauer JN, 2008, Pregnancy and low back pain, *Current Review of Musculoskeletal Medicine*, 1:137-141.
12. Svensson HO, Andersson GB, Hagstad A, Jansson PO. The relationship of low-back pain to pregnancy and gynecologic factors. *Spine*. 2010;
13. Symonds, 2009, the most obvious changes are the enlarged abdomen and increased body weight.