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**Effect of post menarcheal age on pregnancy outcome.**

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This is a based prospective study conducted at Professorial Obstetric Unit of North Colombo Teaching Hospital Ragama. Low birth weight (LBW), Preterm delivery, intrauterine growth retardation (IUGR pregnancy induced hypertension (Pili), Urinary tract infection (UTI), Preterm rupture of membrane (pROM), Gestational diabetes mellitus (GDM), Breech presentation at delivery, Fetal distress, Cephalic pelvic disproportion (CPD), Lack of progress of labour, Delayed second stage of labour, Chorioamnionitis, Congenital anomalies at delivery and Mode of delivery (Normal Vaginal Delivery) (NVD), Vacuum delivery, Low forceps delivery, Elective caesarean section (EL-LSCS) and Emergency caesarean section (EM - LSCS). The incidence of low birth weight among low post menarcheal age women was 28. , and 22. in women with normal post menarcheal age, this is a statistically significant difference (p0.001). The incidence of intrauterine growth retardation among low post menarcheal age mother was 10.88. , and 6.04. in normal post menarcheal age mothers; this is also a statistically significant difference (p0.05). The incidence of urinary tract infection among low post menarcheal age was 4.72. , and 1.5. in normal post menarcheal age mothers; a statistically significant difference (p0.05). The incidence of pregnancy induced hypertension among low post menarcheal age mothers was 8. , and 4.72. in normal menarcheal age mother; this difference is statistically significant (p0.05). The incidence of pre term delivery among low post menarcheal age mothers was 38.18., and 21.33. in mothers with normal menarcheal age; the difference is statistically significant (p0.001). The incidence of gestational diabetes in low post menarcheal age was 2.9. and 4. in normal post menarcheal age mothers. Incidence of pre term rupture of membranes in low post menarcheal age mothers was 4. , and 5.33. in normal post menarcheal age mothers. Incidence of cephalopelvic disproportion in low post menarcheal age mothers was 2.18. , and 1. in normal post menarcheal age mothers. Incidence of lack of progress of labour in low post menarcheal age mothers was 2.28., and 3.39. in normal post menarcheal age mothers. Incidence of delayed second stage of labour in low post menarcheal age mothers was 2.9. and 3.5. in normal post menarcheal age mothers. Incidence of fetal distress in low post menarcheal age mothers was 6.9. , and 7.54. in mothers with normal post menarcheal age. Incidence of breech presentation in low post menarcheal age mothers was 4.36. and 5.5. in mothers with normal post menarcheal age mothers. Incidence of chorioamnionitis in low post menarcheal age mothers was 0.72. , and in mothers with normal post menarcheal age. The incidence of congenital anomalies in low post menarcheal age mothers was 0.72., and 1.45. in mothers with normal post menarcheal age. Mothers with low post menarcheal age had a normal vaginal delivery rate of 79.27, vacuum delivery rate of 1.45. , low forceps delivery rate of 2.9. , elective caesarean rate of 8. and emergency caesarean rate of 8.36. , compared to 76.36. , 2.66.7. , and 10. respectively in normal post

menarcheal age mothers. The incidence ofLBW, preterm delivery, IUGR, Pili and UTI were significantly higher among the mothers with low post menarcheal age. Mothers with low post menarcheal age are not at an increased risk for GDM, PROM, CPD, Lack of progress of labour, Delayed second stage of labour, Fetal distress, Breech presentation at delivery, Chorioamnionitis, delivery of babies with congenital anomalies, instrumental or operative deliveries.