

**KNOWLEDGE AND ATTITUDE ON PRE-ECLAMPSIA BY PREGNANT WOMEN ATTENDING AT  
ANTENATAL CARE CLINIC IN CENTRAL WOMEN HOSPITAL, YANGON**

**YIN YIN HTAY**

**M.B.,B.S**

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**ABSTRACT**

This cross-sectional descriptive study was conducted among the pregnant women attending at antenatal clinic in Central Women Hospital by using structured face to face interview questionnaires to assess the level of knowledge and attitude on pre-eclampsia (PE). Altogether 207 pregnant women were studied about their socio-demographic, obstetric background characteristics, knowledge and attitude towards PE. Mean (SD) age of study population was 28.28(5.36) years. Nearly one third of the respondents attained high school level and (51.7%) were dependent. About half of the respondents were primigravidae and three fourth were at third trimester of pregnancy. About half of the respondents (55.1%) took first AN visit at the second trimester. Knowledge of respondents was assessed by asking signs and symptoms of PE, impending eclampsia, risk factors, complications and preventive ways for PE. Findings revealed that (53.6%) had high knowledge score. Regarding knowledge on signs and symptoms of PE, the common known symptoms were high systolic BP(51.2%),swelling of face (78.7%),swelling of hand and legs (83.6%).The most common known symptoms of impending eclampsia were rapid increase in BP(73.4%), rapid swelling of face and leg (77.8%),blurred vision (63.8%) and severe headache (59.4%).The common risk factors known by respondents were obesity (68.1%) and previous history of PE(53.1%).Majority knew preterm delivery as complication. Most of the respondents (96.6%) stated that regular ANC could prevent PE. As for source of information,(45.9%) received from neighborhoods and friends. There was statistically significant association between age of respondents and knowledge level ( $p=0.043$ ).Regarding attitude level, half of them (51.2%) had high attitude. Majority (72.5%) believed “regular AN visit can detect early sign of PE.” Majority (73.4%) was unaware of post-partum PE and disagreed “PE can continue after child birth”. There was statistically significant association between gestational age at first AN visit and attitude level ( $p=0.041$ ).In hospitals during AN visit, health care providers should implement health education on PE for early recognition of signs and symptoms and seeking prompt treatment during pregnancy and post-partum period to reduce MMR.