HRP (HIGH RISK PREGNANCY)

We categorize pregnancies as high-risk and low-risk.

High-risk (or high-risk) pregnancies are those that pose a danger to the mother, foetus, or newborn.

It can be life-threatening factors or factors that cause complications due to pre-existing diseases or occur during pregnancy.

There can be several reasons for a high-risk pregnancy.

Roughly 20-30% of women belong to this category and if we want to improve obstetric outcomes, this group needs to be identified and given special treatment.

DEFINITION:

A high-risk pregnancy is defined as one which is complicated by factors that adversely affect the pregnancy outcome and safe delivery process – maternal or perinatal or both.

RISK FACTORS/CAUSES IN HIGH-RISK PREGNANCY:

A woman's lifestyle, as well as a variety of pre-existing health issues and developments, can contribute to a pregnancy being considered high-risk. Some common risk factors that may increase the chance of having a High-risk pregnancy include:

- High blood pressure
- Epilepsy
- **Anaemia <8 gm/dl**
- Platelet disorders
- Diabetes
- Epilepsy
- Genetic disorders (consanguineous marriages)
- Neurological disorders
- Kidney disease
- Liver disease (jaundice)
- Heart problems
- Benign Tumours (fibroids)
- Cancers
- Lung condition
- Asthma
- Lupus
- Urinary tract infections
- Sexually transmitted diseases
- Bleeding disorders or menstrual irregularities
- Infertility treatments (failure procedures) or twin pregnancies or low placental growth
- Previous C-sections
- Previous abortions

- Personal habits like Smoking cigarettes, drinking alcohol or using certain drugs
- Being significantly underweight or overweight during pregnancy
- Age, especially if the mother is younger than 20 or older than 35years
- Problems with the uterus, such as an abnormal shape
- Hormonal changes or pre-existing menstrual abnormalities
- Poor prenatal nutrition
- Weakness in the cervix or a short cervix
- History of premature labor
- Previous birth of a child with a genetic condition such as Down syndrome
- Being pregnant with multiple fetuses (twins, triplets)
- Any autoimmune disorders

HIGH-RISK PREGNANCY SYMPTOMS:

Symptoms of high-risk pregnancy are often difficult to distinguish from typical pregnancy symptoms. There can be multiple reasons and associated symptoms. During a high-risk pregnancy, a woman may experience symptoms depending on the condition/disease that is affecting their pregnancy.

- Pregnant women with diabetes can have IUGR (intrauterine growth restriction) or extreme weight loss.
- Low platelet count
- Severe pain or cramping in the lower abdomen
- Some patients present with anaemia
- Deficiencies of Vitamin d and b12 can cause problems
- Previous C-section pregnancies run a risk of ectopic pregnancy
- Uncontrolled bleeding or abnormal bleeding in patients with previous C section patients or abortion
- Noticeable changes in vision, including blurred vision
- Decreased fetal movement
- Persistent headaches
- Mood disorders
- Painful burning sensations while urinating
- Clear, watery fluid discharge, similar to a yeast infection
- Frequent contractions
- Hypertension

HIGH-RISK PREGNANCY MANAGEMENT:

Your particular risk factors will determine how your high-risk pregnancy is managed.

Your care regimen may consist of the following:

1. Minimum 20 % ANC may be identified as HRP on RCH Portal. In case if any district has less 20% the explanation of the concerned Dy. Civil Surgeons will be sought for the same. All Dy. Civil Surgeon must ensure that data for every pregnant woman is uploaded

on RCH Portal timely.

2. Line Listing of every HRP case should be maintained at all level- MO/LHV/CHO/ANM and ASHA worker.
3. Once the HRP is detected it is the responsibility of respective ASHA/ANM and CHO to ensure 3 Additional visits of HRP.
4. Urine test by Multistix must be ensured mandatorily for every HRP and any abnormality be communicated to concerned Medical Officer I/c at the earliest.
5. In case if a pregnant woman is designated as High Risk due to multiple factors, all her High Risk factors must be kept into account at time of delivery and follow up.
6. ASHA must accompany the HRP case to the facility every time.
7. The follow ups schedule for a HRP by MO/CHO/ANM and ASHA Workers must be ensured as follows:

   MO : Once in 15 days -call every HRP case of concerned area

   CHO : Once a week, preferably every Monday -call every HRP case of concerned area

   ANM : Visit every HRP case of concerned area every week

   ASHA : Visit every HRP case on alternate day up to 34 weeks after that will visit daily

   In addition, All Dy. Civil Surgeons (NHM) Haryana will call minimum of 5 High Risk Pregnant (HRP) woman daily and fill the Performa for the same. (Checklist annexed))
8. Updated List of HRPs must be shared by all the health facilities with their Civil Surgeons by 5th of every month.
9. Anticipating High-risk deliveries and planning the management procedures are necessary for safe delivery in high-risk pregnancies. For example, anaemic patients can be treated early to correct anemia and blood loss can be corrected by blood transfusions .HB < 8 gm should be treated with IV Sucrose.
10. It is mandatory that all Identified HRP case must be linked with nearest functional FRU for ensuring safe delivery after completion of pregnancy and prompt management of complication (If any). When need arises, the HRP will be taken directly to the pre linked functional FRU.
11. It is the responsibility of the Concerned I/c of the facility to provide free transport facility to the HRP during the visits and back home.
12. All Dy. Civil Surgeons will ensure that every Labour room in the FRU has a functional Wireless Landline (WLL). This WLL must be kept operational at any given point of time and its number be shared with:
    a. MH Division NHM Haryana
    b. Ambulance Control Room of the District
    c. All Health facilities in the district
    d. All ASHAs/ All ANMs

13. Any referral of HRPs from field to FRU, must be pre-informed on the Wireless landline (WLL) of the concerned linked FRU. If pre-information is not given at FRU regarding the referral received, action will be taken against the referring doctor/ staff nurse.
14. **Ambulance drivers are directed to take the HRP case directly to the pre-linked functional FRU rather then CHC/PHC.**
15. SMO/MO I/c of the facility will be responsible to provide the record of HRP case to the FRU before referral of the HRP case, so that prior arrangement may be done before reaching the patient.
16. ANC card of HRP should mentioned history of patent with RED STAMP and referral slip should contains the proper notes of medication done before referral of the HRP case also to send all the previous record of the patent while referral.
17. **Every HRP should be kept under observation for 24-48 hrs days if referred from CHC/PHC or patent comes directly with some complaints. Do not immediately send back the patient as this might led to loss of confidence in government health care sector.**
18. ANM and CHOs will be responsible that every HRP should be counselled about their situation and about linked FRU for delivery of any complication.
19. **Post-delivery every HRP (either in ANC or PNC situation) must be kept at FRU for a minimum of 48 +24 hours mandatorily.**
20. Concerned MO will take regular follow up of admitted HRP patient till discharge of patient from DCH/SDH /other Govt./private facilities and will ensure necessary arrangement of follow up at her residence till 45 days of delivery.
21. It will be responsibility of concerned MO and CHO to ensure quality HBPNC visits by ASHA/ ANMs for health assessment of new born and lactating mother in PNC period.
22. In the FRU indoor beds with HRPs be marked separately with their files either in RED cover/ folder , and staff must be directed to keep strict vigil on these HRP women (either in ANC or PNC period)

Checklist

	Indicator	YES/ NO	Remarks
1	Difficulties in breathing during routing household work.		
2	Swelling of feet, face and hands.		
3	Paleness of tongue, face.		
4	Giddiness/ blurred vision.		
5	Previous history of overweight baby		
6	Daily foetal moment's aprox 14-16 time in 24 hours after 5th months of pregnancy.		
7	Any lower abdominal pain in 3rd trimester.		
8	Burning sensation during Urination.		
9	Bleeding/ spotting PV or leaking of Liquor during pregnancy		
10	Any previous history of chronic disorder i.e. chronic kidney disease/ thyroid/ headache/ Diabetic Mellitus/ Asthma, seizures, H/o TB, prolonged medication		
11	Palpitation and easy fatigue.		
12	Persistence headache.		
13	Last follow up i.e. HB/BP/Facility visited and facility allotted to them.		
14	Counselling for referral transport i.e. 108 Ambala.		
15	Does she has phone number of ASHA/ ANM/ Doctors?		
16	Does ANM/ ASHA/ CHO visited her home in last 1 week?		