

**Thesis Title** Outcome of Subsequent Pregnancy Following  
the Previous Perinatal Death at Ramathibodi  
Hospital

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## **ABSTRACT**

Perinatal mortality rate are indicators of the general health of a population. Perinatal mortality is persumably also a good indicator to the medical care offered to pregnant women. A history of a previous perinatal death is a well-accepted risk factor for increased rate of perinatal morbidity and death in a subsequent pregnancy. The objective of the historical prospective study was to study the outcome of subsequent pregnancy in the mother with preceeding perinatal death at Ramathibodi Hospital during the year 1980-1984. There were altogether 200 such patients during this 5 years period. The control group was mothers with preceeding livebirth who either delivered immediately before and after the studied mothers and consisted of

400 cases. The data were collected by both mailed questionnaires and from the hospital records. Of the 600 questionnaires sent, 150 of the study group and 305 of the control group replied, representing 75.8 percent. Data collected were analysed by percentages, Chi-square test, Fisher's Exact Test and Relative Odds. The result revealed that more of the mothers with preceding perinatal death subsequently conceived again (75.3 as compared with 54.4 percent), and they also have shorter interval between pregnancies. These were statistically significant. The outcome of subsequent pregnancy due to the abortion, method of delivery, birth weight, gestational age were not significantly different between the study and the control group. However, the incidence of the perinatal death in the study group were as much as 7.5 times higher than the control group and this was statistically significant [ $P < 0.05$ ].

In conclusion the mothers with preceding perinatal death subsequently conceived again more than the mothers with preceding livebirths. In this study the significant correlation of previous perinatal death with high incidences of neonatal death from congenital anomalies in subsequent pregnancy is observed. It is suggested these mothers should be cared for under a high risk category.