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High risk pregnancy assessment: Need of the hour

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A "High Risk Pregnancy" (HRP) is one in which the maternal environment or past reproductive performance presents a significant risk to fetal well being , such as premature birth, small for date infant, full term with low reservoir or still births and early neonatal deaths. Identification of patients at risk for these complicated pregnancies with poor outcome is fundamental to antenatal care. A women is considered to have a high risk pregnancy when health concerns exist that may threaten the natural course of the development or birth of the baby , or that pose a risk to the mother. In such cases the mother may need special care , more investigations and possibly medication to ensure that she can carry the baby safely through to delivery. Certain events occurring during the prenatal and intrapartum period can adversely influence the outcome of the infant during post natal life. This emphasises the importance of developing technique for identifying the high risk pregnancy. Nesbitt and Aubry (1969)1 developed the Maternal – Child Health Care Index (MCHCI). Factors included on this scale include previous obstetric history, age, parity , nutrition , emotional social and economical variables. Items were given an arbitrary score and substracted from an arbitrary perfect score of 100. A score of greater than 70 is considered acceptable , which scores below 70 considered "failing" an arbitrary cut –off created by the authors. In 1973 , Hobel , CJ et al 2 investigated a high risk pregnancy screening system based on prenatal and intrapartum factors. Total score of prenatal , intrapartum and neonatal period were dichotomised to simply scoring system and less than 10 score was placed in low risk and more than 10 in high risk categories respectively. In 1977, Coopland A et al 3 described evaluation of a simple antenatal high risk assessment form. The total risk scores were analysed in respect to perinatal outcome. As the risk factor increased , the percentage of favourable Apgar ratings decreased . Dutta & Das 4 in 1990 devised a prenatal score system which was a modification of the system as proposed by Coopland in 1977. According to Dutta & Das scoring system patients patients were classified into three groups : Low risk (1-2), Moderate Risk (3-5) and High risk (6 or above). In 2017 Bhavna Anand et al 5 proposed a new scoring system which is a modification of Coopland et al (1977) and elaborated it further to include various other factors which may have an implication on a woman's obstetrical outcome. Those who fulfilled the required criteria were grouped in three categories ; low risk (Group A) with numerical risk score 0-3, high risk (Group B) with score 4-6 and extremely high risk (Group C) with score ≥ 7.

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