

Knowing someone with GDM increases the chances of having a deeper knowledge of it, and may partially explain why nearly half of the males in this population had never heard of GDM before. Culturally, in this setting, women are more likely to discuss pregnancy issues with other women among friends and families than men. This highlights the need for more and broader community – based awareness campaigns to disseminate correct GDM knowledge to the population.

### **Conclusions**

The study showed almost two – third of people had heard of GDM; hence, about one-third had never heard of it before. It highlights the need for GDM awareness campaigns among the community, especially among the identified groups with knowledge gaps. In addition, there is a need to involve the general population, as we found it to be the primary source GDM knowledge. GDM awareness should be included in preconception care, and male involvement should be encouraged. Premarital counseling and screening programs could be a golden opportunity to initiate GDM awareness and preventive strategies, especially among young adults considering the knowledge gap. More research should be conducted to assess such programs' short- and long-term effectiveness.

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## **FACTORS THAT AFFECT TIMING OF PREGNANCY DATING SCAN IN SRILANKA**

### **Introduction**

Assessing of accurate gestational age of pregnant women early is very important for all prenatal investigations and to determine the estimated date of delivery [1]. It helps to determine fetal growth and to find out any deviation of fetal growth such as intrauterine growth restriction or fetal macrosomia [2]. Inaccurate dating may affects management of pregnancy and it's outcomes. Over estimation of gestational age can cause iatrogenic prematurity while underestimation may lead to a delay in intervention and post maturity [3]. Estimated date of delivery can be calculated by the woman's last recorded menstrual period (LRMP) [1]. But

pregnancy dating by menstrual history cannot be used all the time as about 40 % of women are uncertain of their menstrual dates and ovulation may not happen exactly in the mid menstrual cycle [4]. Moreover, estimation of the duration of gestation by last menstrual period can have errors and overestimation of the gestational period [3]. Determination of gestational age by ultrasound fetal crown-rump length (CRL) between 11 and 14 weeks in singleton pregnancies is more accurate [4]. But Second trimester dating is not that much accurate as first trimester dating [1]. The International Society of Ultrasound in Obstetrics (ISUOG) has recommended that all pregnancies should be dated by CRL between 11 and 14 weeks [1]. Sri Lanka has been highly regarded as having well organized antenatal care with lowest maternal mortality ratio in South Asian region [2]. However, still there is no national policy for the timing of dating scan in Sri Lanka [2]. The Aim of this study was to find the factors that can affect the timing of first dating scan.

### **Goal**

To study about factors that affect timing of pregnancy dating scan in a Sri Lankan rural clinic.

### **Material and methods of research**

This article is written with the data collected from Family Health Bureau of Sri Lanka, Department of Census and Statistics of Sri Lanka, Sri Lanka Journal of Gynecology and Obstetrics, World Health Organization website and from Previously published PubMed articles. Data about age, parity, menstrual history, time taken to reach the hospital, distance to the hospital, level of education and gestation at the first booking visit with public health midwife were considered. Fetal CRL data were obtained. Reasons for not attending for the dating scan before 14 weeks were collected. Analysis of data were performed to find the association between receiving dating scan before 14 weeks and age, parity, time taken to reach the hospital, distance to the hospital, level of education and gestation at the first booking visit with public health midwife from April 2022 to May 2022 at District General Hospital Anuradhapura.

### **The results of the research and their discussion**

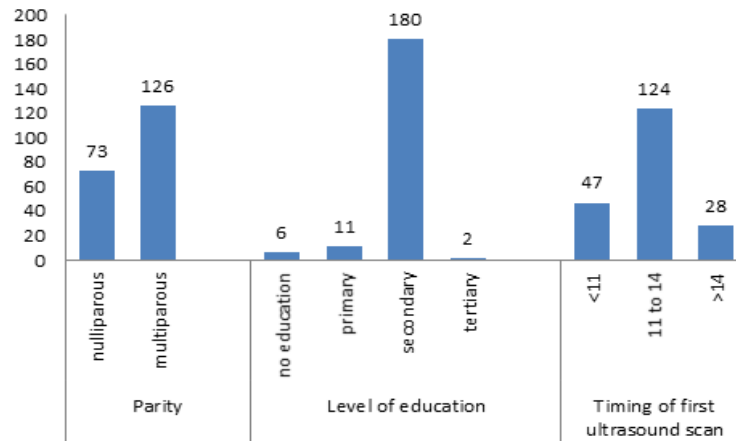
A total of 211 women were considered. Out of these, 12 (5,7 %) cases were with uncertain LRMP and they have been excluded. Rest of the 199 women was analyzed. Mean age is 26,98 years (SD 5,58) and majority of them were primiparous (65 %). 190 (95,5 %) were booked with Public health midwife before 14 weeks. 171 (86 %) pregnant women received their first scan before 14 weeks. Personal issues 15 cases and ignorance 19 cases were the main excuses given for not attending before 14 weeks while lack of communication was noted in 4 cases. These characteristic are shown in table 1.

Table 1 – Characteristics of patients in the studied group of population

Mean maternal age (years)	26,9	1,051, p = 0,272
Parity	Nulliparous – 73; multiparous – 126	0,518, p = 0,242
Level of education	No education – 6; primary – 11; secondary – 180; tertiary – 2	1,00, p = 1,00
Timing of first ultrasound scan (weeks)	< 11 – 47 11–14–124 > 14–28	
Mean time taken to reach the hospital (minutes)	48,7	0,717, p = 0,602
Mean distance to the hospital (kilometers)	21,5	1,597, p = 0,505
Mean gestation at the first booking visit with public health midwife (weeks)	8,5	12,272, p < 0,000

Analysis shows that only booking before 14 weeks with Primary health midwife (12,272 (95 %)  $p < 0,000$ )) contributed significantly to receive dating scan before 14 weeks, while maternal age, parity, time taken to reach the hospital, distance to the hospital and mother's level of education did not.

Figure 1 below shows graphical representation of factors considered with number of patients.



**Figure 1 – Graphical representation of considered factors that can affect the timing of the first pregnancy scan**

Most of the women were multiparous with secondary education and had their first scan in between 11 to 14 weeks.

### **Conclusions**

Accurate dating of a pregnancy is very important to optimize the management of the pregnancy because a dating error could have serious side effects on the management decisions and outcomes. But still Sri Lankan antenatal care model is highly concentrated on clinic visits during the third trimester while other countries perform routine ultrasonography between 11 and 13 weeks gestation to determine accurate gestational age, chorionicity of multiple pregnancies and assessing the pregnancy risk. When considering about the data, majority of women booked early in pregnancy and received dating scan before 14 weeks. Very little number of women was ignorant about dating scan and likely reason was due to lack of awareness of the importance of an early dating scan. And it showed that the most significant factor to determine timely scan was booking before 14 weeks. Other factors such as distance to the hospital, time taken to reach the hospital and level of education did not affect. In Sri Lanka, antenatal care setting is organized with a team of consultant obstetricians and gynecologists in tertiary care centers while in primary health care set up with public health midwives and medical officers of health. But due to lack of a national policy of mandatory early dating scan, timing of the first scan is decided by the respective consultant obstetrician of the tertiary care center and it has caused a wide variation in timing of the first scan. A proper national policy and education among pregnant women and health staff deemed necessary.

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## **MENOPAUSAL SYMPTOMS IN WOMEN AGED 42–56 YEARS**

### ***Introduction***

Menopause is a transitional phase in a woman's body, a period with a decrease in the secretion of sex hormones and a decrease in reproductive activity. Transition to menopause is a complex period of development of the aging process in a woman's body, characterized by the appearance of several physiological and emotional changes. Hormonal changes that occur during this process affect the development of symptoms that affect the quality of life of many women. During menopause, the decrease in the secretion of estrogen hormone is the reason for the emergence of risk factors that have a serious impact on a woman's health. Such risk factors include cardiovascular atherosclerotic disease, insulin resistance, and diabetes, dementia, cerebral hemorrhage, osteoporosis, vasomotor symptoms.

Menopause in women usually begins at the age of 45–50. It can happen earlier than usual (before age 40 – early climax) or later (after 55 – delayed climax). It certainly depends on the woman's socio-demographic, ethnic, racial, climatic conditions, and genetic characteristics, as well as how the woman's maturity period passed (abortion, childbirth, sexual life, etc.). Several studies show that the nature of menopausal symptoms in women is closely related to the geographical location, socio-economic and cultural and material conditions of the place of residence (Brown et al., 2019; Freeman & Sherif, 2017; Melby et al., 2015).

With the onset of menopause in a woman, climacteric symptoms begin to appear, and this period ends when the estrogen hormone decreases. These symptoms include vasomotor symptoms such as hot flashes, night sweats, tremors, and difficulty sleeping. In addition, several changes are observed in the urogenital system, such as dryness in the genital area, difficulty holding urination, and discomfort during sexual intercourse. One of the most important aspects is the occurrence of psychological symptoms in a woman during this period.

As mentioned above, Menopause can have a serious impact on a woman's quality of life, but women's ignorance of climacteric symptoms and their effects leads to the development of negative consequences. This research provides information related to menopausal symptoms and the main purpose of the research is to observe and study menopausal symptoms in women between the ages of 42–56 and their risk factors.

### ***Goal***

This study aims to determine the prevalence of menopausal symptoms in women aged 42–56 years and the factors that develop under its influence.

### ***Material and methods of research***

This study was carried out in a cross-sectional research method, which is a written research method. The study was conducted among the employees of maternity complex No. 9, which