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Original Research Paper

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ARE THE PRIMIGRAVIDA WOMEN PREPARED FOR LABOR

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ABSTRACT

INTRODUCTION: Having a birth plan helps to prepare expectant couples for the physical and emotional aspects of child birth and teach non pharmacological methods of pain relief during labor and can minimize the complications and emergencies at the time of birth and increase the likelihood that the woman and her baby will receive appropriate timely care. The risk of a woman in a developing country dying from a maternal-related cause during her lifetime is about 33 times higher compared to a woman living in a developed country. Failure to take care of oneself during the gestational period can be very detrimental to both the mother's and unborn child's health.

MATERIAL AND METHOD: A cross sectional descriptive study was conducted among 130 primigravida women selected using simple random sampling technique from the antenatal OPD of a tertiary care hospital in Maharashtra. After ethical clearance, a self-administered semi-structured questionnaire including sociodemographic data, information related to general preparedness, Labor pain and its coping abilities, welcome signs of labor and danger signs of complications was administered. Data collected was interpreted using SPSS 17.

RESULTS: A maximum (52.31%) primigravida women had poor knowledge regarding preparedness for labor. Regarding different aspects of preparedness for labor, 40.77% primigravida mothers had poor knowledge . A majority (56.92%) scored very poor for labor pain and only 5.15% primigravida women were having good knowledge regarding welcome signs of labor. For danger signs 52.31% had poor knowledge. On correlation all the sociodemographic variables were found to be statistically significant at $p < 0.05$, except the occupation of the respondents.

CONCLUSION: The present study reveals the poor knowledge on preparedness for labor among primigravida women. The data represents the urgent need to improve the knowledge of primigravida women to prevent the detrimental effects and to improve the maternal morbidity and mortality. Health facilities should Strengthen health services improving the information given during the follow up, with special emphasis given to birth preparedness. The government officials and partners that are working in areas of maternal health should come up with strategies to improve birth preparedness at individual and community level.

KEYWORDS : Preparedness for labor, Primigravida women , labor pain, welcome signs of labor, danger signs of complications.

INTRODUCTION

Birth Preparedness; an approach to improve the use and effectiveness of key maternal and newborn health services, is based on the premise that preparing for birth and being ready for its potential complications. Having a birth plan helps to prepare expectant couples for the physical and emotional aspects of child birth and teach non pharmacological methods of pain relief during labor.

Woman and newborn need timely access to skilled care during pregnancy, childbirth, and postpartum period. Providing information to the pregnant women does not require equipment or machinery but an efficient midwife educator and the willingness to listen and follow instructions and their awareness makes pregnancy safer to have safe mother and childbirth.

NEED OF THE STUDY

Maternal deaths mainly arise from pregnancy, childbirth or postpartum complications. Apart from medical causes, there are numerous interrelated socio cultural factors which delay care-seeking and contribute to these deaths.[1] A key strategy that can reduce the number of women dying from such complications is making a birth plan that constitutes birth-preparedness and complication-readiness measures for pregnant women and their families. Birth preparedness and complication readiness is a comprehensive package aimed at promoting timely access to skilled maternal and neonatal services.

From researcher's working experience with pregnant women in different settings, it was observed that the antenatal woman were afraid of childbirth, labor pain and outcome of delivery. Many primigravida women accessed the health care facility only after the occurrence of complications (fetal jeopardy, fetal death, eclampsia, sepsis, cord prolapse etc).

STATEMENT OF THE PROBLEM

A study to assess the knowledge on preparedness for labor among primigravida women attending the antenatal OPD of a selected tertiary care centre.

OBJECTIVES OF THE STUDY

1) To assess the level of knowledge of primigravida women regarding preparedness for labor.

2) To determine the association between level of knowledge and selected demographic variables(Age, Number of antenatal visits, Educational Qualification, Occupation, Monthly income of the family).

ETHICAL CONSIDERATION

- Ethical clearance taken from Ethical committee of the Institution.
- Prior to data collection, written informed consent was obtained from the selected subjects.

MATERIALS AND METHODS

Cross sectional descriptive design was utilized to assess the knowledge of primigravida women attending antenatal OPD of a tertiary care hospital. Based on the pilot study,a total of 130 Primigravida women were selected using Simple Random sampling technique.

Data collection was done using Semi-Structured Questionnaire.

The tool consists of five sections.Section A-Consisted of the demographic variables and baseline profiles which have an

effect on knowledge level of primigravida mothers.Section B - Semi structured questionnaires to assess the knowledge on general preparedness for labor. Section C contained semi structured questionnaire for assessing knowledge about labor pain,Section D consisted of semi structured questionnaire to assess the knowledge on welcome signs of labor.Section E was semi structured questionnaire to assess the knowledge on danger signs of complications.

Knowledge scores was compared with the age of the primigravida women using ANOVA test and F value was 6.001 with p value 0.003 which is significant.On comparison of knowledge scores with the no of antenatal visits the F value is 5.56 and p value 0.001,which was statistically significant.

On comparison of knowledge score with the educational qualification of primigravida women ,the results revealed F value 38.28 and p value of < 0.0001, which is highly significant. Similarly the analysis of knowledge score with the educational qualification of their husband showed the F value of 9.85 and p value was < 0.001 revealing significant association.

The data is analysed and findings are presented as follows:

1. Section I: Description of socio-demographic variables using frequency and percentage
2. Section II: Level of knowledge of primigravida women regarding preparedness for labor.
3. Section III: It deals with the analysis of data to identify the relationship between knowledge levels of primigravida and the selected socio demographic variables.

RESULTS

Section–I

Table1: Demographic characteristics of sample (n=130)

Parameters		No of samples (frequency)	Percentage (%)
Age (Yrs)	18-25	71	**54.6**
	26 – 30	24	18.4
	31 – 35	34	26.2
	Above 35	1	0.8
No of antenatal visit	1	6	4.6
	2	11	8.5
	3 – 5	57	**43.8**
	>5	56	43.1
Educational Qualification	Illiterate	8	6.2
	Primary	55	**42.3**
	Secondary	38	29.2
	Graduate & above	29	22.3
Educational qualification of Husband	Illiterate	2	1.5
	Primary	21	16.2
	Secondary	55	**42.3**
	Graduate & above	52	40.0
Occupation	Housewife	102	**78.5**
	Self employed	3	2.3
	Pvt employed	22	16.9
	Govt. employed	3	2.3
Monthly income (Rs)	<5000	14	10.8
	5001 – 10000	33	25.4
	10001 – 15000	39	30.0
	>15000	44	**33.8**
Type of family	Nuclear	56	43.1
	Joint	70	**53.8**

Figures in parenthesis indicates percentage

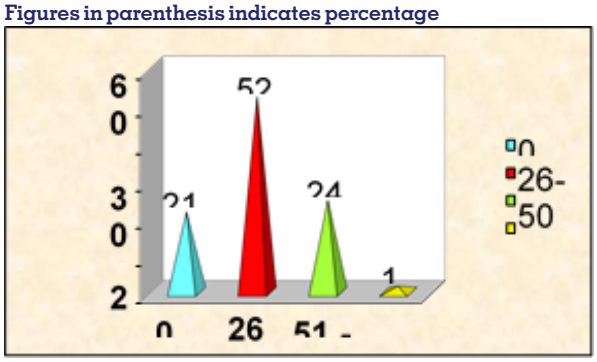

Table 2 & Fig 1: Overall knowledge score of primigravida women regarding preparedness for labour in study group (n=130)

Knowledge score	No of cases	Percentage
0 – 25 (Very Poor)	28	21.54
26 – 50 (Poor)	68	52.31
51 – 75 (Average)	32	24.61
76 – 100 (Good)	2	1.54
Total	130	100

Table 2 and **figure 1** depicts that out of 130 women a majority 52.31% primigravida women had poor knowledge, only 1.54% had good knowledge regarding preparedness for labor.

Table 3: Distribution of knowledge score on different aspects of preparedness for labor among primigravida women

Aspects of preparedness for labor	Knowledge score			
	0 – 25(very Poor)	26 – 50 (Poor)	51 – 75 (Average)	76 – 100 (Good)
General preparedness for labour	26 (20%)	53 (40.77%)	39 (30%)	12 (9.23%)
Labour pain	74 (56.92%)	32 (24.62%)	18 (13.85%)	6 (4.61%)
Welcome signs of labor	70 (53.85%)	36 (27.69%)	16 (12.31%)	8 (6.15%)
Danger signs	38 (29.23%)	68 (52.31%)	19 (14.61%)	5 (3.85%)

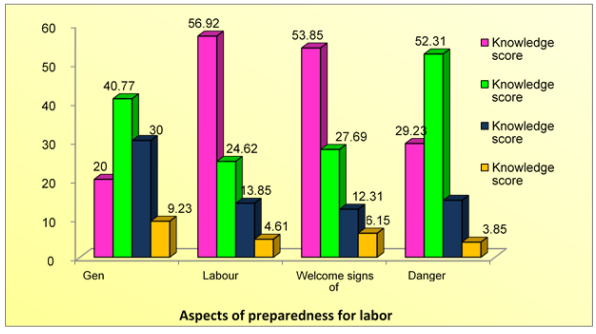

Fig 2: Distribution of knowledge score on different aspects of preparedness for labor among primigravida women.

Table 3 & Fig 2 depicts that in general preparedness for labor, 40.77% primigravida mothers had poor knowledge and only 9.23% had good knowledge. On assessing the knowledge score regarding labor pain 56.92% scored very poor and only 4.61 % good knowledge respectively. Regarding welcome signs of labor, only 5.15% primigravida women were having good knowledge and a majority of 53.85% women were very poorly informed for the same. For danger signs 52.31% had poor knowledge, 3.85% had good knowledege.

DISCUSSIONS

The present study was conducted to assess the knowledge regarding preparedness for labor amog primigravida women

attending antenatal OPD. A key strategy that can reduce the number of women dying from such complications is making a birth plan that constitutes birth-preparedness and complication-readiness measures for pregnant women, their spouses and their families. The birth-preparedness package promotes active preparation and decision- making for delivery by pregnant women and their families. Between 2016 and 2030, as part of the Sustainable Development Goals, the target is to reduce the global maternal mortality ratio to less than 70 per 100 000 live births with 99% of these deaths occurring in developing countries every day in 2015, about 830 women died due to complications of pregnancy and child birth.

a) Knowledge on preparedness for labor :

In the present study a majority(52.31%) primigravida women had poor knowledge, only 2 (1.54%) out of 130 had good knowledge regarding preparedness for labor .This proportion is lower than findings in a similar study by by Agila Devi (2009) in Tamil Nadu that 51 (51%) had moderately adequate knowledge, 45 (45%) had inadequate knowledge and remaining 4 (4%) had adequate knowledge.[2]

b) General Preparedness for labor:

Findings of the present study revealed 13.7% of the primigravida said that they had heard the term preparedness for labor, a majority (74.6%) of the primigravida women did not know about preparedness for labor, only 33 (25.4%) knew about it. Similarly a study done by Ayelech k (2015) stated that 88.9% of the participants had not heard the word birth preparedness while 13 (3.1%) expressed as they don't know about it.

The proportion of women who had identified a skilled provider for delivery , transport for emergency and blood donor were only 43.1%, 25.4% and 10.8% primigravida women respectively in the present study. Comparatively lower figures 32% women had identified skilled provider for delivery and 29.5% had made arrangement for transport during emergency are presented in the study conducted by Agrawal S et al at Slum in Indore, M. P.[3] This difference could be because the current study was conducted in a tertiary care centre which is located in the middle of the city and is easily accessible.

This study reported only 17.7 % primigravida women knew about the transportation provided by govt. Comparatively higher figures were provided in a similar study by Monika which revealed about 63% women were aware about transportation provided by government.[4]

c) Knowledge regarding Labor pain:

In this study women were poorly informed about labor pain and its coping abilities.57% had very poor knowledege about labor pain and only 5% had good knowledge. 56 (43.8%) Respondents knew about pain relief methods and only a handful 31(23.8%) knew about its severity. The figure is lower than the results provided by ugambe JM et al (2007) and Mung'ayi V, Nekyon D, Karuga R(2008) which reported almost 56% of the participants had knowledge about labour pain relief methods. On contrary Njiru JN, Esiromo MA, Omari HO(2014) in Kenya and Nabukenya Mary T et al. (2015) in Uganda reported that 89.4% and 93% of the participants were not aware of any pain relief method during labor respectively.[5] In India study conducted by Naithani U et al.(2011)in Udaipur and Shidhaye RV et al (2012) Ahmednagar more than 90% of the respondents were unaware of labor analgesia

d) Welcome signs of labor:

The data in Present study revealed that primi mothers had poor knowledge about signs of labor which was 1.48±1.20.Similarly Selvanayaki V in reported in a study done in TN revealed that the primi mothers had poor knowledge. "signs and symptoms of onset of true labour" was (2.94±1.37). It also revealed that the 53.85% primigravida women had very poor knowledge on welcome signs of labor. Only 6% had good knowledge. Findings are lower than a study by Gomathi M, Venketeasan M (2014) stated that out of 50 antenatal mothers only 36% of the mothers had poor knowledge about it.[65]

e) Danger signs of complications:

In spite of higher utilization of health care services, only 4% primigravida women had good knowledge about danger signs. which was lower than which was findings shown by study conducted by Tanuka Mandal et al in Darjeeling Dist. West Bengal (43.6%) and Aziem (2010) who reported 88.1% women were not aware of the danger signs of pregnancy.[56]

f) Association of knowledge score on preparedness for labor among primigrvida women and the selected demographic variables:

Significant statistical correlation was found between the knowledge on preparedness for labor among primigravida women and the age. However no literature related to this study was found.

In the present study significant correlation was found between the knowledge score on preparedness for labor among primigravida women and the antenatal visits. The results are similar to the study done by Agarwal S(2010) et al where Factors associated with well- preparedness were maternal and availing of antenatal services.[27] Similarly a study done in Kenya by Makunyi, Eliphas Gitonga (2009) reveals Attendance of four or more ANC visits positively influenced birth preparedness. This also agrees with a study in southern Ethiopia that found that availability and utilisation of ante natal services positively influenced birth preparedness (Hailu et al., 2011.[57]

In the present study knowledge score on preparedness for labor among primigravida mother was found to be significantly associated with the educational qualification of husbands. In contrary a similar study by Ayelech Kidanemariam (2015) reveals that the husband education does not have any association with the preparedness of primigravida mothers for labor.

There was no significant association between the knowledge on preparedness for labor among primigravida and the occupation.Where as in a similar study done in Kenya by Makunyi, Eliphas Gitonga (2009) reported that a higher proportion of women (44.4%) on salaried employment was prepared for birth than those on non-salaried employment (19%). There was a statistically significant association between the type occupation of the respondent and birth preparedness.Similar to the present study which shows significant the association between the knowledge score of antenatal women and the monthly income of the family, a study done by Kaso M, Addisse M and Makunyi, Eliphas G(2009) also found the similar results that an increase in average income increased the likelihood of preparing for birth.[21]

CONCLUSION

The present study highlights the knowledge on preparedness for labor among primigravida mothers attending antenatal OPD its association with the selected socio demographic variables. It was found out in the study that there is poor knowledge in the study subjects. On correlating with the socio demographic variables, all were found to be statistically significant , except the occupation and the type of family of the respondents. It revealed knowledge level increases with age, no of antenatal visits , educational qualification of the study subjects and their husband and the family income. Therefore, I can conclude that labor preparation classes can be an inexpensive and appropriate way to promote positive affect and vitality in the healthy pregnant mothers and can change the old attitudes toward pregnancy (sedentary and over rest and overweight). On the other hand, participating in such

classes will be beneficial for more relationships of the midwives with the pregnant women and increase the attitude of the midwives toward the natural vaginal delivery. Health facilities should have Strengthen health services in promoting early ANC attendance and improving the information given during the follow up, with special emphasis given to birth preparedness.. The government officials and partners that are working in areas of maternal health should come up with strategies to improve birth preparedness at individual and community level. In all health facilities during antenatal care emphasis should given to preparation for birth and its complication and provide information and education to all pregnant women.

RECOMMENDATIONS:

Keeping in view the findings of the study, the following recommendations are made –

- Further research Determinants of utilization of birth preparedness strategy among health care providers in India.
- The outcomes of utilization of birth preparedness by women.
- The study can be conducted in a larger scale , on a larger sample size , to be able to generalize the findings of the study.
- A study can be conducted on more number of variables which affect the knowledge level of primigravida women .
- A study including primigravida women attending antenatal OPD in different settings (rural , urban) can be carried out to assess the knowledge ,attitude and practice regarding child birth education classes.An experimental study can be done to assess the effectiveness of childbirth education classes on the practice among primigravida women.

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