



ASSESSMENT OF BIRTH PREPAREDNESS AND COMPLICATION AMONGST THE ANTENATAL WOMEN ATTENDING ANTENATAL OPD IN GAUHATI MEDICAL COLLEGE AND HOSPITAL

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ABSTRACT

Introduction: Women and newborns need timely access to skilled care during pregnancy, child birth and the post-partum period. Too often, however their access to care is impeded by delays-delays in deciding to seek care, delays in reaching care and delays in receiving care. These delays have many causes, including logistic and financial concerns, unsupportive policies and gaps in services, as well as inadequate community and family awareness and knowledge about maternal and newborn health issues.

Methods: The study was conducted in the Antenatal OPD of Gauhati Medical College and Hospital. The study was conducted by the students according to their feasibility, divided in groups, concentrating on the antenatal cases attending the Antenatal OPD during the study period. Besides these data collected by direct interview method, data of 300 patients were collected from the pregnant women and also from the hospital records of GMCH.

Results: The study results shows that 91% of the respondent have identified their place of delivery while 9% of the respondent have failed to identify their place of delivery. In a major finding, 72% of the respondent have identified transportation mode for reaching health care institution for any complication. Amongst the respondent who have identified Transportation mode for reaching health Institution, 27.7% have identified 108 services, 30% as own Vehicle, 5.5% has identified neighbor vehicle and the rest will reach the health care institution through a hired vehicle.

KEYWORDS : Health Care Institution- Delivery- ANC

INTRODUCTION

Women and newborns need timely access to skilled care during pregnancy, childbirth and the post-partum period. Too often, however their access to care is impeded by delays-delays in deciding to seek care, delays in reaching care and delays in receiving care. These delays have many causes, including logistic and financial concerns, unsupportive policies and gaps in services, as well as inadequate community and family awareness and knowledge about maternal and newborn health issues.

A **birth plan/emergency preparedness plan** includes identification of the following components such as the desired place of **birth**; the preferred **birth** attendant; the location of the closest appropriate care facility; funds for **birth**-related and emergency expenses; a **birth** companion, the transportation to be used in case of emergency or for delivery in a hospital, the identification of blood donors amongst friends, family members and neighbours in case Caesarian Section is required. etc.

Birth Preparedness and Complication Readiness (BPCR) is an intervention introduced by WHO to plan for births and deal with emergencies during pregnancy, labor and postpartum period. BPCR addresses 3 delays and helps pregnant women, their families and communities to take effective actions. BPCR is a key component in safe motherhood programs, which are globally accepted. It helps pregnant women to identify the complications, reach the health facility in time and seek proper professional care in time by reducing morbidities and mortalities due to complications because of 3 delays. BPCR include ANC components like early registration of pregnancy, knowledge of danger signs during pregnancy, labor and postpartum period, early identification of health facility for giving birth and emergency, identification of skilled birth attendant, identification of transportation, identification of birth companion, saving enough money for delivery, emergency and transportation, identification of a compatible blood donor if any emergency arises.¹

Complications like abortion, preeclampsia, eclampsia, ruptured uterus, puerperal sepsis, postpartum haemorrhage etc, which result in maternal mortality, morbidity and perinatal death, are unpredictable. Their onset may be sudden and severe.²

Birth-Preparedness and Complication-Readiness (BP/CR) is a package to empower women, her family and the community to promote maternal and neonatal survival. It has been recognized as a standard component of the programs designed to make pregnancy safer.³

METHODS

The study was conducted in the Antenatal OPD under Obstetrics and Gynecology Department of Gauhati Medical College and Hospital. The students according to their feasibility, divided in groups, concentrating on the antenatal cases attending the Antenatal OPD during the study period, conducted the study. Besides these data collected by direct interview method, data of 300 patients were collected from the pregnant women and from the hospital records of GMCH. The study was conducted from 2nd may 2017 to 1st September 2017 encompassing a period of 122 days. A pre-designed and pre-tested Schedule containing both open-ended and close-ended questions. Hospital records were also used as study tool for collection of data. Each patient was approached and was interviewed. Verbal Consent was undertaken from the patients before the interview. Documentary records such as Registration tickets, Referral Documents and previous documents pertaining to previous visits to the Antenatal OPD were also taken into account.

The data were analyzed manually and presented in the form of Frequency distribution Tables and Bar Diagrams and Pie Diagrams. Application of Computers (Microsoft Word and Spreadsheets) was made into use for typing, tabulation and graphical presentation of the data collected.

RESULTS

In the study Table no1 shows that 91% of the respondent have identified their place of delivery while 9% of the respondent have failed to identify their place of delivery.

Table 1

Patients have identified places for delivery			
Sl no	Places of delivery identified	Nos	Percentage
1.	Primary health centre	35	13%
2.	Community health centre/FRUs	6	2%
3.	Medical college	213	78%
4.	Nursing home	19	5%
5.	Home delivery	6	2%

The table 1 shows that 78% have identified govt. medical colleges, followed by primary health centre(13%) followed by nursing homes(5%) followed by home(2%) and community health centre/First Referral Units(FRU)(2%) for delivery.

Table no 2

Transportation mode identified for reaching the healthcare for any complication	

Sl no	Transportation mode identified	No	Percentage
1	108 ambulance services	60	27.7
2	Own vehicle	30	13.8
3	Neighbour vehicle	12	5.5
4	Hired vehicle	114	52.8

In a major finding, 72 % of the respondent have identified transportation mode for reaching health care institution for any complication. Table no 2 shows that amongst the respondent who have identified Transportation mode for reaching health Institution, 27.7% have identified 108 ambulance services, 30% as own Vehicle, 5.5% has identified neighbor vehicle and the rest will reach the health care institution through a hired vehicle.

In the study, 52% have identified blood donor in case of emergency blood transfusion while the rest 48% have not. Among the respondents who have identified Blood donors, 53.8% have identified blood donor as relatives, 30.7% as husband, 7.6% as voluntary organizations and 3.8% as neighbours for emergency blood transfusion.

During the study, it was found that 97% of the respondents are planning to undergo delivery by health skill providers while the rest 3% have no plan for it. Of all the respondents, delivery of 97% women will be done by doctors, 2% by nurses and 1% by trained dais. Amongst the respondents, 98 % of the pregnant women has identified person who shall accompany her to the healthcare institution for delivery and 2 % have not yet identified accompanying person.

Of all the antenatal women 60% have decided to go home after delivery by adarani, 36% by hired vehicle and 4% by their own vehicle. Of all the respondents, 49% kept the articles ready for baby and 51% have not kept articles ready for baby.

DISCUSSION

This study was conducted with an objective to assess the Birth Preparedness and Complication amongst the Antenatal Women. The Antenatal OPD of Gauhati Medical College caters patients not only from the Guwahati City but also from the lower Assam and Middle Assam Districts. As Assam has been struggling since the last two decades to reduce the maternal Mortality Rate, it highlights the relevance of the birth preparedness of the pregnant women.

A study from Rohtak, India showed that knowledge of danger signs and birth preparedness services provided by ASHAs were poor. Similarly in present study also knowledge of danger signs and birth preparedness services provided by ASHAs were poor.⁴

Pregnant women in the age group of >30 years, educational status of pregnant women Occupational status of both pregnant women and their husbands and regular antenatal checks ups and their husbands and joint family have significant associations for well birth preparedness and complication readiness ($p < 0.0005$)⁵

This study was an initiation to carry out a larger study that can be carried out in near future for further evaluation using bigger sample size and multiple health Institution which can enable the Government to make a road map to tackle with the high Maternal Mortality Rate in the state.

CONCLUSION:

The scenario of birth preparedness in the state of Assam is improving and quite satisfactory. It has drawn positive responses from all the sections of society be it Rural or Urban. At the same time Lack of education and awareness, poor financial status, social taboos and superstitions have proved to be the main factors for danger and derailment of many pregnancies.

Also, it is quite a delight to learn that most of pregnant mothers and their spouses are well aware of the gravity of the situation. Most of them are found smart to detect pregnancy by doing urine pregnancy test followed by their registration in nearby health centre. While others reported to the local doctors on cessation of menstruation. Only a few negative responses were confirmed.

Also, positive it is to learn that most of the mothers have completed the minimum 4 mandatory check up, while more than 90% were quite aware of the danger signs of pregnancy, and not to our surprise, they were quite familiar about pregnancy awareness schemes like JSY,

Adarani services. The negative response remains thin again. The Electronics and Print Media have helped a big time to make the government schemes reach out to masses.

The best touch of the survey was that 91% of respondents have identified their choice of delivery institutions, Gauhati Medical College being the choice in the lips of the majority followed by local health centres. Their husbands and family members too stands parallel in support by saving money for the delivery and the mother in laws were quite fluent to accompany to the delivery institutions. A small sum of pregnant mothers, mostly from illiterate environment declined to save any money for the cause.

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