



## FACTORS INFLUENCING BIRTH PREPAREDNESS

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Nursing\*Corresponding Author**ABSTRACT**

Birth preparedness and complication readiness is an action taken to make easy safe delivery by making plan before birth. Pregnant women are encouraged to make a plan ahead to have trained health care providers at every birth and it also raises awareness of serious warning signs among women, families and communities, which improves problem identification and decreases delaying the decision to seek care. The relevant research papers were found on PubMed, Research gate, Google scholar, Sage Journals, and Science Direct. The study result shows that there are several factors which influences the birth preparation and practices among pregnant women that may impact the health of the mother and the baby as well. The poor birth preparedness were found in young age mother, women who are unmarried, women with lower educational status, women who did not get good support by partner, poor attendance of antenatal visit, poor attitudes towards birth preparation, women living in rural area and who live far from hospital, less in number of pregnancy, low socio-economic status, women who perform cultural and religion practices.

**KEYWORDS :** Birth preparedness and complication readiness, factors, pregnant women, mother.

**INTRODUCTION**

In many parts of developing countries, pregnancy and child birth is a dangerous journey, that may leads to result in risk of death or lifetime disability. 15% of pregnant women will suffer from serious and long term morbidities and disabilities in the lack of skilled obstetric care<sup>1</sup>. During pregnancy and childbirth, about 800 women worldwide die everyday<sup>2</sup>. Timely access to skilled care is required for pregnant women and newborns during pregnancy, childbirth and postpartum periods<sup>3</sup>.

Birth preparedness and complication readiness is a procedure to facilitate safe delivery by making plan before birth. It encourages pregnant women to make a plan ahead to have trained health care providers at every birth and it increases awareness of serious warning signs among women, families and communities, which improves identifying problem and reduce the delay in decision making to seek care<sup>4</sup>. A study conducted in Kenya showed the impact of birth preparedness and complication readiness implication on birth with a skilled attendant evidenced that birth preparedness and complication readiness is a complex intervention, highly dependent on the context in which it is implemented<sup>5</sup>.

**CAUSES OF DELAY IN SEEKING CARE BY PREGNANT MOTHER**

- Failure to identify danger signs and complications of pregnancy, failure to perceive the seriousness of illness, financial implications, past negative experiences with the health care system and transportation problems<sup>3</sup>.
- A distance between home and health facility of health care provider, the condition of the way, and insufficient emergency transportation<sup>3</sup>.
- Unprofessional attitudes of providers, insufficient supplies and basic equipment, a lack of health care provider and unskilled health care providers<sup>3</sup>.

**INFLUENCING FACTORS OF BIRTH PREPARATION****1. AGE OF WOMEN**

The number of live births and age at first birth are related with the use of skilled birth attendance and birth preparedness<sup>6</sup>. Adolescents are more likely to have inadequate antenatal checkup and unskilled birth attendance during pregnancy and childbirth<sup>7</sup>. Advanced maternal age refers to more than 35 years at the time of birth, which could be a risk factor for different kinds of complications besides fetal genetic changes. Assessing the effectiveness of maternal referral in Rufiji district, birth preparation practices and knowledge on danger signs of complication was low among pregnant mother below 20 years of age<sup>1</sup>.

**MARITAL STATUS OF WOMEN**

Being married enhances social and economic support during pregnancy and childbirth using preparation and decision making<sup>6</sup>. The husband supports an intervention that lowers social risk factors and improves birth outcomes for a mother with less education<sup>8</sup>. Pregnant women who choose to seek obstetric services in consultation with their

spouses are over three times more likely to prepare for childbirth and be ready for complications than women whose decision is made independently<sup>9</sup>. A study conducted in Tanzania and Ethiopia show that pregnant women who conceive before marriage did not attend Antenatal checkup, had no knowledge on danger signs and more likely to do home birth due to stigmatization from the community. Single women are more likely to deliver at home as compare to married women<sup>1</sup>.

**EDUCATIONAL STATUS OF WOMEN**

Birth preparedness is associated with higher level of education. Education empowers women to gain an information that can help them to make decision independently<sup>6</sup>. Education is the important predictor of skilled attendance at delivery resulted by the differences between women with no education and those with primary and above in the study of choice of skilled birth attendance at Kenya<sup>10</sup>. Pregnant women with informal education but with birth plans were seven more likely to deliver at home than the literate ones in Tigray zone, Ethiopia<sup>1</sup>. Compared to women without any formal education, educated women were nearly seven times more likely to choose expert attendance at delivery<sup>11</sup>.

**PARTNER'S INVOLVEMENT**

Result of several studies conducted in various countries show that one of the antenatal care barriers was poor supports from husband and involvement in the antenatal and labour processes. Women delays seeking antenatal health care because of not getting proper permission from their husband<sup>12</sup>. Educated partner have four times more likely to support in safe motherhood than illiterate counterparts. Higher age of male partners have a better participation and support to wife during pregnancy as the result shown by a study in Ungogo area of northern Nigeria<sup>1</sup>.

**ANTENATAL VISITS**

The ability of early detection of labour signs is important skill received during antenatal care visits. In a project in Uganda, it was found among women who visited antenatal care were eight times more knowledgeable on birth preparedness and key danger signs in complications in pregnancy and labour<sup>1</sup>. Antenatal visit during the first trimester and the number of visit are the important factors associated with birth preparation. Evidence shown antenatal care is more effective if it is received in the early time of pregnancy<sup>13</sup>. The lack of antenatal care follow up during pregnancy was recognized as the reason for why the pregnant mother are not using skilled delivery service in Ethiopia<sup>14</sup>.

**MOTHER'S ATTITUDE TOWARDS BIRTH PREPAREDNESS**

Mother's attitude towards birth preparedness and complication readiness practice are important predictor for birth preparation. Mothers with favourable attitudes are better in preparation for birth and complication readiness than those with unfavourable attitudes<sup>15</sup>. If a woman is not emotionally prepared, she may find difficulty in coping

with changes during pregnancy. A planned or unplanned time for pregnancy could also influence mother's reaction towards having the baby<sup>3</sup>.

### PLACE OF RESIDENCE

Several studies from different areas observed rural areas have a poor knowledge on danger signs and decrease in use of skilled attendant at birth than mothers in urban area. Birth preparedness also reduced to acquisition of birth kits in rural areas<sup>1</sup>. Women who lived less than 30 minutes away from the hospital are more likely to deliver at a healthcare facility as compare to women who lived over an hour away from the hospital<sup>2</sup>.

### PARITY AND OBSTETRIC HISTORY

The knowledge of maternity care especially with the obstetric complications are influenced by the number of pregnancies and gestational age. Multipara women were many times more likely to recognize the danger signs like vaginal bleeding than nulliparae<sup>1</sup>. Women with a previous history of even a single obstetrics problem were more likely to prepare better than the women who did not have previous history of obstetric complication<sup>13</sup>.

### SOCIO ECONOMIC FACTORS

Low socioeconomic status people are who cannot afford basic needs, food and others items. In Kenya, poor women are more likely to die of pregnancy or childbirth because of living further away from health facilities due to lack of money and transportation, they are a barrier to seek care and recognizing and reaching medical provision<sup>7</sup>. Mother's occupation influences birth preparation and complication readiness<sup>13</sup>. Women who are economically empowered are likely to be more prepared for birth as they may not require financial support from their partners<sup>5</sup>. Previous research had demonstrated that women who reported having sufficient money set aside for delivery were almost three times more likely to seek skilled delivery<sup>10</sup>.

### CULTURAL AND RELIGIOUS PRACTICES

The psychological and social gap between health care providers and community is a reason to to inhibit the facility based childbirth<sup>16</sup>. In many places in the world, lack of awareness and cultural beliefs hinder preparation in advance for delivery<sup>3</sup>. Culture, consisting the values, beliefs, ways of living, and traditions that are transmitted from generation to generation, is understood as an element that configures behaviors and ways of being and acting. In many cases, cultural eating practices influences the behaviour of pregnant mother<sup>12</sup>. The respondents had different beliefs and practices about birth preparedness, some responds including " We don't prepare for child birth because it is against our culture", " If I buy the clothes and the baby dies, what will I do with the clothes". Religious practices have been shown to affect birth preparedness due to various religious practices inhibiting or promoting birth preparation. Some religions believe is not to seek formal health care while other religions encourage their people to utilize health care services thus this provide promotion of the services<sup>6</sup>.

### CONCLUSION

The women who have poor birth preparedness practices were found to be low in young age mother, women who are unmarried, women with lower educational status, women who did not get good support by partner, poor attendance of antenatal visit, poor attitudes towards birth preparation, women living in rural area and who live far from hospital, less in number of pregnancy, low socio-economic status, women who perform cultural and religion practices. Many factors influences how the mother practices the preparedness for childbirth, which may impact the health of the mother and the baby as well. Hence, the health care team should plan and conduct education program to the mother, so that the mother will be able well prepared for childbirth. Birth preparation is an intervention which deeply influences the health of the mother and baby during pregnancy and childbirth.

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