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BIRTH PREPAREDNESS AND COMPLICATION READINESS AMONG PREGNANT WOMEN

Obstetrics & Gynaecology

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ABSTRACT

Birth preparedness and complication readiness is a critical framework for ensuring safe deliveries and reducing maternal and neonatal mortality rates1. The study aimed to assess the birth preparedness and complication readiness among pregnant women attending antenatal outpatient department in the Institute of Maternal and Child Health, Kozhikode. The conceptual framework is based on revised health promotion model by Nola J Pender (2006). A quantitative non-experimental descriptive design with purposive sampling technique was used for selecting the sample. Data were collected from 210 pregnant women who satisfied inclusion criteria. Semi structured interview schedule were used to assess the birth preparedness and complication readiness among pregnant women. The data were analyzed by using descriptive and inferential statistics. The study concluded that pregnant women had poor birth preparedness and complication readiness. This necessitates the importance of health education regarding birth preparedness and complication readiness.The information booklet are prepared by investigator is distributed to all participants to enhance birth preparedness and complication readiness.

KEYWORDS

Birth preparedness and complication readiness, Pregnant women

INTRODUCTION

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being[2]. WHO has elaborated a global vision in which "every pregnant woman and newborn receives quality care throughout pregnancy, childbirth and the postnatal period" under the umbrella of universal health coverage[2].

Birth preparedness and complication readiness (BPACR) matrix was introduced by maternal and neonatal health program of Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) an international non-profit organization[3]. BPACR aims to promote safe childbirth and reduce maternal and neonatal morbidity and mortality[3]. BPACR focus on both the prevention of complications and the timely recognition and response to any potential complications that may arise during childbirth[4].

Objectives

- Assess birth preparedness among pregnant women.
- Assess complication readiness among pregnant women.
- Find out the association between birth preparedness and selected variables among pregnant women.
- Find out the association between complication readiness and selected variables among pregnant women.

Hypotheses

H_1: There is a significant association between birth preparedness and selected variables among pregnant women.

H_2: There is a significant association between complication readiness and selected variables among pregnant women.

Conceptual Framework

The conceptual framework of the present study BPACR among pregnant women is based on Revised Health Promotion Model by Nola J Pender (2006).

Methodology

A quantitative research approach was used for the study and it is considered appropriate for the present study. The research design adopted for the present study was non-experimental descriptive survey design. The sample of this study comprised of purposively selected 210 pregnant women attending antenatal outpatient department at the Institute of Maternal and Child Health Kozhikode.

Tools And Technique

Tool 1: Semi structured interview schedule to collect socio-personal variables among pregnant women.

Tool 2: Semi structured interview schedule to assess birth preparedness and complication readiness among pregnant women.

The Tool Consists Of 2 Sections That Is Section A And B
Section A- Birth preparedness among pregnant women
Section B- Complication readiness among pregnant women

Technique

Self-reporting

Data Analysis

The collected data would be organized, tabulated and subjected to statistical analysis with the help of 18th version of SPSS package. The following methods of descriptive and inferential statistical analysis were planned with the help of experts.

RESULTS

Sample Characteristics

210 pregnant women attending antenatal outpatient department at the Institute of Maternal and Child Health Kozhikode.

Findings

The present study showed that , among sample selected , 47.1 % of participants belongs to the age group of 23- 27years, 55.2% of participants had higher secondary education, 61.4% of participants were homemakers, 77% of participants belongs to BPL category, 66% of participants living in rural area, 55.7% of participants had illness during pregnancy, among whom 39.3% of participants had gestational diabetes mellitus, 29.9% of participants had gestational hypertension, 17.1% of participants had thyroid disorders and 13.7% of participants had anemia and 60.47 % of participants had stress during pregnancy.

Birth Preparedness Among Pregnant Women

The study shows that 68.6 % of participants had poor level of birth preparedness, 28.6% of participants had average level of birth preparedness and 2.8% of participants had good level of birth preparedness.

Among the participants the mean birth preparedness score of the participants was 14.39 with a standard deviation of 3.72.

Complication Readiness Among Pregnant Women

The study shows that 78.6% of participants had poor complication readiness and 21.4% of participants had average level of complication readiness. None of the participants had higher level of complication readiness.

Among the participants the mean score of complication readiness of the participants was 12.08 with a standard deviation 2.96.

Association Between Birth Preparedness And Selected Variables

H_{01}: There is no significant association between birth preparedness and selected variables among pregnant women.

In order to test the hypothesis the data was subjected to chi-square test at 0.05 level of significance.

Association between birth preparedness among participants with selected variables

(n =210)

Selected Variables	χ2	df	p value
Age	4.7	8	0.78
Educational status	114.1	6	0.00**
Occupation of participants	69.7	6	0.00**
Socio economic status	7.57	2	0.23
Religion	10.3	4	0.35
Place of living	3.65	2	0.16
Type of family	457	2	0.79
Occupation of husband	1.08	6	0.99
Illness during pregnancy	3.56	4	0.46
Stress during pregnancy	1.27	2	0.52

** Significant at 0.01 level of significance

A significant association found between birth preparedness among pregnant women and selected variables such as educational status and occupation of participants at 0.05 level of significance.

Association Between Complication Readiness Among Participants With Selected Variables

H_{02}: There is no significant association between complication readiness and selected variables among pregnant women

In order to test the hypothesis the data was subjected to chi-square test at 0.05 level of significance.

(n=210)

Selected Variables	χ2	df	p value
Age	2.7	4	0.60
Educational status	51.03	3	0.00**
Occupation of participants	17.5	3	0.00**
Socio economic status	2.78	1	0.09
Religion	6.21	2	0.04*
Place of living	0.14	1	0.70
Type of family	0.09	1	0.76
Occupation of husband	0.73	3	0.79
Illness during pregnancy	1.84	1	0.39
Stress during pregnancy	0.73	1	0.39

* at 0.05 level of significance

A significant association found between complication readiness among pregnant women and selected variables such as educational status, occupation and religion of participants at 0.05 level of significance.

DISCUSSION

Birth Preparedness Among Pregnant Women

The present study revealed that 68.6% of participants had poor level of birth preparedness, 28.6% of participants had average level of birth preparedness and 2.8% of participants had good level of birth preparedness.

The study findings are consistent with the findings of another descriptive study to assess the knowledge and attitude on birth preparedness among primigravida mothers at selected hospital Patiala, Punjab. The study findings shows that only 6.8% of women have birth preparedness[5].

Birth Preparedness And Complication Readiness Among Pregnant Women

The present study revealed that 68.6% of participants had poor level of birth preparedness, 28.6% had average level of birth preparedness and 2.8% had good level of birth preparedness. The study also found that 78.6% of participants had poor complication readiness, 21.4% of participants had average level of complication readiness and none of the participants had higher level of complication readiness.

The present study findings are in concordance with the findings of another study to assess the BPACR among women at Hooghly district, West Bengal. The study findings shows that 72.8% of women have poor BPACR[6].

The present study findings are inconsistent with the findings of a cross-sectional study on maternal BPACR among postnatal women conducted at Adabraka polyclinic, Ghana. The study findings revealed that the birth preparedness was 78% and complication readiness was 58%[7].

CONCLUSION

The present study revealed that the birth preparedness and complication readiness was poor. The study's results suggest that enhancing health education for couples during antenatal visits, encouraging male partners in BPACR, and community health workers can strengthen the effectiveness of BPACR.

The authors declares that they have no conflict of interest.

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