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Knowledge and practices about routine antenatal care in pregnant women

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Abstract

Introduction: In order to have healthy mother and baby, adequate antenatal care is a must. Poor antenatal care is an important risk factor for adverse pregnancy outcomes among women¹ So this study was done to assess the knowledge and practices of antenatal women in rural central India and also that despite having adequate knowledge about antenatal care what prevents them from having that desired level of care.

Material and methods: This was a cross sectional study done in January 2019 on 100 antenatal women with full term pregnancy in Vidisha district. Data was collected using predesigned proforma. After the data was collected using predesigned questionnaire, subjects were also counseled regarding the importance of regular antenatal care and about breastfeeding and contraception.

Results: Majority of women were in 20-30 yrs age group (95%). 70% were Hindu, 42% were primigravida 58% were multigravida only 88% remembered their LMP. Only 10% confirmed their pregnancy by upt, 50% had their 1st visit to hospital in 1st trimester 40% in 2nd trimester & 10% in third trimester 80% women had their 1st usg in 2nd trimester 100% received tt vaccination, 90% received iron & calcium supplements but only 60% continued to take them till term when asked about the danger signs in pregnancy, pain as a danger sign was said by 80% of women, bleeding pv was said by 66% of women, leaking pv was said by 56% women whereas fever was said by only 10%, loss/ decreased fetal movements was said by only 10% of women, also excessive vomiting was as a danger sign was said by 10% women only knowledge about post partum contraception was poor 100% of women knew about early initiation of breastfeeding and 80% were willing to continue till one year. 83% of mothers said that breastfeeding should be started within 24 h. when asked about the reasons for their inadequate follow-up during pregnancy, lack of adequate knowledge (70%), lack of company to visit the hospital (30%), inaccessibility (8%), were major causes. 33% women said they did not have any complains so they did not have routine antenatal care.

Keywords: Knowledge, antenatal care, practices

Introduction

Government from time to time has launched different initiatives to reduce maternal and infant mortality and morbidity. But this aim can't be achieved by just focusing on the intranatal period (during childbirth). In order to have healthy mother and baby, adequate antenatal care is a must. Poor antenatal care is an important risk factor for adverse pregnancy outcomes among women^[1]. Despite being easily accessible and affordable, many women still don't have adequate antenatal care during pregnancy and they come to the hospital only at the time of labour or after developing some serious complications. With so many programs launched by the govt. and yet continuously growing number of programs like PMMSY programs, various new programs on contraception (Antara, Chaya), there is lack of adequate knowledge, attitude and practices among antenatal especially rural antenatal women. For reducing the MMR and improving maternal and fetal outcome, adequate antenatal care is the most crucial step. Much serious complication can be treated and prevented if detected early during routine antenatal visits. Also various fetal anomalies and infections can also be picked up timely. Breastfeeding and contraception are also the crucial elements in improving long term maternal and fetal outcome but unfortunately the least practiced at least in rural central India. This period can also be taken as an opportunity to counsel women regarding the benefits of breastfeeding and contraception. So this study was done to assess the knowledge and practices of antenatal women in rural central India and also that despite having adequate knowledge about antenatal care what prevents them from having that desired level of care.

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Materials and Methods

This was a cross sectional study done in January 2019 on 100 antenatal women with full term pregnancy in Vidisha district. Data was collected using predesigned proforma. After the data was collected using predesigned questionnaire, subjects were also counseled regarding the importance of regular antenatal care and about breastfeeding and contraception.

Results

The study was across sectional study in the department of obstetrics and gynaecology on 100 full term antenatal women.

1. Among 100 women participated, 95% were in the age group 20-30 years. 3% were more than 30 years and 2 women were less than 20 years. 70% were Hindu females and 30% were Muslim. 20% had only primary education, 27% were educated upto 8th standard, 43% had secondary school education whereas only 10% received education higher than secondary education. 80% was rural population and 20% was urban/semiurban
2. 42% were primigravidas and 58% were multigravidas.
3. About 88% of women remembered there LMP whereas 12% of the women did not remembered there LMP. 76% of women had confirmed there pregnancy in first trimester by doing a Urine pregnancy test which was mostly done either at home or at anganwadi centre whereas 16% had not done a UPT and 10% women had confirmed their pregnancy by an ultrasound.
4. 50% antenatal women had their first visit to the hospital in their first trimester and 40% had their first visit in second trimester. 10% women had no antenatal visits in first and second trimesters and had reported to the hospital for the first time in third trimester only. Only 12% patients had a regular antenatal visits coming to the clinic every month for a follow up where as a huge number of women had not a regular monthly visit. Of those 12% with a regular monthly antenatal visits, when asked it was mainly due to the monthly PMMSY plan on every 9th of the month or these patients had some complication for which they were called frequently by the doctor in private clinics. Rest 88% of the patients had an infrequent visit to the hospital, once in two-three months or when they developed some complication like pain or bleeding PV.
5. Even though USG is available free if cost in our hospital only 10% of the women had a USG in first trimester itself. 80% of the women had their first USG only in second trimester. About 30% of the women had no USG done in either first or second trimester and had a scan only in third trimester. 40% of women had routine investigations done in first trimester itself, 70% of all the 100 women had their routine investigation done in second trimester (this included those who had investigations both in first and second trimester) and 88% of all 100 women had routine investigations in third trimester (this group included those who had their investigations done earlier also and were repeated in third trimester). By the time these women were fullterm, all had their routine investigations done.
6. 100% of the women had tetanus toxoid vaccination done according to the norms. The reason for this is the anganwadi centers. The results were similar to the study by Eram, *et al.* [3].
7. 90% of the women received iron and calcium supplements 4th month (mostly from local anganwadi) but only 60% continued to take iron and calcium till delivery due to poor tolerance and gastrointestinal side effects. When asked

about the intake of iron and calcium post delivery, only 20% said that they knew about postpartum iron and calcium intake.

8. When asked about the danger signs in pregnancy, pain as a danger sign was said by 80% of women, bleeding PV was said by 66% of women, Leaking PV was said by 56% women whereas fever was said by only 10%, loss/ decreased fetal movements was said by only 10% of women, also excessive vomiting was as a danger sign was said by 10% women only.
9. When asked about their knowledge on postpartum contraception, 50% had heard about postpartum IUCD, 50% had knowledge about barrier contraceptive, 60% said OCP as a postpartum contraceptive method, 40% were aware about injectable contraceptive whereas 10% women had no knowledge about any of the contraceptive method available. 70% women were willing to have a gap of 1-3 years between two pregnancies whereas 30% wanted to have a gap of more than 3 years between two pregnancies.
10. 100% of women knew about early initiation of breastfeeding and 80% were willing to continue till one year. 83% of mothers said that breastfeeding should be started within 24 h.
11. When asked about the reasons for their inadequate follow-up during pregnancy, lack of adequate knowledge (70%), lack of company to visit the hospital (30%), inaccessibility (8%), were major causes. 33% women said they did not have any complains so they did not have routine antenatal care.

Discussion

In a 2013 study by Laishram *et al.* [2] among 429 married women who had a delivery in the last five years in an urban area in Imphal East, only 42.6% women got full ANC, and the main reasons for not attending any antenatal check-up were thought of as not necessary and financial constraints. It was found that higher level of education, Hindu religion, age at marriage, and living in owned house were statistically associated with better knowledge ($p < 0.05$). The reasons for not attending antenatal check-up were that it is not necessary (54.5%), financial reasons (27.2%) and unaware about ANC (18.3%).

Around half of the respondents were primipara in the study by Laishram J *et al.* [2]. Whereas in our study, 42% were primigravidas and 58% were multigravidas.

In a study by Kaur A *et al.* [3] 76.1% were in age group of 20-30 years, while 15.3% and 8.6% were <20 yr and >30 year old. Regarding the education status 44.6% were studied up to matric and 16.5% were illiterate in their study. In their study, 96% of mothers started ANC in first trimester. On asking about the regularity of ANC visits 79.5% of mothers had the same. Among the mothers who didn't have regular ANC visits the reasons were didn't feel the need for ANC (50.8%), transport problem (46.3%) and family refusal (2.9%) in their study. 60% of the mothers knew about the danger signs and 96.9% knew that they should report to a doctor during that in their study. In the study by Ahirwar N [4] 64.16% of total subjects had correct knowledge about warning signs during pregnancy in contrast to study conducted by Shirin S *et al.* [5] where they found that respondent's knowledge about warning signs during pregnancy was poor.

In 2016 Patel *et al.* [6] showed that among 384 pregnant women in their 3rd trimester attending the antenatal clinic in a Tertiary Care Hospital, about 58% women had adequate knowledge regarding ANC. Variables such as age, education, occupation,

parity, type of family, and socioeconomic status (SES) had a significant association with awareness about ANC. 100% women were having a positive attitude toward ANC. Around 70%, women were practicing adequately, and variables such as education and SES had a significant association with practices about ANC.

Eram *et al.* [7] in 2016 showed that out of total of 100 mothers, majority of the mothers responded that pregnant women need to go for ANC checkup (95%). However, only 60% knew correctly the minimum number of ANC visits during pregnancy. 99% of mothers knew that TT should be given during pregnancy, but only 50% knew the correct dose. Although 84% of mothers knew the importance of iron folic acid (IFA) tablet, only 40% knew the correct dose. 85% of mothers knew about birth spacing, and 90% said it to be a good practice. In their study 85% of mothers knew about birth spacing and 90% said it to be a good practice. 95% had knowledge of one or other methods of birth spacing. 83% of mothers said that breastfeeding should be started within 24 h.

Arya *et al.* [8] in a 2017 study showed that out of 45 respondents, 44.44% of respondents are those who visit health centre between 1-2 month, 33.33% respondents are those who visit health centre within 15 days, 26.66% respondents are those who visit health centre between 2-3 months and 24.44% respondents visit health centre between 3-4 months and only 8.88% respondents are those who can't say anything about visiting health centre. 44.44% of pregnant women (44.44%) are those who thought that during pregnancy the TT injection given to pregnant women is very important for care of both mother and baby, 28.88% pregnant women are those who stated that the TT injection given to pregnant women is very important for care of baby, 24.44% pregnant women don't know anything about importance of TT vaccination and only 2.22% pregnant women stated that the TT vaccine given to pregnant women is very important for mother.

Yadav *et al.* [9] in 2017 showed that among 290 pregnant women, 72.41% pregnant women considered USG use to detect fetal anomalies while 27.93% considered for sex detection. Majority (93.1%) done USG in current pregnancy, of that more (43.45%) in second trimester and mainly advised by doctors (91.03%). Nearly half of them (50.69%) considered its expensive procedure. 50.69% of them opined it should be done twice in pregnancy. Almost 94.83% considered USG as safe and beneficial.

Kaur *et al.* [3] in a 2018 study showed that out of 327 mothers having less than one year old child, about 22.0% mothers had poor knowledge while 45.6% and 32.4% had average and good knowledge respectively. Age and education status of the mother had significant relation with the knowledge regarding ANC. 96% of mothers started ANC in first trimester. 79.5% of mothers had regular ANC visits during pregnancy. About 86.5% of the mothers visited for post natal visits. They concluded that considerable gaps were found in the knowledge and practices regarding ANC.

Ahirwar *et al.* [4] in 2018 showed that out of 600 subjects, 86.16% subjects visited ANC clinic during first trimester, 66.33% knew correctly about frequency of antenatal visits, 97.50% knew about Tetanus immunization. About 78.33% had positive attitude towards antenatal checkups and early registration. Similarly, 70.4% took adequate antenatal care, 93.33% took iron folic acid tablets.

In the study by Yadav JU *et al.* [9] majority had done (43.45%) USG in second trimester, 25.52% in first trimester while 24.14% in third trimester.

Conclusion

Although government schemes like PMMSY and local anganwadi centres have helped to a huge extent in providing the basic antenatal care but still pregnant women in rural areas need to be educated about the importance of a regular antenatal care because there still exists a huge gap among the care provided to them. This can be done by proper counseling and making antenatal care more accessible in rural areas.

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