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Dr. Pragya Jain
Ex Medical Student Lady
Hardinge Medical College, New
Delhi, India

Dr. Vaishali Jain
Assistant Professor, Department of
Obs and Gynae, Mahatma Gandhi
Memorial Medical College,
Maharaja Yeshwantrao Hospital,
Indore, Madhya Pradesh, India

Corresponding Author:
Dr. Vaishali Jain
Assistant Professor, Department of
Obs and Gynae, Mahatma Gandhi
Memorial Medical College,
Maharaja Yeshwantrao Hospital,
Indore, Madhya Pradesh, India

Knowledge and practices regarding antenatal care among pregnant females visiting antenatal clinic at tertiary care hospital in Delhi

Dr. Pragya Jain and Dr. Vaishali Jain

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Abstract

Introduction: Antenatal care is an effective tool to reduce both infant and maternal mortality rates. So present study was carried out, to assess the knowledge and practices regarding antenatal care among the pregnant females.

Methods: A cross sectional study was carried out in Lady Hardinge Medical College Delhi with sample of 500 pregnant women using pretested questionnaire.

Results: In our study 58% had knowledge about tetanus toxoid immunization, 13.8% were aware of HIV screening, majority preferred hospital 87.2% as place of delivery, 62.4% visited ANC clinic for fetal reasons, 81.4% had no knowledge about danger signs of pregnancy.

Conclusion: Community awareness should be created to improve antenatal care. Proper utilization of antenatal care reduces both maternal and neonatal mortality and morbidity.

Keywords: antenatal care, pregnant females, antenatal clinic, pregnancy outcomes

Introduction

Antenatal care is the care given to pregnant women so that they have a safe pregnancy and healthy babies. Safe motherhood initiative, a worldwide effort was launched by WHO in 1987 which aimed to reduce the number of deaths associated with pregnancy and child birth [1]. Appropriate antenatal care is an important element of this initiative.

Worldwide, approximately 830 women died every day due to pregnancy and its complications in 2015. Our aim is to reduce global MMR from 216 per 100000 live births in 2015 to less than 70 per 100000 live births by 2030 (SDG target 3.1). Most of these deaths are from developing countries i.e. nearly 99% [2]. WHO also reported that risk of dying from pregnancy related causes is 33 times higher in developing countries than in developed world [3]. In India as of 2015, the MMR was 174 per 1 lakh live births [4].

According to NFHS 4 only 21% of pregnancy women had full antenatal visit in India [5]. Government of India has launched many programmes to reduce maternal mortality and improve health status of women and children like Janani Suraksha Yojana, comprehensive obstetric care and tracking of each and every pregnant women and proper antenatal, intranatal and postnatal care [6, 7, 8]. Studies conducted in India [9] and globally [10] recognize that proper antenatal care can significantly improve maternal and child health and reduce maternal mortality and morbidity significantly.

Reproductive and child health programme aims at providing at least three antenatal checkups which include a weight and blood pressure checkup, abdominal examination, tetanus immunization, iron and folic acid supplementation and anemia management [11]. Thus, antenatal care is a comprehensive approach to medical care and psychological support to the family that ideally begins at conception and ends with onset of labour. It envisages ongoing assessment of risk, identifying and managing problems through education, counseling and medical interventions. The goal is to have a healthy mother and healthy baby at the end of pregnancy [12]. Unfortunately, many women in developing countries do not receive proper antenatal care [13]. Understanding maternal knowledge and practices of community regarding antenatal care is required for proper implementation of maternal and child health programs [14]. Hence this study was carried out to evaluate the knowledge and practice of antenatal care among pregnant females visiting antenatal clinic at a tertiary care hospital in Delhi.

Material & Methods

This was a cross sectional study which was carried out to assess the knowledge, attitude and practices regarding ANC among pregnant women attending the antenatal clinic in Lady Hardinge Medical college Delhi from July 2008 to Sep 2008. 500 pregnant females between age group of 18-40yrs who consented for this study were included. Written informed consent was obtained from each subject. The data were collected by interviewing all the eligible subjects willing to participate in the study by direct questionnaire method. Study was done under two headings. First, personal information of patients was collected like age, educational status, monthly family income and type of family. For assessment of knowledge of obstetric care patients were asked about frequency of antenatal visit, tetanus toxoid immunization, preventive strategy of anemia, HIV and HbsAg screening, danger signs of pregnancy, family planning and choice of contraceptive, choice of milk for baby feeding. Study participants confidentiality was maintained in all the phases of the study.

Results

Table 1: Profile of Study Participants N-500

Age Group (in yrs)	Number	Percentage
Less than 20	15	3
21-30yrs	399	79.8
31-40yrs	86	17.2
Education		
Illiterate	146	29.2%
Less than 10 th	120	24%
10 th	145	29%
10+2	26	5.2%
Graduate	63	12.6%
Family Income		
Less than Rs. 5000	373	74.6%
Rs. 5000-10,000	76	15.2%
More than 10,000	32	6.4%
Didn't know	19	3.8%
Type of Family		
Nuclear	213	42.6%
Joint	287	57.4%
Gravid Status		
Primigravida	275	55%
Multigravida	225	45%
ANC Coverage in Prior Pregnancy		
Yes	397	79.4%
No	103	20.6%
Duration of pregnancy		
<12wks	25	5
12-20wks	113	22.6
21-30wks	220	44
More than 30wks	142	28.4
Planned	192	38.4%
Unplanned	308	61.6%

Table 1 shows, in our study majority of patients were in 21-30yrs age group i.e. 79.8%. Majority of patients had poor educational status. 74.6% patients had family income less than Rs. 5000/-. Majority were living in joint family i.e. 57.4%. 55% were primigravida and 45% were multigravida. 79.4% had ANC

coverage in prior pregnancy. 61.6% had unplanned pregnancy. Duration of pregnancy was 21 to 30wks in 44% patients and more than 30wks in 28.4%.

Table 2: Knowledge and Practices Regarding Antenatal Care

Motivation of ANC		
Self	76	15.2%
Relatives	321	64.2%
Previous experience	28	5.6%
Accompanying Person to ANC		
Self	56	11.2%
Husband	198	39.6%
relatives	246	49.2%
Knowledge of TT Immunization		
Yes	290	58%
No	210	42%
HIV/HbsAg Awareness		
HIV	69	13.8%
HbsAg	95	19%
None	336	67.2%
Travelling Time of ANC Facility		
<30 min	146	29.2%
30-60 min	177	35.4%
60-120 min	115	23%
2-3hrs	52	10.4%
Choice of Place of Delivery		
Home	38	7.6%
hospital	436	87.2%
Any	6	1.2%
Preference for Person Conducting		
Dai	18	3.6%
Doctor	401	80.2%
Nurse	44	8.8%
Any	36	7.2%
Knowledge of Family Planning		
Yes	259	51.8%
No	241	48.2%
Choice of Contraceptive (out of 259)		
Ligation	70	27.15%
Barrier	23	9.1%
IUCD	34	13.25
OCP	60	23%
Don't know	70	27.3%
Choice of Milk for Baby Feed		
Mothers milk	470	94%
Tinned milk	24	4.8%
others	7	1.4%

Table 2 shows in our study, 64.2% of patients were motivated by relatives for ANC. Most patients visited ANC with either husband (39.6%) or relatives (49.2%). 58% had knowledge about tetanus toxoid immunization, 13.8% were aware of HIV screening and 19% were aware of HbsAg screening in pregnancy. Travelling time to ANC facility was 30-60 min in 35.4% patients. Majority preferred hospital 87.2% as place of delivery 80.2% preferred doctor as person conducting delivery, 51.8% had knowledge of contraceptive out of this majority preferred tubal ligation as choice of contraceptive (27.15 %). Mother's milk was preferred as choice of milk of baby feed by 94% of patients.

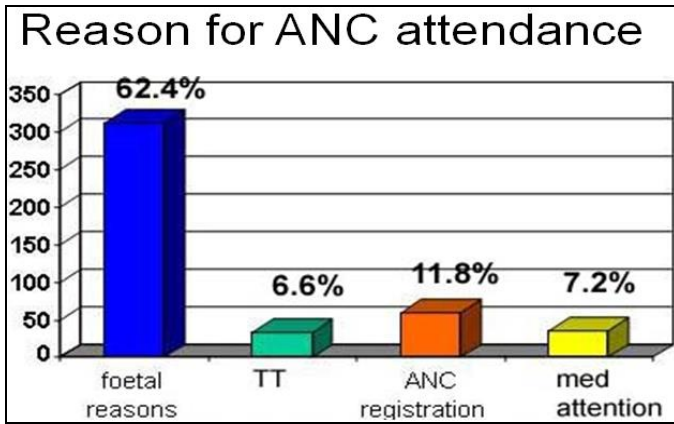


Fig 1: Shows 62.4% visited are clinic for fetal reasons 11.8% for ANC registration 6.6% for TT administration and 7.2% for medical conditions

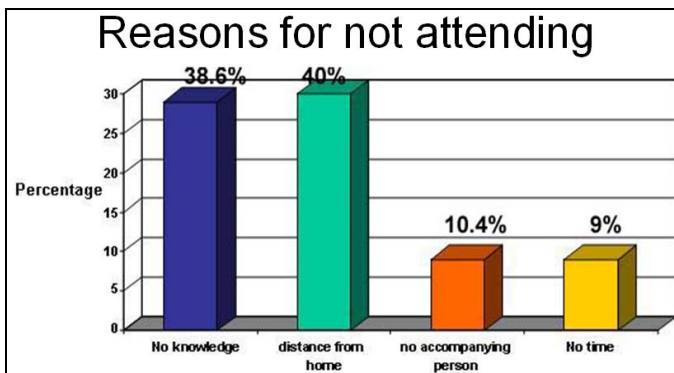


Fig 2: Shows Distance from home was most important reason for non-attendance of ANC is 40%. 38.6% had no knowledge about ANC, 10.4% said that they have no accompanying person, 9% did not have enough time to visit ANC

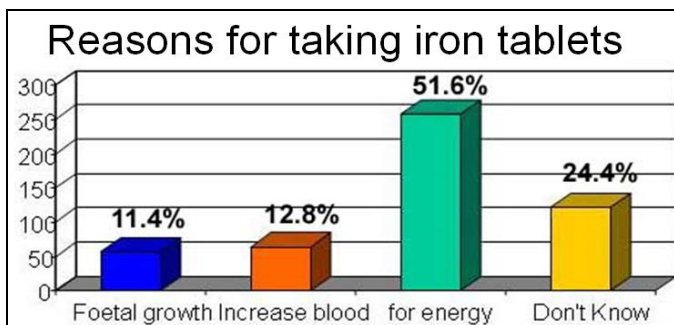


Fig 3: Shows that 51.6% said that they took iron folic acid tablets for energy

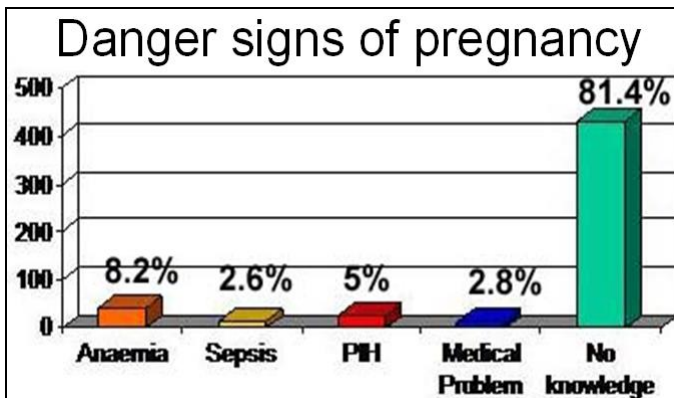


Fig 4: Shows 81.4% had no knowledge about danger signs of pregnancy

Discussion

In this study, majority of patients were in age group of 21-30yrs i.e. 79.8%. In a study conducted in Uttarakhand 77.7% of respondents were in the age group of 20-30yrs [15].

In this study 58% had knowledge about TT immunization. In a study done among mothers in rural area of Aligarh 50% mothers knew the correct doses of TT injection [16]. 87.2% of respondents said that hospital is a better place for delivery. In another study, it was found to be 80% [16]. Similarly in a study done in rural area of North India majority were institutional deliveries [17].

In our study, only 19.6% had knowledge about warning signs of pregnancy. However, in another study it was shown that 64.18% knew about warning signs [18].

Among the mothers who did not have regular antenatal visits, the reasons were distance from home (40%), 38.6% had no knowledge about ANC, 10.4% said that they have no accompanying person, 9% did not have enough time to visit ANC. In a study conducted in Punjab, reasons for the same were did not feel the need for ANC (50.8%) transport problem (46.3%) and family refusal [19]. In a study conducted in Jaipur reasons for not attending regularly for ANC were dependency on family members (26.5%), transport problems (20.6%), and tiring process of ANC (20.6%) [20].

Several authors have suggested that ANC is more beneficial in preventing adverse pregnancy outcomes when received early in pregnancy and continued until delivery [21, 22]. 29.2% had travelling time less than 30 min to ANC facility and 35.4% had travelling time of 30-60min. Megadi *et al.* said that frequency of antenatal care is also influenced by the accessibility of antenatal care service [23].

Conclusions

Knowledge and practices regarding antenatal care had considerable gaps. Health care workers play an important role in motivating the woman and her family to utilize the ANC services, which are available for free in all the government health setups. To improve community awareness on ANC, information, education and communication activities should be increased on ANC through community campaigns and mass media like local television channel, radio and local newspapers.

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