“Antenatal care and birth preparedness status amongst the recently delivered mothers in Jehanabad district, Bihar”

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MBA HM 22 (2017-2019)

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Rationale

Every pregnant woman is at a risk of any sudden and often unpredictable complication that could lead to death or injury to the mother or to her infant. Hence, it is highly necessary to practice strategies to tackle these problems as they arise. There is evidence from studies conducted in different parts of the world that promoting Birth Preparedness improves preventive behaviors, improves knowledge of mothers about danger-signs, and leads to improvement in care-seeking during obstetric emergency. Various such studies are focused on states like Karnataka, Madhya Pradesh and Delhi, but no major evidence could be gathered in the context of Bihar. Thus, this study is being proposed, with the objective of assessing the status of Birth Preparedness and ANC status amongst the women in Jehanabad district, Bihar. The study is intended to serve as a need's assessment survey, designed to determine the level of awareness, attitude and behavior of women and their families to birth preparedness, and complication readiness. Keeping in consideration, the recall bias after a significant time lapse after delivery, and to assess the activities during the entire course of pregnancy, as well as, the time of delivery; the study was proposed to be conducted amongst the mothers of 0 to 2 months children.

RESEARCH QUESTION

What is the status of Ante-Natal Care and Birth Preparedness among the mothers of 0 to 2 Months old children in Jehanabad district of Bihar?

OBJECTIVES

✓ *General Objective*

To assess the status of Ante-Natal Care and Birth Preparedness amongst the mothers of 0 to 2 months old children in Jehanabad district, Bihar.

✓ *Specific Objectives*

- To review the status of visits and counselling by FLWs to pregnant women during their course of pregnancy.
- To determine whether pregnant women in Jehanabad get their pregnancy registered timely and receive appropriate Ante Natal Care.
- To determine whether women in the village get proper vaccinations and nutrition supplementations, as required during pregnancy.
- To assess whether the women and their families keep a proper plan for child birth in place during their pregnancy.

Methodology

- **Study design and area**

A cross-sectional descriptive study involving the mothers of past 2 months born infants, residing in Jehanabad district, Bihar.

Study population- Participants of this study were the women who had delivered a child in the past 2 months 29 days (i.e. the child is 0 to 2 months of age) and present in the village at the time of data collection and consenting to participate in the study.

- **Eligibility criteria**

Inclusion criteria – all the mothers of children who were born between Feb , March and April 2019.

Exclusion criteria – beneficiaries who were not available at the time of data collection.

- **Sample size calculation**

Where, N – Population size; e – Margin of error; z - Z score (based on the desired

Confidence Level)

$N = z2. p(1-p) / d2$

Using the above formula of Sample size calculation,

In our case, sample size = 244 (at 90% Confidence level and 5% Margin of Error)

Z= 1.64

d= 0.005

P= 0.64

- ## Data Collection

Participants were identified by convenience sampling of eligible women present in the village at the time of visits. Data was collected by the means of surveying the participants, by personally visiting the households of the eligible respondents in the village.

Data collection for the study was spread over a period of 3 months duration, in the month of 4 Feb – 7 May.

Beforehand, all aspects of confidentiality were reassured. Only those who gave a proper

consent participated in the study. In case a respondent felt tired or uncomfortable, she could take a break, following which survey process could resume. The participants were free to terminate the survey at any time.

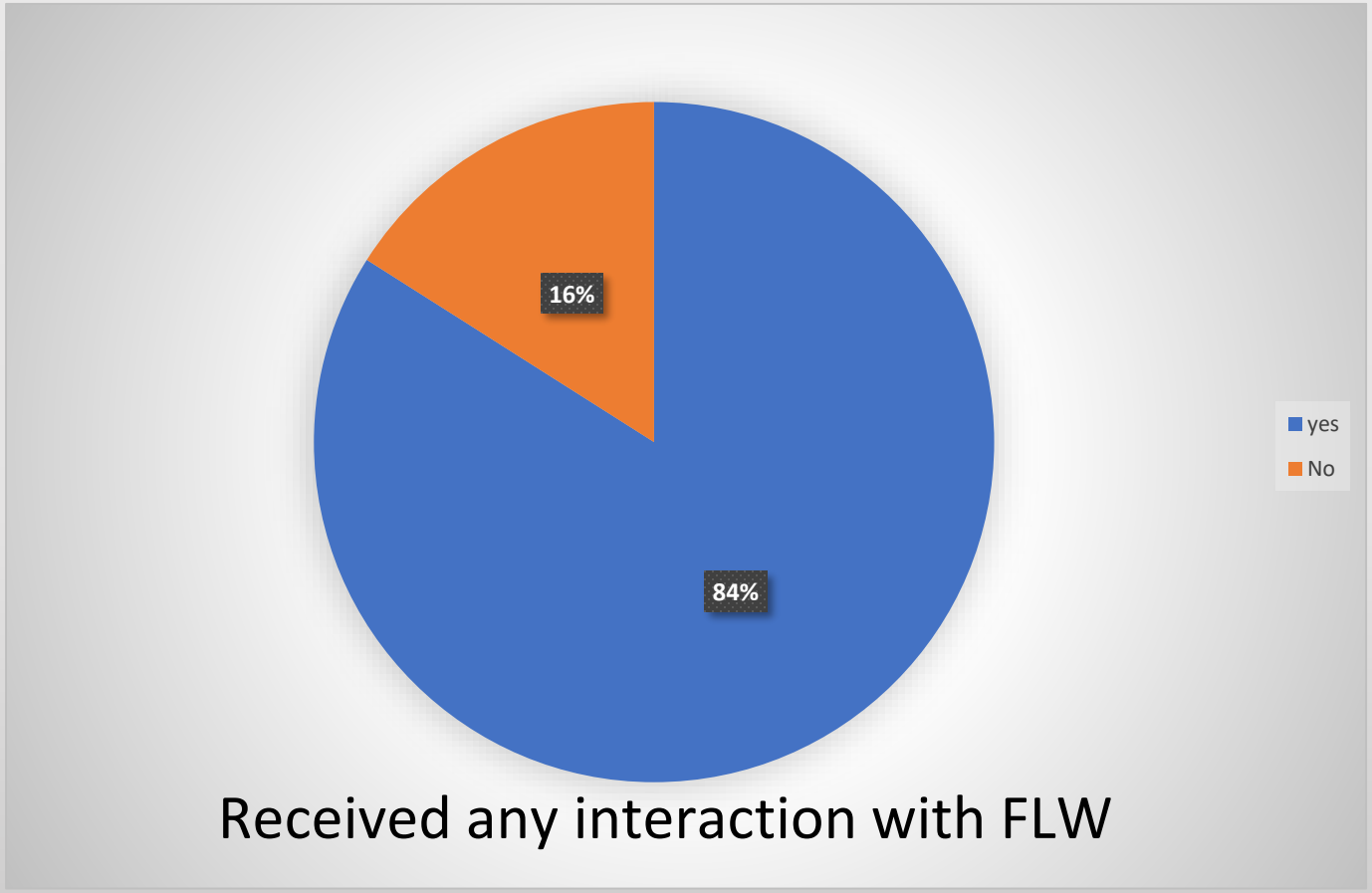
- ## Tools and techniques

The data collection technique was survey-based, using the ‘Ante Natal Care and Birth Preparedness’ section of a standard pre-tested questionnaire, called “LQAS+”, used by the Bihar TSU, Care India; specifically designed to target the mothers of children aged 0 to 2 months. (Along with a checklist to capture the status of government provisions and services like IFA logistics, home visits by FLWs, AWC functioning, etc.)

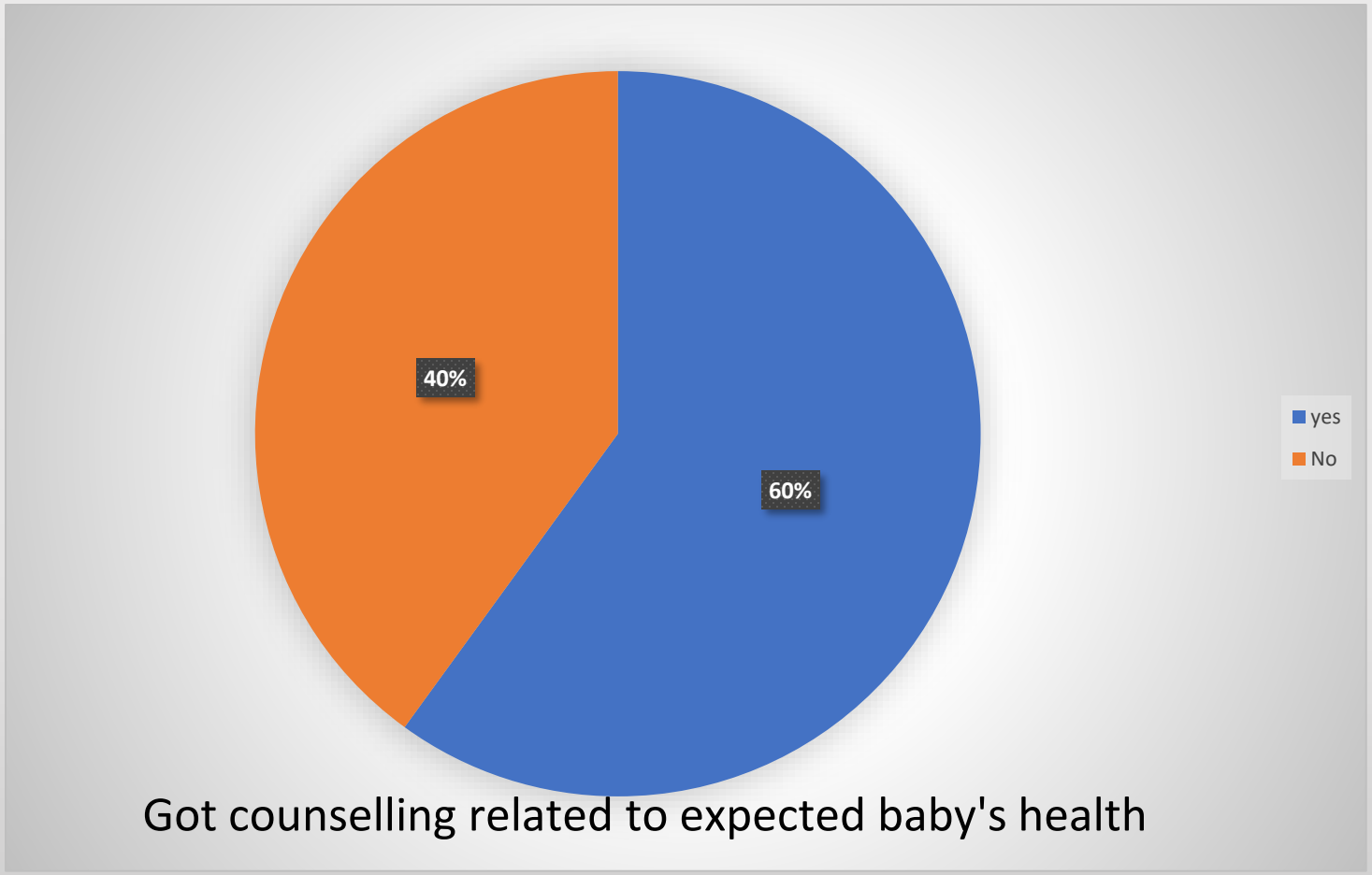
- ## Data analysis

The collected data was compiled and analyzed using various functions in Microsoft Office Excel software. Frequency tables, Bar Charts and Pie Graphs are used to represent the findings of this study in the report, as and where required

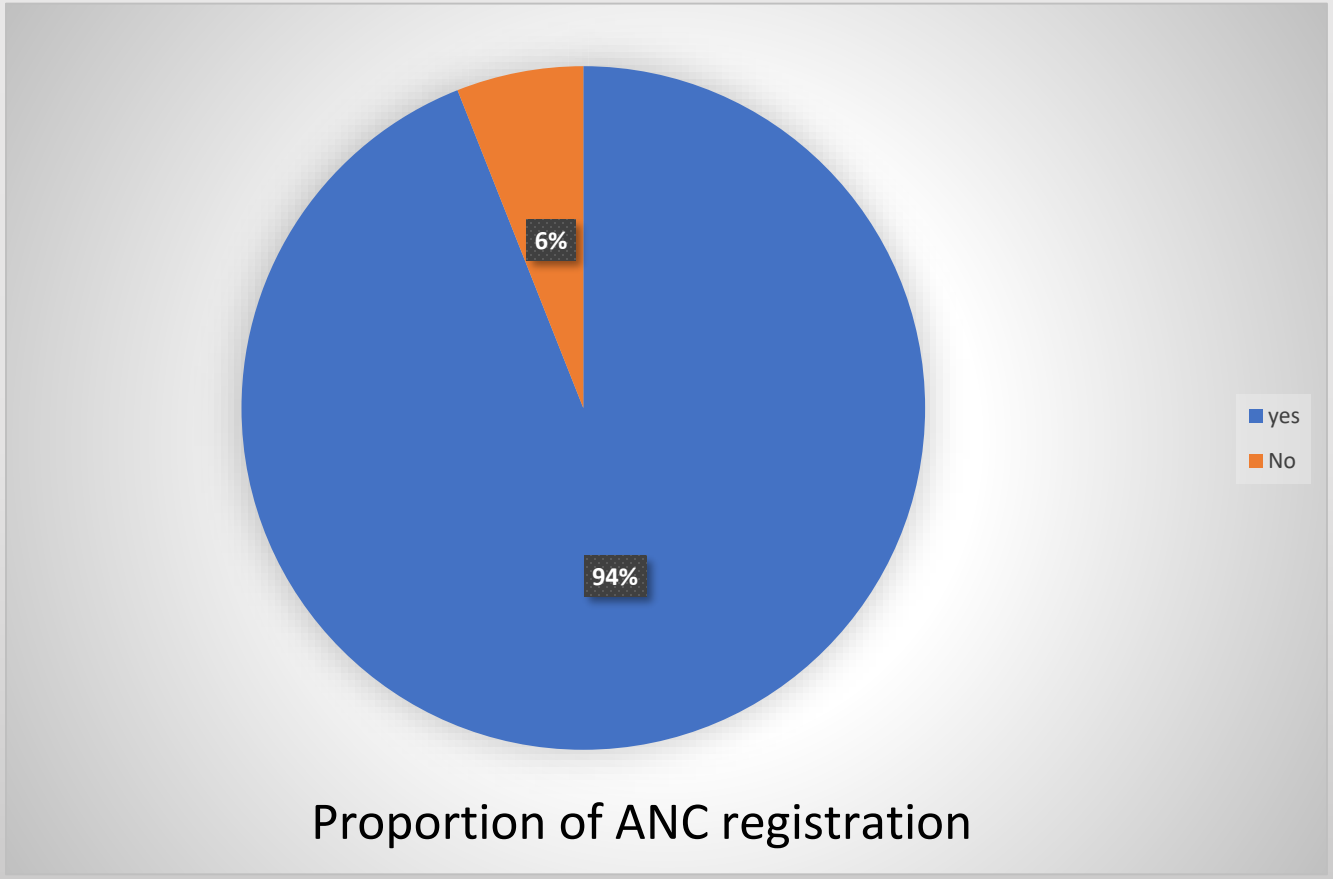
Findings



Proportion of women who received any interaction from FLWs during pregnancy.
Just 16% of the of the women did not had a personal interaction with any of the FLWs during the course of their pregnancy, while rest 84% had any interaction with FLW.

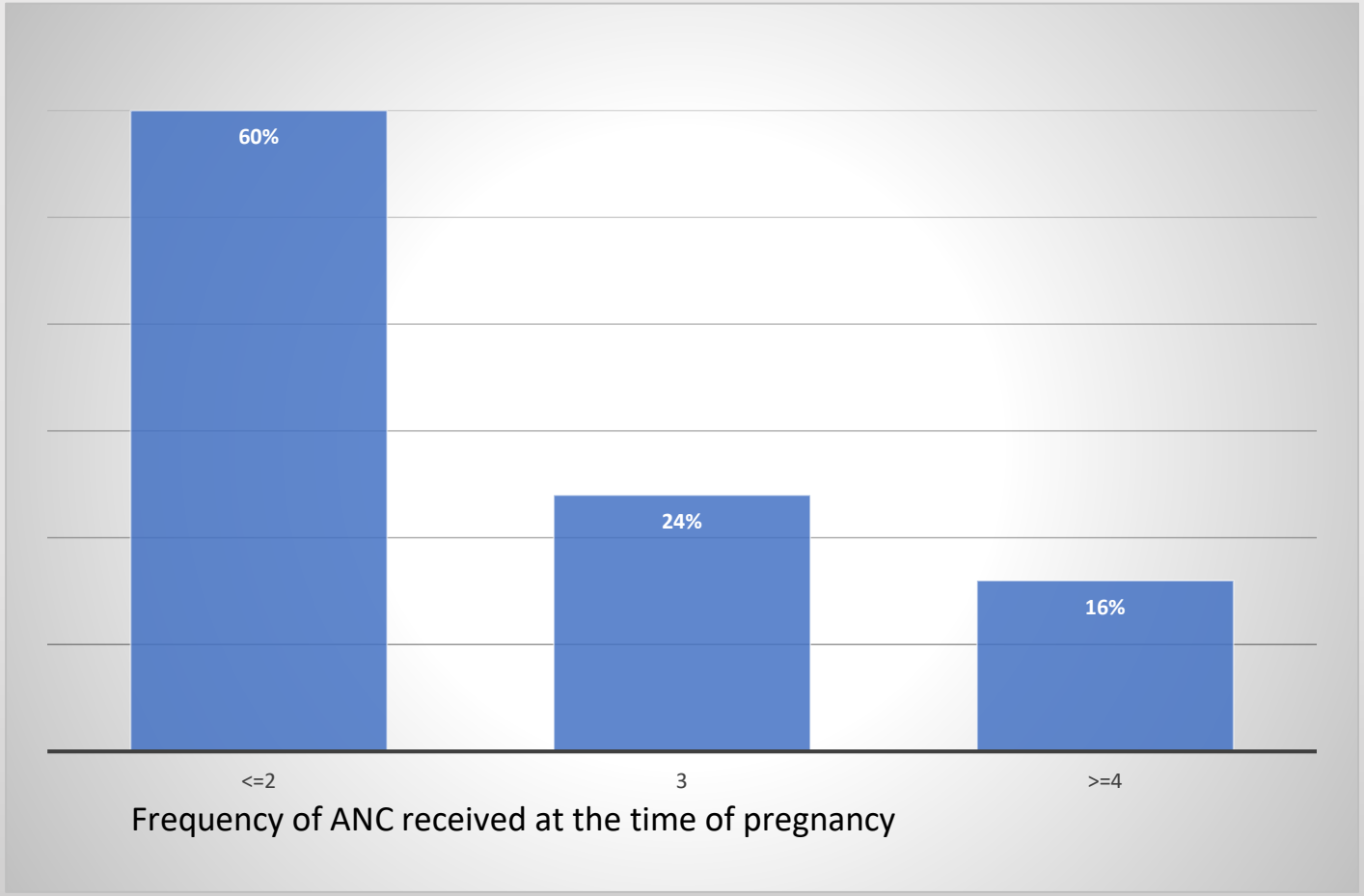


Amongst the ones reporting FLW visits, total number of visits by FLWs talking about baby's expected health were only 60% of women interacted with FLW regarding baby's expected health.



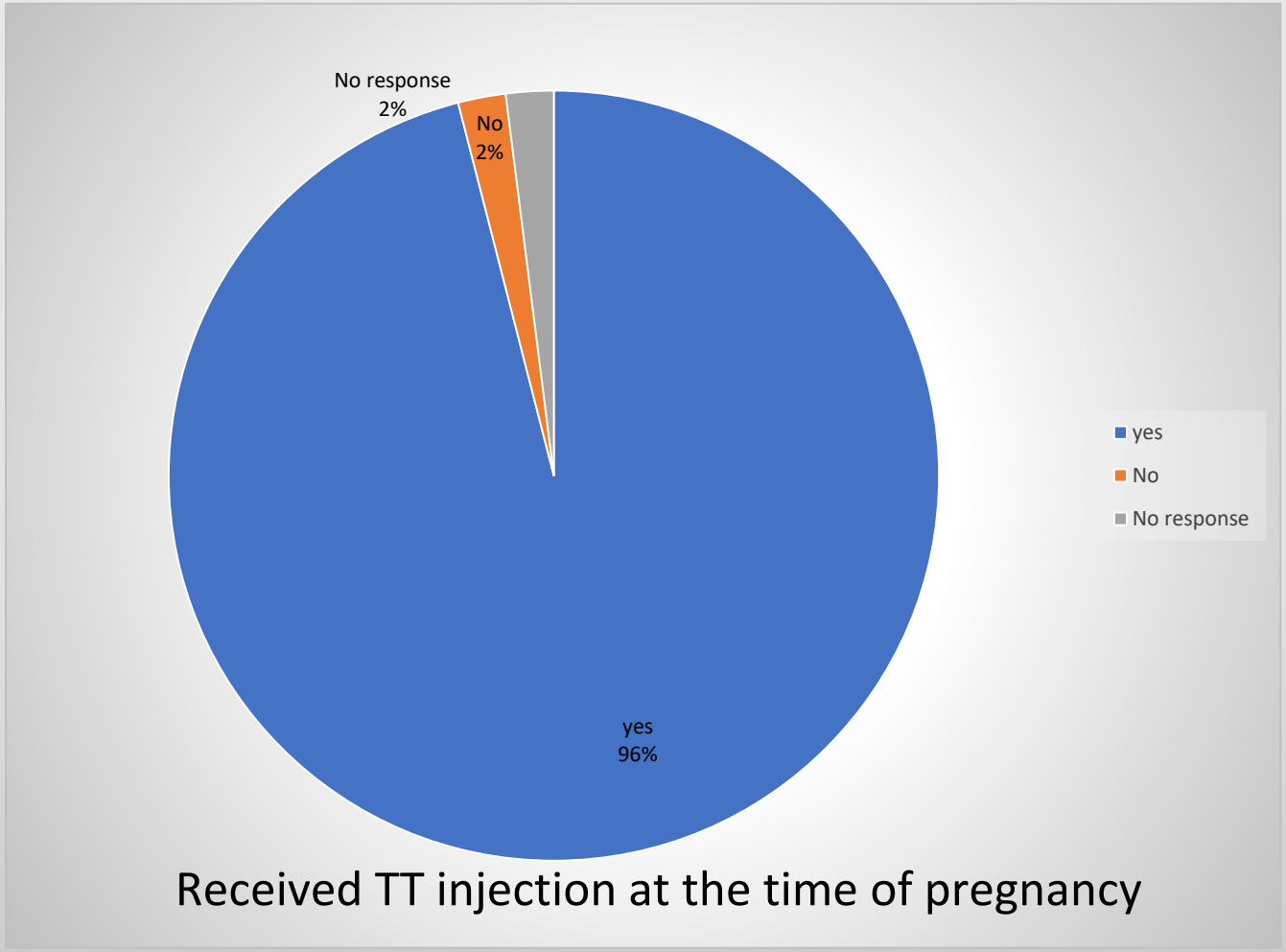
Proportion of ANC registration

Proportion of respondents who got their pregnancy registered.
The women got their pregnancy registered was 94 % with the AWC while rest 6% didn't get registered herself maybe because of migration behavior.

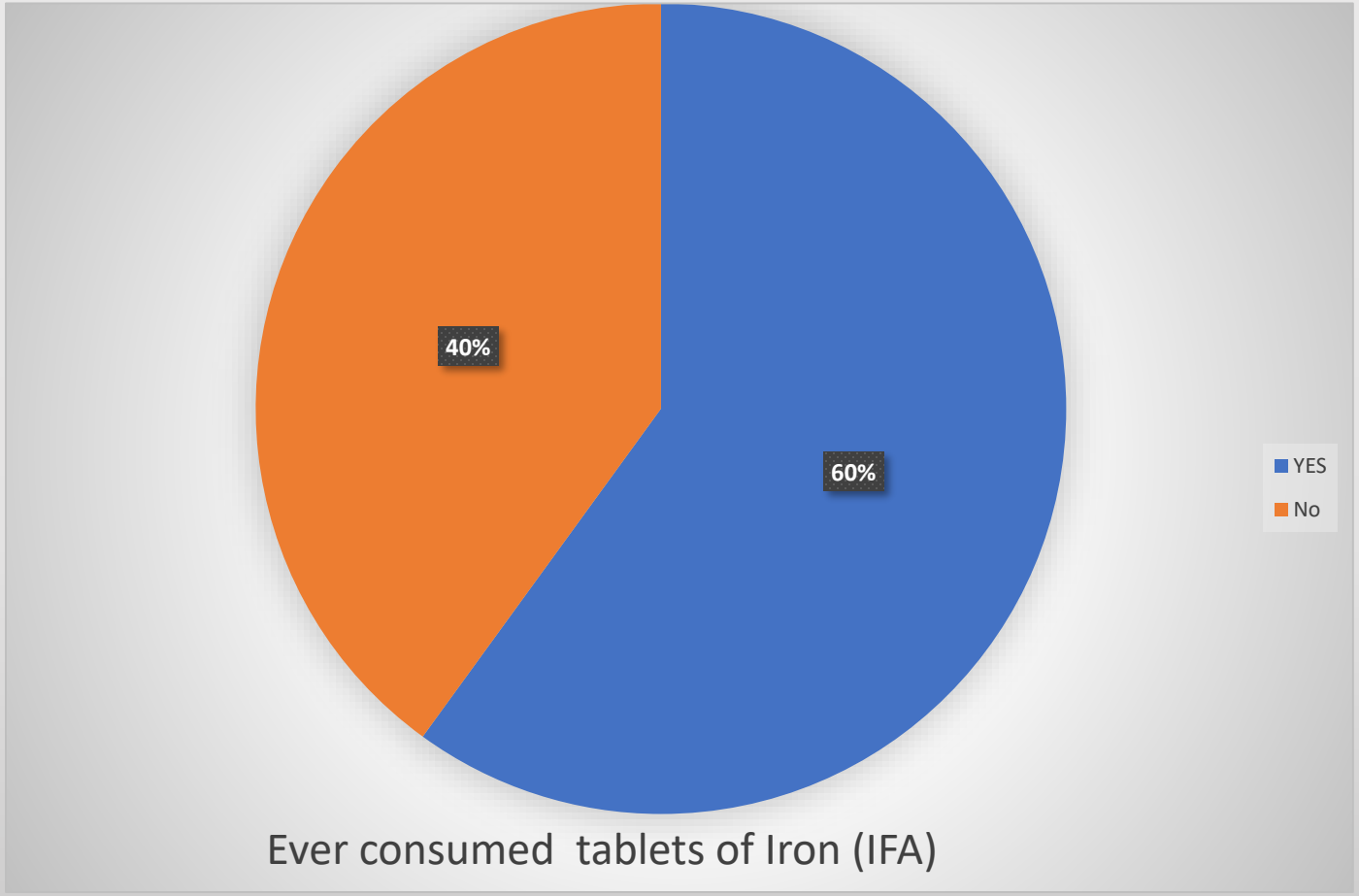


Number of times antenatal checkup received by pregnant women

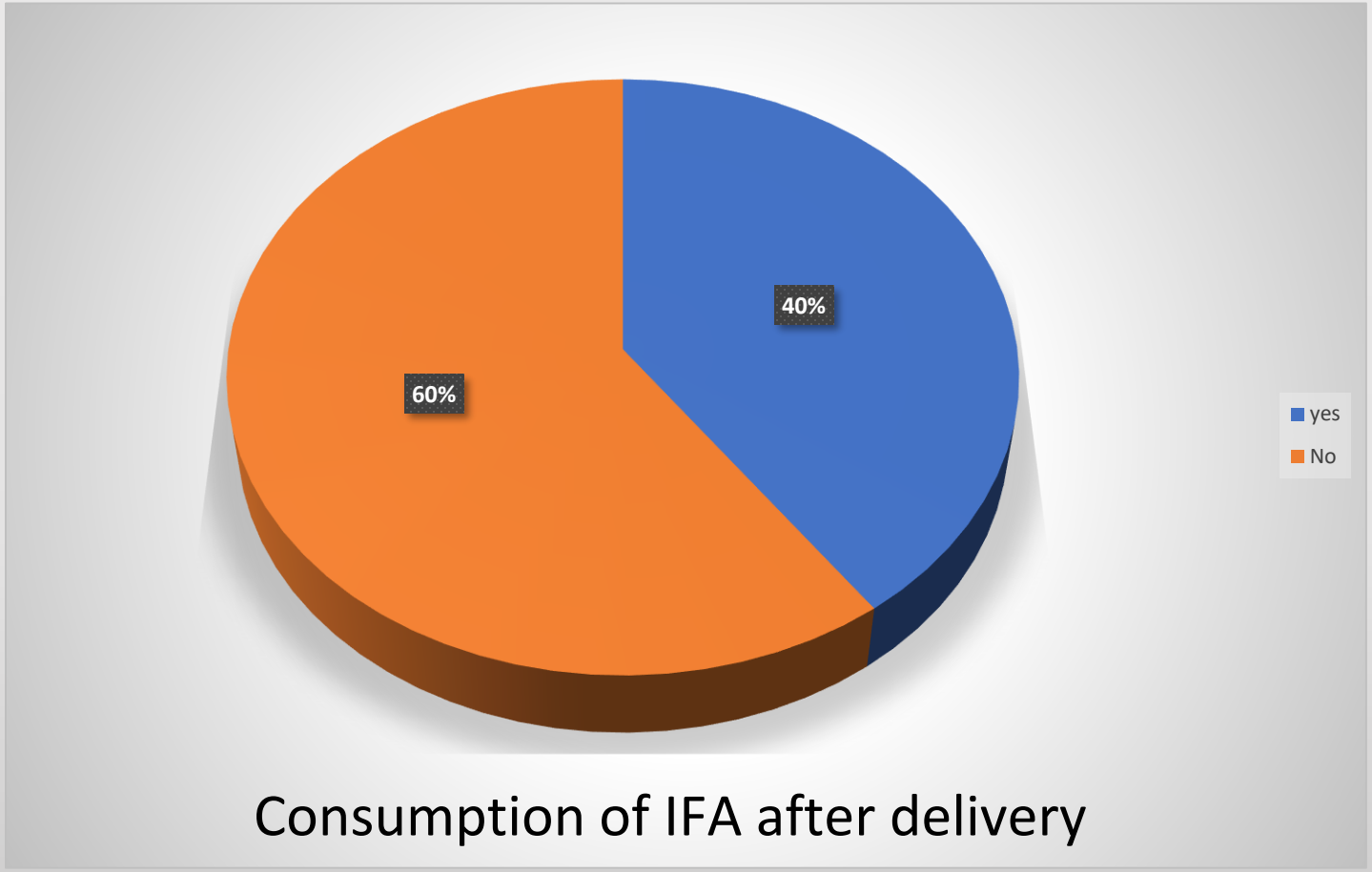
Out of 94% registered respondents 60% were the one who received less or equivalent to 2 ANC checkups while only 16% of the respondents had at least 4 ANC which is not a good proportion and depicts lack of compliance towards health checkup at the time of pregnancy.



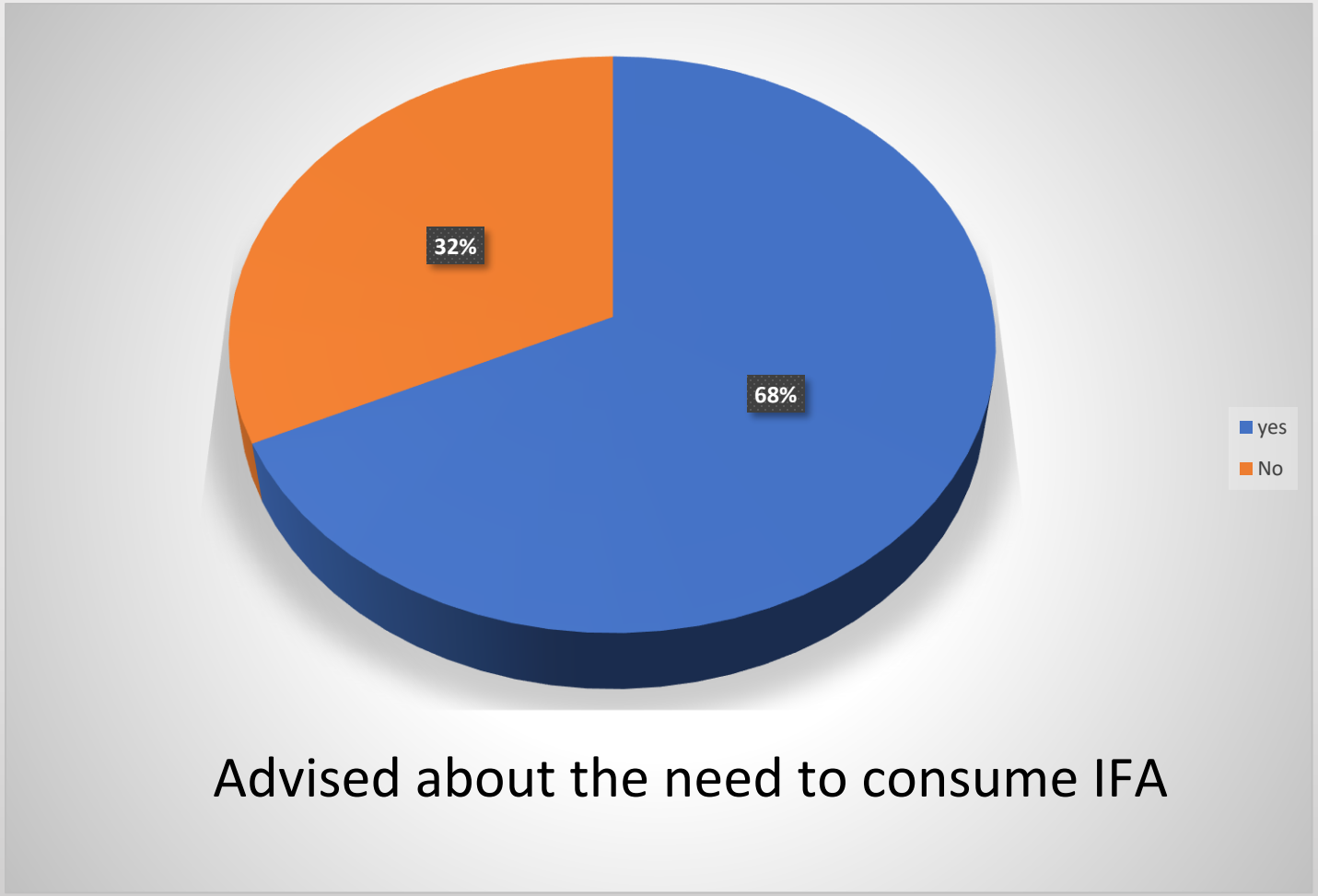
Proportion of respondents who received TT injections during pregnancy. Vast majority of PW i.e. 96% got TT vaccination at the time of her gestation which is a quite good figure.



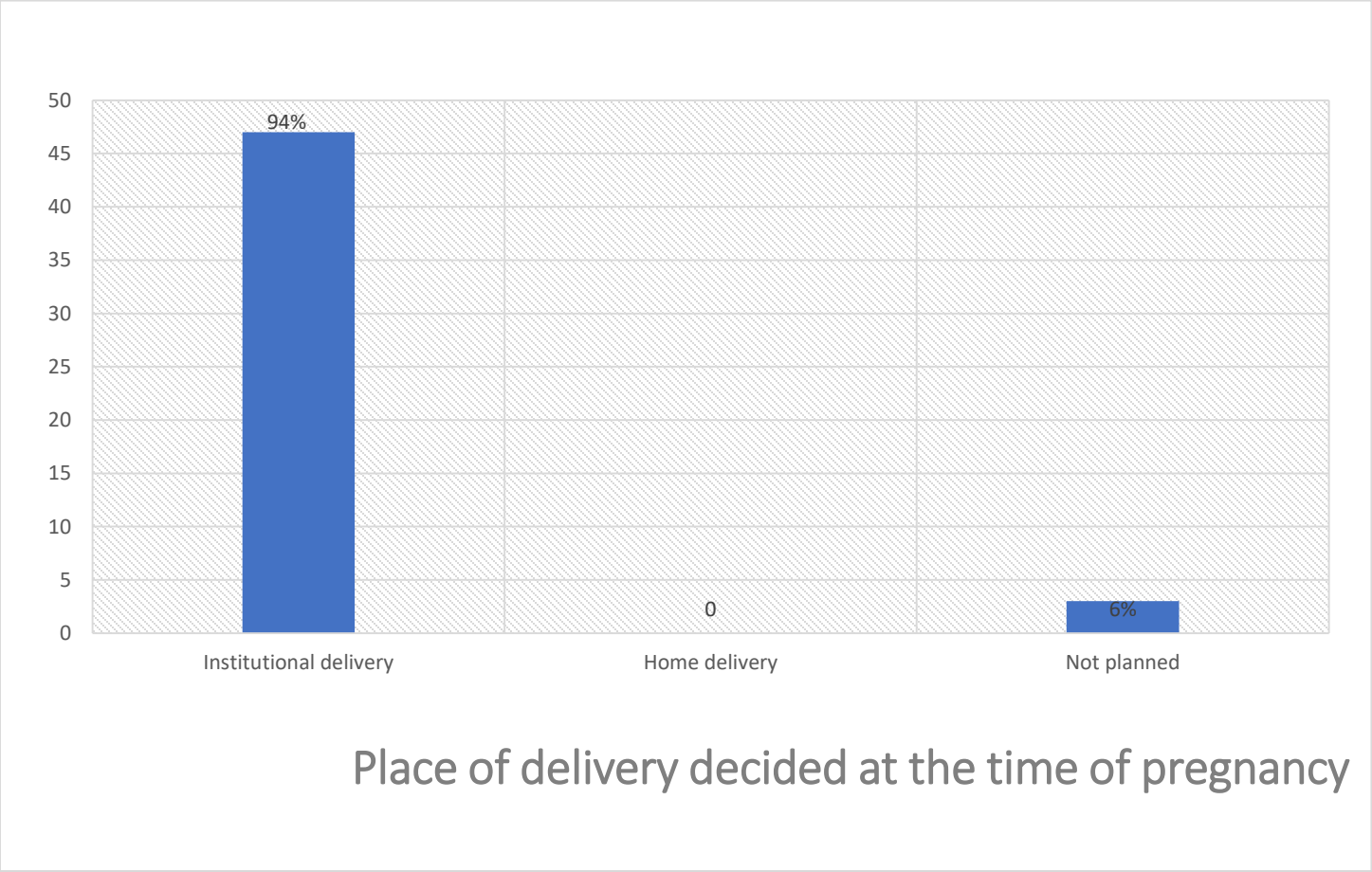
Trends of IFA consumption during pregnancy in the study group.
60.% of PW consumed IFA tablets shows a inadequate trend as compared to TT consumption.



Out of the ones consuming IFA during pregnancy, trends of continued consumption post-partum.
The trend of IFA consumption during pregnancy i.e 60 % decreased by 20 % post delivery .

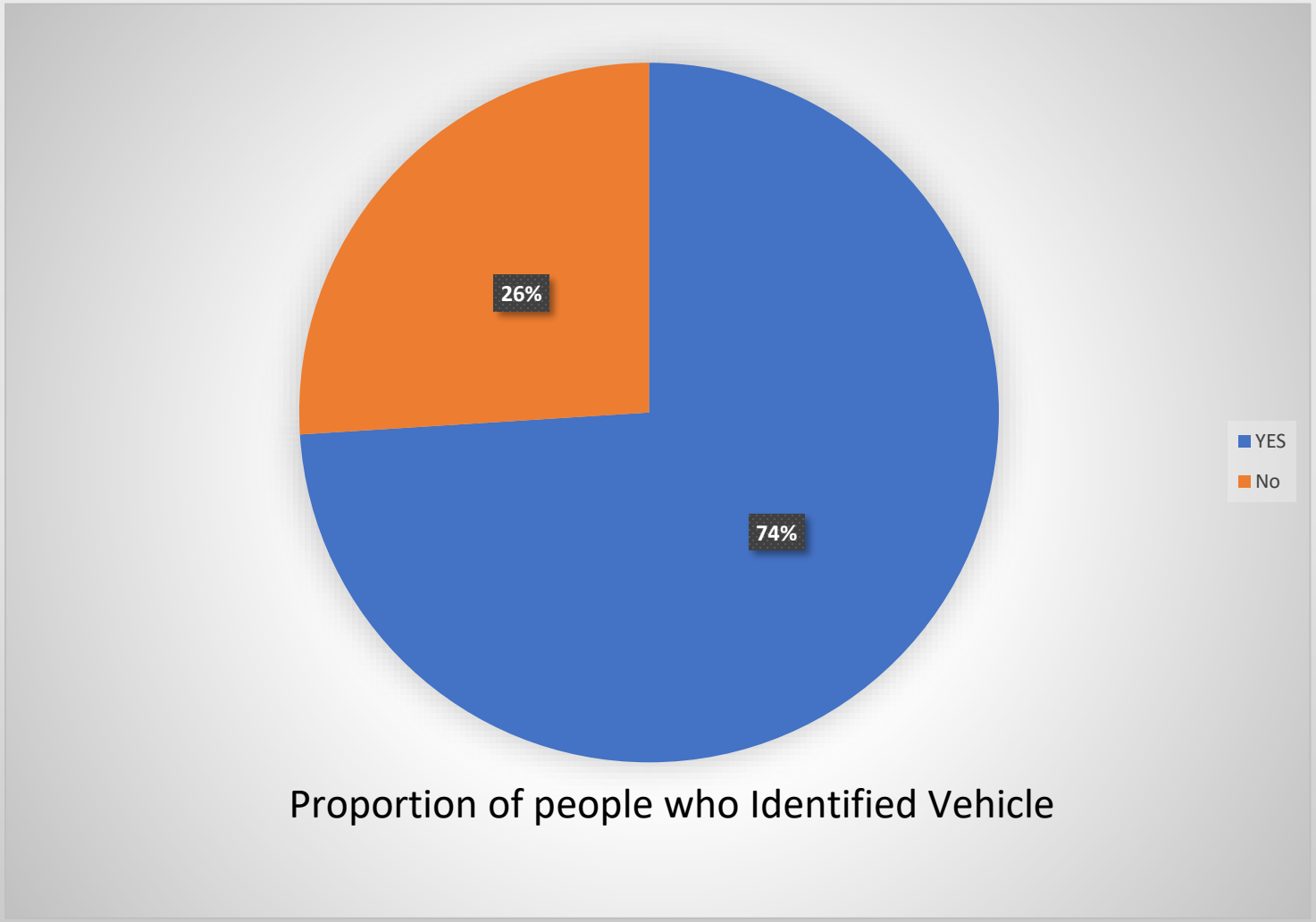


Proportion of women who received any advice regarding IFA consumption by FLWs.
There is reduction in the number of counselling related to IFA i.e.68% after seeing the pregnant women who consumed IFA supplements.

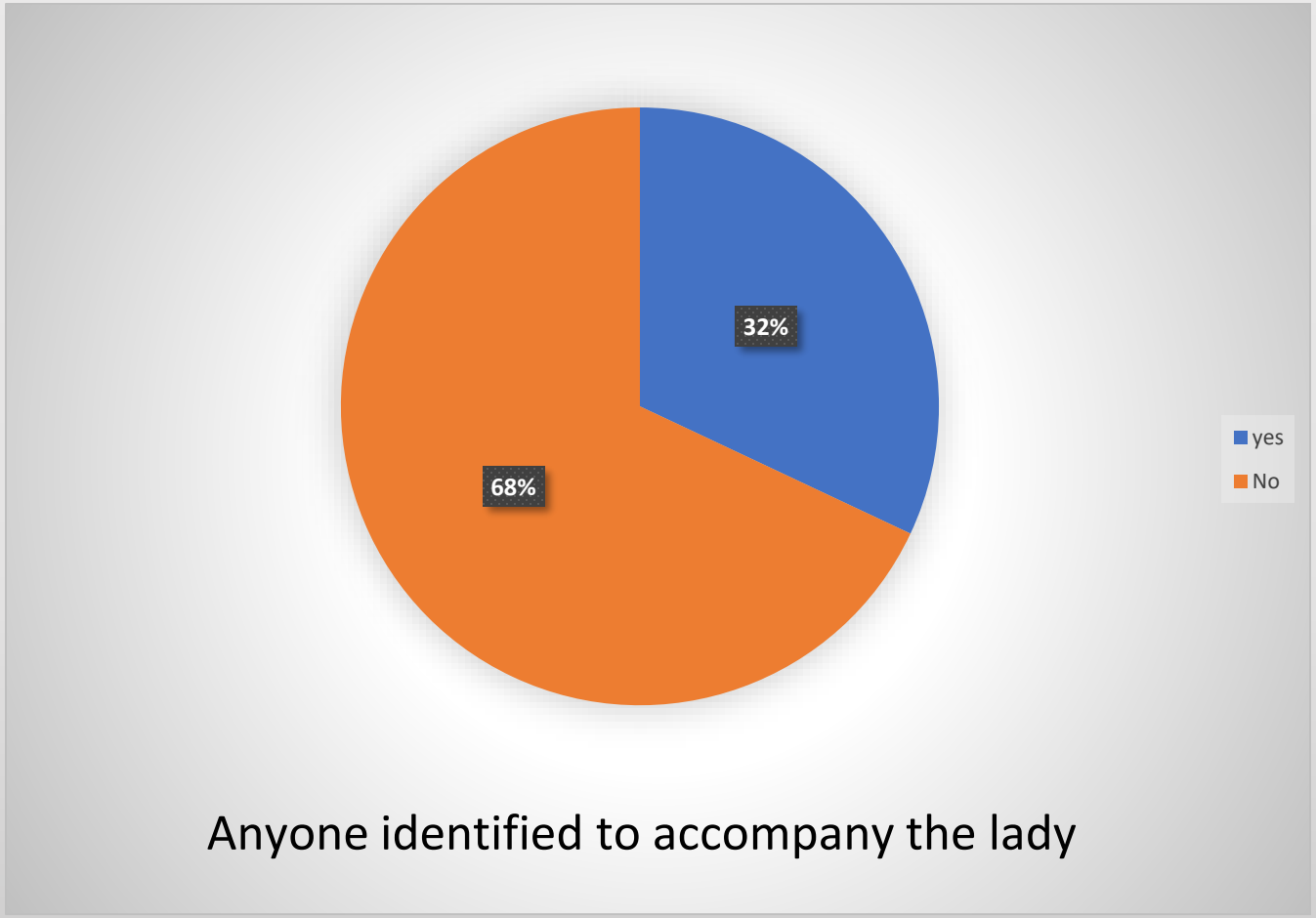


Place of delivery which was decided at the time of pregnancy

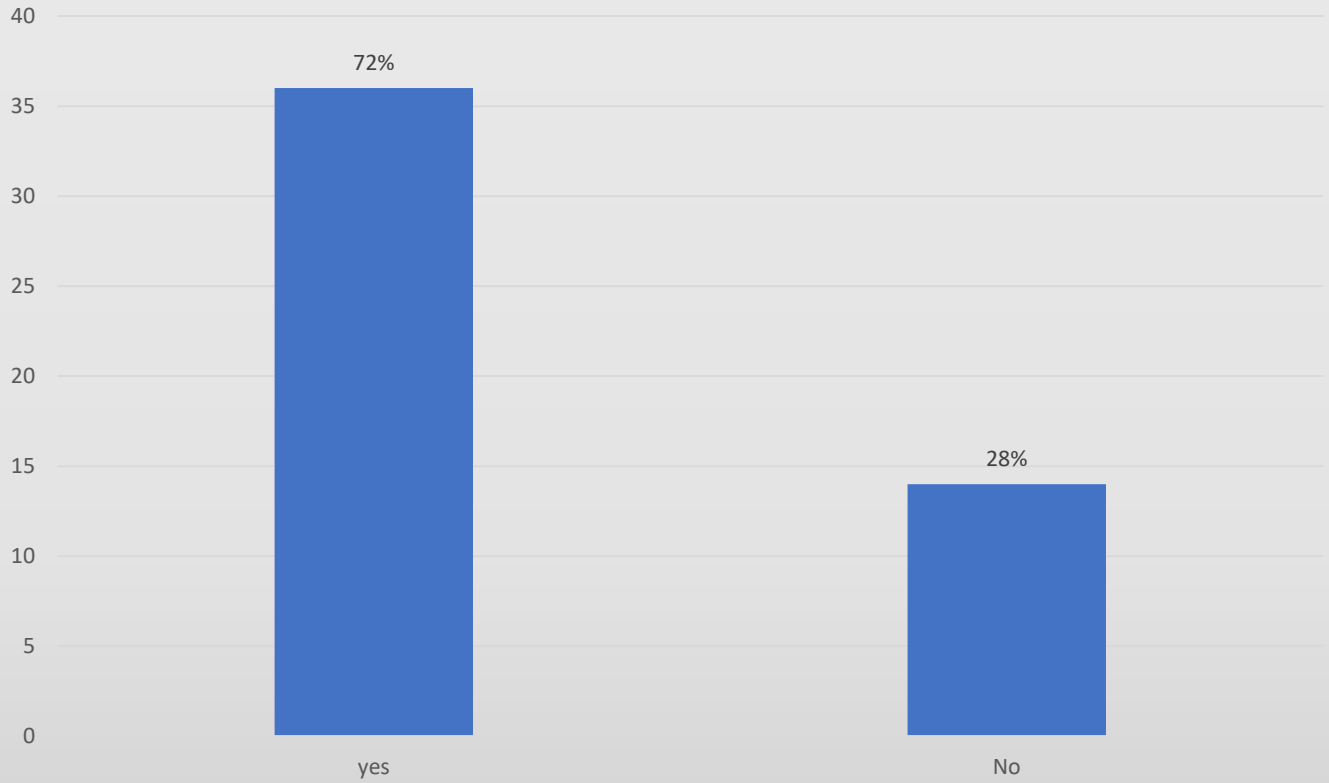
A good proportion (94%) of the deliveries were planned to happen in an institution, which is a pretty good trend to be present in the community .



An overwhelming figure of 74% respondents identified vehicle already on prior basis for delivery

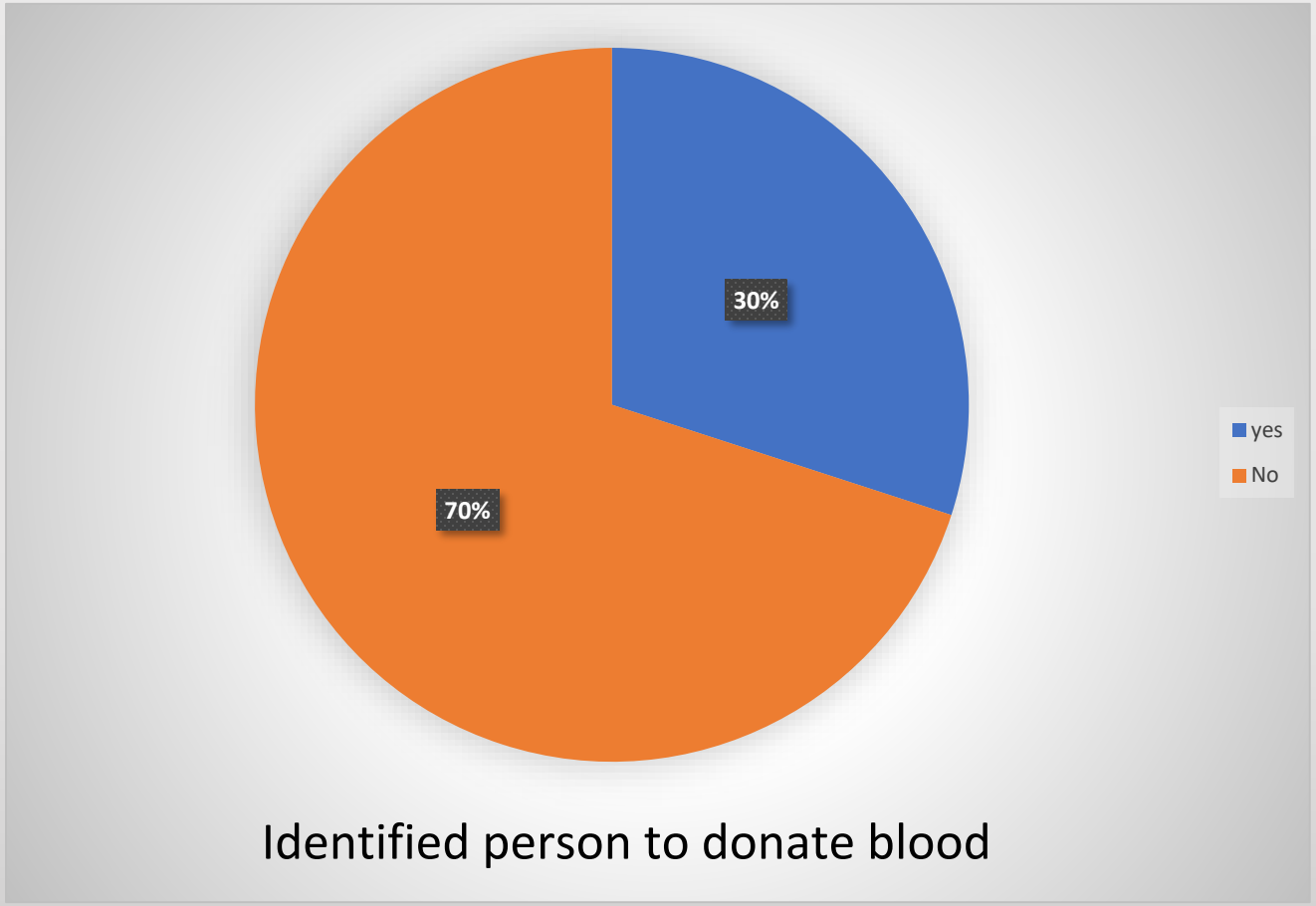


A very small proportion (just 32%) identified a companion for the pregnant lady to the facility, at the time of delivery which shows lack of preparedness .



Saved money for an emergency or delivery

As a part of birth preparedness indicator , saving money for delivery or in the case of emergency were more than the half .



Proportion of people who identified someone in the family in case blood is required were
30 % of the respondents had identified any person for donating blood in case of emergency out of which only 70% haven’t identified which is major loop hole in birth preparedness

Limitations of the study

- Due to language barrier and lengthy interview questions the intended target sample size couldn’t be possible.
- Due to a limitation of time for data collection, the intended sample size could not be met, which can result in a greater margin of error, and thus the results may have a slight deviation from the true picture of the study population.

Suggestions

- To ensure proper nutritional supplement like IFA’s consumption through counselling and back check method.
- A major requirement of capacity building and activeness of FLWs in their areas and bringing forward the importance and need for regular home visits to the pregnant women, and the gross need for monitoring and supervision of FLW activities on VHSNDs and her regular day-to-day work , will serve to improve the picture of malnutrition in the community.
- Effective behavior change communication model can be done in order to improve the awareness regarding birth preparedness indicators like identifying mode of transport , identifying blood donor in the event of delivery or identifying a person to accompany at the event of delivery etc and birth preparedness importance .

Conclusion

The data for ANC registration is quite overwhelming while the required number of total ANC received during pregnancy ie 4 ANC was very poor. If we talk about proper vaccination ie TT status among PW , it found out to be 96% which means maximum coverage of vaccination of PW . Secondly , nutritional supplement ie IFA which is very essential and is responsible for making blood in body and is an important nutritional supplement for PW were ever consumed by PW just slightly more than a half and out of those women the IFA consumption showed a decreasing percentage post delivery which is risky to the lady as it is advised by the professional to have a course of 180 IFA's before and 180 IFA tablets after delivery ie total 360 IFA , it is because these tablets help in regulating the loss due to birth of baby and also lower the probability of PPH cases which is a leading cause of Maternal death. So in order to have routine compliance of these tablets , there should be proper counseling needs to be there regarding it's significance as well as associated adverse effects , which by study was only 68% .

Although the incline of planning for institutional deliveries are quite good in the community, but in contrast to this, the birth preparedness trends produce a gloomy picture. Birth preparedness plays a significant role in reducing the chances of unmanageable pregnancy related emergencies, and a proper counselling by the FLWs is the only way to improve this amongst the population.

The status of visits and counselling by FLWs to pregnant women during their course of pregnancy shows discrepancy in a manner that the percentage of visits of FLW is more while counseling related to the expected baby health shows a fall off trend