

# BIRTH PREPAREDNESS AMONG ANTENATAL MOTHERS

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**Abstract :** One of the most important component of antenatal care is to advice the woman and awareness about birth preparedness, danger signs of pregnancy, and emergency preparedness. Birth preparedness is a safe motherhood strategy to promote the timely use of skilled maternal and neonatal care during child birth and obstetrical emergencies by reducing delays at the first, second and third stage. Important decisions about place of birth, the preferred skilled birth attendant, items needed for birth, blood donor, and arranging for transport.<sup>1</sup> The aim of the present study was to find the level of knowledge regarding birth preparedness among antenatal mothers. A cross sectional design was used. Convenient sampling technique was used to select 50 antenatal mothers from selected community area of Doiwala, Dehradun, Uttarakhand. Data was collected by self reported checklist regarding birth preparedness. Result showed that the overall mean knowledge score was (9.94±2.33) and mean percentage was 83%. Knowledge score of antenatal mothers ranges from 4-12 (maximum 12). No significant association was found between level of knowledge with their demographic variables except type of family.

**Keywords:** Birth Preparedness, Pregnancy, Knowledge, Antenatal mothers

## I. INTRODUCTION

Birth Preparedness is the most important aspect in which one can provide awareness of danger signs and by improving problem recognition also we can reduce the delay in deciding to seek care.<sup>1</sup> It also provide an information on maternal care (facilities) making the process for care-seekers more efficient. It also encourages communities to arrange extra money for transportation and service fees which will b helpful in avoiding delays in reaching care due to lack of funds.<sup>2</sup>

Pregnancy is an exciting time and a great opportunity for a women to learn about the fetal development. Every week of pregnancy describes about baby's development as well as a physiological of the changes occur in the body.<sup>3</sup>

Birth preparedness and complication readiness is a method to promote the timely usage of skilled maternal and neonatal care, especially during childbirth, based on the theory that preparing for childbirth and being ready for complications reduces delays in obtaining this care.<sup>4</sup>

High risk pregnancy is a critical problem for modern medical and nursing care. The leading cause of maternal factors contribute to pregnancy differs over the world the factors that are strongly related to maternal death include age, lack of prenatal care, low educational attainment.<sup>5</sup>

Maternal deaths are thought to occur due to three delays: delay in deciding to seek appropriate care; delay in reaching an appropriate health facility; and delay in receiving adequate emergency care once at a facility these delays may be reduced if pregnant women are prepared for birth and complications.<sup>6</sup>

Basically the principle and practice of birth preparedness (BP) is at the third world setting where there is persuade illiteracy, poor infrastructure, poor transportation facilities, and unpredictable access to skilled care workers have the potential to reduce the existing high maternal and neonatal morbidity and mortality rates. Birth Preparedness helps to promote skilled care for all births and encourages decision making before the onset of labor.<sup>7</sup>

Present study aimed to assess the knowledge of antenatal mothers on birth preparedness.

## 2. RESEARCH METHODOLOGY

A cross sectional design was used to do a pilot study on 50 antenatal mothers to assess the knowledge regarding birth preparedness and antenatal mothers were selected by convenient sampling technique who fulfilled the inclusion criteria form selected community area of Dehradun, Uttarakhand, India. Data was collected by interview schedule by using socio-demographic characteristics of study participants and self reported practice checklist prepared by the researcher regarding birth preparedness among antenatal mothers . Scale has 12 question related to different aspect of birth preparedness with response categories of yes and no that measures poor level of knowledge, average level of knowledge and good level of knowledge about birth preparedness. Minimum score was 0 and maximum score was 12.The score 0-4 shows poor knowledge, score of 5-8

shows average knowledge and 9-12 shows good knowledge regarding birth preparedness, score of responses were depends on the nature of statements.

### 3. RESULT AND DISCUSSION

#### Sample characteristics

Most of the mothers (46%) were at the age of 26- 30 years and (58%) were belongs to nuclear family. All mothers (100%) were Hindu. Majority of mothers (96%) was living in urban area, (44%) mothers were having secondary education and (58%) mothers were Multigravida. All the mothers (100%) were homemaker and majority of mothers (66%) have visited ANC OPD for 3-5 time, (94%) mothers were not having any history of abortion.

#### Level of knowledge of mothers regarding birth preparedness

**Table No-1 Level of knowledge of mothers regarding birth preparedness**

Knowledge Score	Range Score	Mean $\pm$ SD	Mean percentage
Pre-test	4-12	9.94 $\pm$ 2.33	83%

Table no-1 shows that the range score of knowledge of mothers regarding birth preparedness was 4-12 and mean knowledge score was (9.94  $\pm$  2.33) and mean percentage was 83%.

#### Item analysis regarding birth preparedness

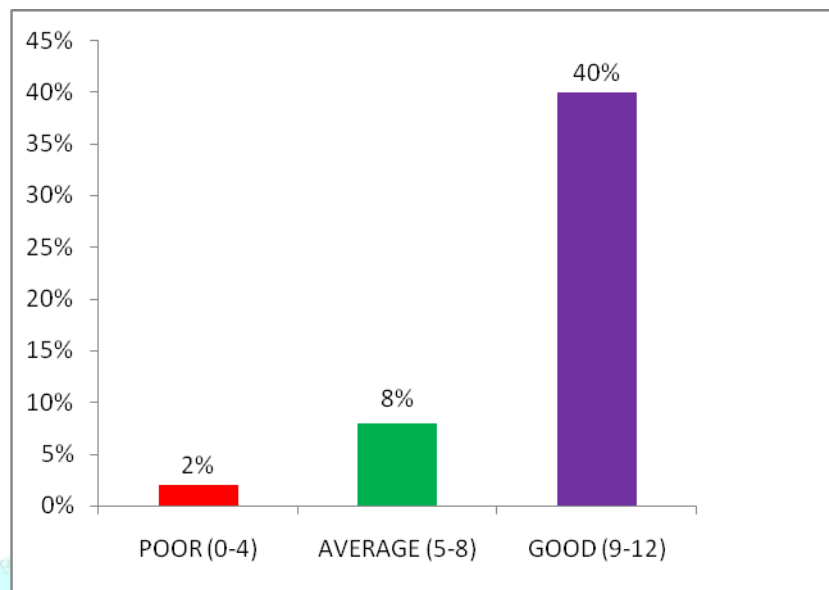
**Table No-2 Item analysis regarding birth preparedness**

**N=50**

S.N	STATEMENTS	Categories	f	%
1.	Registered yourself for ANC visits	YES	50	100
		NO	0	0
2.	Identified a place for delivery	YES	50	100
		NO	0	0
3.	Saved money	YES	37	74
		NO	13	26
4.	Prepared essential items for clean delivery and post partum period	YES	42	84
		NO	08	16
5.	Identified skilled provider	YES	47	94
		NO	03	6
6.	Aware about signs of an emergency	YES	44	88
		NO	06	12
7.	Decided who will decide in case of an emergency	YES	43	86
		NO	07	14
8.	Arranged extra emergency funds if required	YES	32	64
		NO	18	36
9.	Identified a mode of transportation in case of emergency	YES	39	78
		NO	11	22
10.	Arranged blood donors	YES	15	30
		NO	35	70
11.	Identified the nearest institution that has 24 hour functioning emergency obstetric care services (First Referral Unit)	YES	48	96
		NO	02	4
12.	Decided about accompanying person to First Referral Unit.	YES	50	100
		NO	0	0

Table no 2 shows the item analysis regarding birth preparedness that all (100%) the mothers have reported that they have registered for ANC visits, identified a place for delivery and Decided about accompanying person to First Referral Unit. Only 30% mothers have reported that they have arranged blood donors.

### Level of Knowledge about birth preparedness of Antenatal Mothers according to arbitrary category



**Figure no.1 Percentage of level of knowledge about birth preparedness among antenatal mothers**

Figure 1 describes the percentage of level of knowledge regarding birth preparedness according to arbitrary category among antenatal mothers. Result shows that two percent mothers had poor level of knowledge (score 0-4), eight percent mothers had average level of knowledge (score 5-8) and less than half 40% mothers had good level of knowledge (score 9-12) regarding birth preparedness.

### Association between level of knowledge regarding birth preparedness with their selected demographic variables.

**Table No-3 Association between level of knowledge with their demographic variables.**

Socio-Demographic Variables	At & above Median	Below Median	$\chi^2$ cal value	P value
N=50				
<b>Age in years</b>				
21-28	32	08	<b>0.00</b>	1.00
29-36	08	02		
<b>Education</b>				
No Formal Education	02	0	--	1.00#
Educated	41	07		
<b>Type of family</b>				
Nuclear	25	04	0.40	0.52
Joint	11	04		
<b>No of Gravida</b>				
Primigravida	12	05	2.01	0.14
Multigravida	30	03		
<b>No. of ANC visits</b>				
1-2	11	06	5.12	0.02*
3-5	31	02		

$df^1=3.84$  at the level of  $p<0.05$

# fisher exact, \*significant

Table no.3 shows that only number of antenatal clinic visits was having highly statistical significant association with the knowledge score at the level  $p< 0.05$ . Other Socio-Demographic variables like Age, Education, No. of Gravida, and type of family statistically not having any association with knowledge score regarding birth preparedness at the level  $p< 0.05$ .

## CONCLUSION

Form the finding of the study it can be concluded that two percent mothers had poor level of knowledge, eight percent mothers had average level of knowledge and less than half 40% mothers had good level of knowledge regarding birth preparedness. There was no statistical significant association between level of knowledge score with selected demographic variables such as age, education, no. of gravida, type of family and only no. of ANC visits was having highly statistical association with the knowledge score.

## References

1. Jayasudha A. Knowledge of pregnant woman on warning signs during pregnancy. *Nightingale Nursing Times* 2010 Mar;5(12):51-2.
2. JHPIEGO Trainer News. Focused Antenatal Care; Planning and Providing Care During Pregnancy-A Maternal and Neonatal Health Program Best Practice, 2012.
3. Pregnancy calendar. [online]. Available from: [http://kidshealth.org/parent/pregnancy\\_calender/\\_intro.html](http://kidshealth.org/parent/pregnancy_calender/_intro.html)
4. Kushwah SS, Dubey D, Singh G, et al. Status of birth preparedness & complication readiness. *Indian J Public Health*. 2009; 53(3):128-132.
5. Jayasudha A. Knowledge of pregnant woman on warning signs during pregnancy. *Nightingale Nursing Times* 2010 Mar;5(12):51-2.
6. World Health organization (WHO), Analysis of causes of maternal deaths: A systematic review." *The Lancet*, vol. 367, April 1, 2006. accessed on June 16 2014
7. John E. Ekabua, Kufre J. Ekabua, Patience Odusolu, Thomas U. Agan, Christopher U. Iklaki, and Aniekan J. Etokidem. Awareness of Birth Preparedness and Complication Readiness in South eastern Nigeria, *International Scholarly Research Network ISRN Obstetrics and Gynecology* Volume 2011, Article ID 560641, 6 pages doi:10.5402/2011/560641
8. **Hiluf Mihret and Fantahun Mesganaw**. Conducted a cross sectional study to assess knowledge and practices about Birth Preparedness and Complication Readiness among women. *Ethio. J. Health Dev.* Year 2008; [cited 2015]; vol 22(1): pp 1-7. Available From: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.492.2022&rep=rep1&type=pdf>
9. **Prahlad Kumar** . On the perception, practices and its linkage with maternal health about birth preparedness and complication readiness. *Population Association of America*. Year 2013; Available From: <http://paa2013.princeton.edu/papers/131690>
10. **Nawal Dipty and Goli Srinivas**. on Birth Preparedness and Its Effect on Place of Delivery and Post-Natal Check-Ups. *PLOSE One*. Year 2013; [cited 2015]; Vol.8(5): pp 1-8. Available From: <http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0060957&type=printable>
11. **Kaur Varinder, Saini Sushma Kumari and Walia Indarjit**. developed a birth preparedness tool to assess mother's preparedness for delivery, postnatal and new born care. *Nursing and Midwifery Research Journal*, Year 2009; [cited 2015]; Vol-5( 2): pp 45-58. Available From: <http://medind.nic.in/nad/t09/i2/nadt09i2p45.pdf>