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Research Article

Revisiting essential obstetric care from stakeholders' view: knowledge and awareness about safe motherhood practices among stakeholders in tertiary care centre

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ABSTRACT

Background: To assess stakeholder's perception of giving importance to various aspects of antenatal care.

Methods: This community based observational study was conducted by Dept. of OBGYN; SKNMC Medical college, Narhe Pune which started from Feb 2016 and culminated on occasion of 'Safe Motherhood Day' on 11/04/2016. A poster showing components of safe motherhood was prepared and pregnant patients, their relatives, paramedical staff visiting antenatal OPD were targeted. They were asked to mark the most essential component (in their view) with 'Bindi'; only one chance was given per participant. Total 2450 women were recruited.

Results: Though many women are aware about essential obstetric care, still much emphasis is given on traditional component like diet. There is still unawareness about importance of other components like immunization and intake of iron, calcium tablets or role of investigations or conduction of delivery by trained health care personnel.

Conclusions: Knowledge gap found in this study points that easy access to medical care during pregnancy should be improved to have its impact on practices of safe motherhood.

Keywords: Safe motherhood day, Essential obstetric care

INTRODUCTION

A healthy mother is the back bone of a healthy home. Women play pivotal role for social and economic development of family and eventually a nation too. That's what various programs have been launched to provide primary health care to women especially antenatal patients.

An alliance of 1800 organizations was formed at request of WRAI (White Ribbon Alliance of India), in 2003 Govt. Of India 1 declared April 11, the anniversary of Kasturaba Gandhi birth as National Safe Motherhood Day. India is the first country to have officially declared National Safe Motherhood Day. Goal is to increase awareness that every woman has right to live and survive pregnancy and childbirth. Safe Motherhood day 2016

aimed at 'Availability and adequate access to care during pregnancy, childbirth and postnatal services.'² Pillars of safe motherhood are:

1. Family planning
2. Antenatal care
3. Clean and safe delivery
4. Prenatal and postnatal care

In this study we tried to assess awareness of community regarding essential aspects especially pre-pregnancy, during antenatal period and delivery by trained personnel.

METHODS

This was a community based observational study conducted at Smt. Kashibai Navale Medical college and general hospital, Narhe, Pune which commenced from

Feb 2016 and culminated on occasion of 'safe motherhood day' on 11/04/2016. A poster was prepared showing components of obstetric care like pre-conceptional counseling, early registration and regular antenatal visits, diet in pregnancy, T.T. immunization with iron calcium supplementation, laboratory investigations along with USG, Delivery by trained personnel as petals of flower of safe motherhood (Figure 1). All stakeholders- patients, relatives, paramedical staff, doctors visiting ANC OPD were targeted. All Indian women are fond of 'bindi' and taking benefit of this emotional tendency we asked all women to mark most important component in their view with 'bindi'. Total 2450 women were recruited and no of bindis stuck to each of components were calculated. Two groups medical personnel (paramedical staff and doctors) and other women from general population were categorized. Only one chance was given per participant.

RESULTS

In this community based observational study ,out of 2450 participants recruited 2250 were aware of essential obstetric care while 200 participants were totally unaware of the same and refused to mark (Table 1).

Table 1: Distribution of participants with respect to awareness of obstetric care.

| | No. of participants | Percentage (%) |
|------------------------------------|---------------------|----------------|
| Awareness in medical personnel | 490 | 20 |
| Awareness in nonmedical personnel | 1760 | 71.8 |
| Totally unaware general population | 200 | 8.2 |

Table 2: Distribution of all participants with respect to components of obstetric care.

| | No. of participants | % |
|---|---------------------|------|
| Pre-conceptional Counseling | 440 | 17 |
| Early Registrations and regular ANC checkup | 530 | 21.6 |
| Healthy diet | 760 | 31 |
| Laboratory investigations and USG | 70 | 2.8 |
| Iron, Calcium supplementation and T.T. immunization | 130 | 5.3 |
| Safe delivery | 320 | 13 |
| Total unawareness | 200 | 8 |

Maximum no. of participants 760 (31%) considered diet as the most important component of obstetric care while

least importance (no.7- 2.8%) was given to laboratory investigations and USG (Table 2).

Early registration and regular antenatal check-ups was given most importance among paramedical staff while laboratory investigations were least important for them (Table 3).

Surprisingly awareness about pre-conceptional counselling was greater (22.1% Vs 10%) among nonmedical participants than paramedical staff.

100% awareness was seen in paramedical staff while 89% awareness was noted in general population which was quite appreciable.

Table 3: Distribution of medical personnel with respect to components of obstetric care.

| Component | No. of Participants | % |
|---|---------------------|-------|
| Early registrations and regular ANC checkup | 210 | 42.8% |
| Healthy Diet | 150 | 30.6% |
| Pre-conceptional Counseling | 50 | 10.2% |
| Safe Delivery | 50 | 10.2% |
| Laboratory Investigations and USG | 10 | 2.04% |
| Iron, Calcium Supplementation and T.T. immunization | 20 | 4.08% |



Figure 1: Poster on safe motherhood.

DISCUSSION

Understanding maternal knowledge and practices of community regarding care during pregnancy and delivery are required for program implementation. This study was conducted to determine awareness and practice related to antenatal care among patients; their relatives; as well as paramedical staff which can be used for further planning of health intervention program.

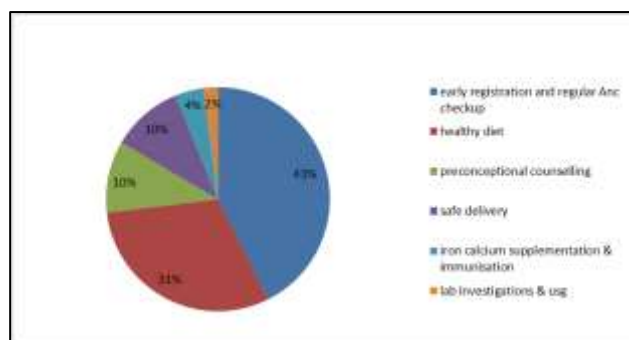


Figure 2: Distribution of all participants with respect to components of obstetric care.

MCH care including essential obstetric care is one among 8 elements of primary health care services provided in India.³

Many articles reviewed showed that awareness about essential obstetric care is poor.⁷ Though in our study 89% of general population was found to be aware about antenatal care, their high preference towards dietary component indicates that in actual practice we are lacking access to basic health care services.⁵

In present study 8.1% patients were unaware about essential obstetric care but 91.9% knew about essential obstetric care which is correlating with the study by Protiva Rani Sarker and Md. Monoarul Haque.⁶

Study from Sharma M. indicated that appropriate communication strategies should be designed and implemented amongst the most vulnerable section of society, especially through health education campaigns, in order to have a constructive outcome in near future.⁴

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CONCLUSION

A better informed woman is more likely to make more appropriate decision during obstetric emergencies. A key constraint limiting healthy practices is the gap between what is needed and what exists in terms of knowledge and availability of human resources at local and national level. A sincere effort to increase health education and easy access to healthcare facilities is key to fill the gap.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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