

Knowledge, Attitude and Preferences of Antenatal Patients toward Antenatal Care, Mode of Delivery & Postnatal Care of Baby & Self-“Why C-Section Rate Increasing...?”

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Abstract: ***Aim:** The study done to determine maternal attitude and knowledge about antenatal care, various modes of delivery, post-partum baby care, visited in civil hospital Ahmedabad which helps us to detect paucity in our system and training & provide best maternal and foetal health care. **Material and methods:** All antenatal patients visiting in OPD or antenatal ward of civil hospitals between August to October 2021. Around 150 female were included. We handed a predesigned questionnaire to patients to be filled out in the presence of the investigator. **Results:** From 150 patients, Proper antenatal visits taken by 74% patients. 80% of the women want her to be delivered normal. And 20% wants caesarean section. So, our study shows that before delivery even 20% women wants her to be delivered by C - section, which is contributing to increase rate of cs. Exclusive breastfeeding till 6 month is well known to all the patients but awareness about baby immunization is need to spread more. Our healthcare programme and hospitals are constantly trying for decrease maternal and perinatal mortality and this data can be helpful in improvement of system and society.*

Keywords: C-section, awareness in antenatal mother, breastfeeding, immunisation, disorder of pregnancy, maternal request, preferences of mother

1. Introduction

“All births should be assisted by skilled health professionals, as timely management and treatment can make the difference between life and death for both the mother and the baby.” - Unicef.

Good care during pregnancy is so important for the health of the mother and the development of the unborn baby; it links the woman and her family with a formal health system which will increase the chance of using a skilled attendant particularly at birth and contributes to good health through the life cycle. At any health care delivery system, Antenatal care is considered as a back bone of obstetrical services, it is substantial for health of pregnant women.

Childbirth is a miracle which is complex yet fascinating. It's a process that involves many decisions to be made depending on various dimensions of maternal health and foetal wellbeing. This has in turn given rise to a trend of writing a birth plan which is possible wish list an antenatal woman has towards an ideal birth. Thus many expectant mothers prefer a mode of delivery which could be influenced by various factors.

Natural childbirth occurs with or without medical interventions and Elective Caesarean Section involves surgical delivery of the foetus and rates of this procedure have risen dramatically during the past decade, reaching more than 50% in some countries. Several studies have examined possible reasons for the increasing Caesarean delivery rates. **Maternal request is a significant factor in the rising Caesarean section rates.** The most common

reasons for preferring vaginal birth were “concern for maternal health” (85%), followed by “being a natural way of delivery”. The main reason for preferring Elective C Section was “to avoid labour pain” and “concern for maternal health”.

Post partem knowledge about nutrition, adequate rest, contraception and baby care including breastfeeding and immunization of baby is equally important in welfare of the mother and baby.

2. Materials and Methods

Research Design: A descriptive study conducted in civil hospital Ahmedabad had been used to explore knowledge of antenatal care, the preferring the mode of delivery among antenatal mothers & postnatal care of baby & self. Study conducted between August to October 2021. 150 antenatal patients taken from OPD and antenatal ward. Data collection done using Structured Interview Questionnaire.

3. Results

All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth.

Description of study question and result

As questionnaire used for study, after analysis below table prepared. As education status, economic status, social environment, parity of women, this multiple factors has role in knowledge and preparedness of pregnant women.

S. No	Question	Yes	No	No response/Other
1	Is it necessary to take Antenatal visit & medication?	88	12	-
2	Knowledge of urine pregnancy test.	60	28	12
3	Antenatal visits taken in first three months of pregnancy?	78	22	-
4	Knowledge about 3 doses of tetanus vaccine.	92	8	-
5	No of antenatal visit 4 or >4.	84	16	-
6	Knowledge about vomiting in pregnancy.	60	35	5
7	Knowledge about hypertension in pregnancy.	42	30	28
8	Knowledge about tablet iron and folic acid.	84	12	2
9	Awareness about ultrasonography in pregnancy.	90	10	-
10	Preference of Hospital delivery	90	6	4
11	Preference for normal vaginal delivery.	80	20	-
12	Preference for elective Caesarean delivery.	20	80	-
13	Awareness about six months of exclusive breastfeeding.	74	20	6
14	Awareness about birth spacing and contraception	58	34	8

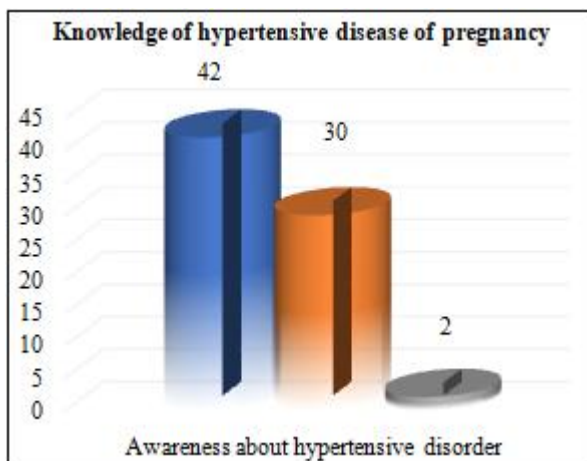
From deaths, 50 million women suffer from maternal Morbidity due to acute complications from pregnancy, which could be reduced by encouraging women to deliver with the assistance of skilled birth attendants or in a health-care institution.

Antenatal care:

In our study,

- 78% womens are aware about first trimester ANC visit.
- 84% are taking adequate number of ANC visit.
- 88% of women thinks ANC visit & 84% IFA tablet is necessary.
- 92% awareness in TT inj and its schedule.
- Knowledge of hypertension in pregnancy and hyperemesis is only 42% & 60% respectively in mother visiting ANC clinic.

According to WHO’s systemic review on MMR worldwide, hypertensive disease remain leading cause of direct maternal mortality.



Goal 5-A of the Millennium Development Goals aims to improve maternal health with the target of reducing maternal mortality ratio (MMR) by 75% between 1990 and 2015. In India, it is heartening to note that MMR has declined from 212 in 2007-2009 to 145 in 2020 - 2021. Apart from deaths, 50 million women suffer from maternal morbidity due to acute complications from pregnancy, which could be reduced by encouraging women for adequate and proper ANC care, to deliver with the assistance of skilled birth attendants or in a health-care institution.

The respondents in the present study had adequate knowledge about ANC registration (booking), IFA tablet supplementation, TT injection, but knowledge regarding the number of ANC visit is lacking. Also knowledge of ‘antenatal disease which if left unattended leads to mortality’ need to improve and for that first visit counselling of mother and family members, red flag signs of such disease, easy and comfortable approach to health care when needed - should be explained

Mode of delivery:

The reasons for the dramatic increase in CS rates though not obvious are somewhat complex. The indications for performing CS have changed a lot in recent years and keep on changing for varied circumstances.

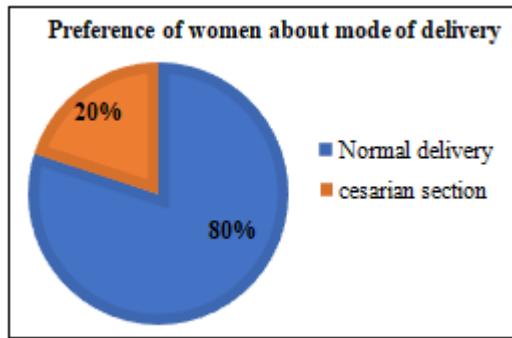
- CS on demand or maternal request.
- Attitude of relative. (When mother is in pain firm & tender care should be requiring for vaginal birth).
- To benefit the fetus.
- Some common and important indications for CS include foetal distress, prolonged labour, breech presentation, multiple gestations, and previous c - section.

Reasons for Mothers preferred normal delivery:

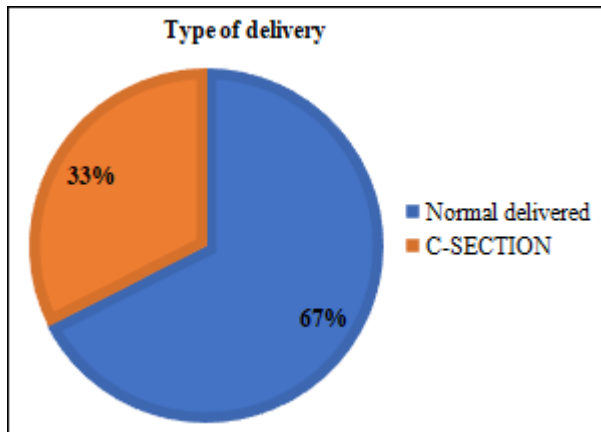
- Doctor’s advice.
- Found it to be economical.
- Advised by friends and family.
- No exposure to anaesthetics.
- Finding it healthy and natural.

As nowadays there is increased incidence of lscs, only 80% antenatal patients prefer normal delivery for health of mother and being natural way, early recovery and less complication. While 20% women choose caesarean delivery main reason being fear of pain and previous caesarean delivery, higher socioeconomic class.

Assess the preferences for Normal vaginal delivery or Caesarean section delivery.



Rate of C - section in our institute:

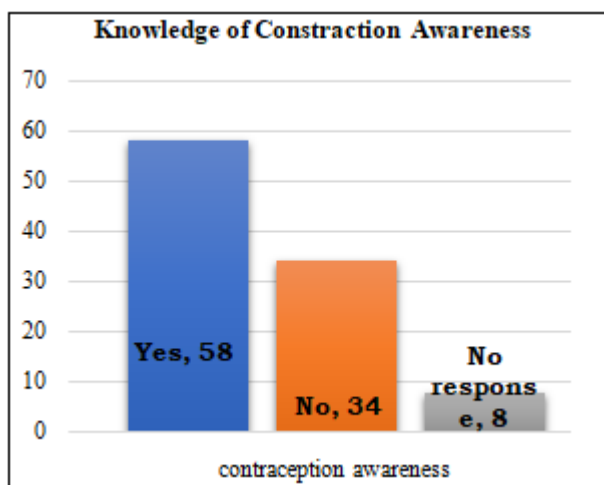


From above graph, rate of c section is 32.5% while 20% of women came with predefined mind - set which contributes to increase in c section rate.

Birth spacing and Contraception:

In our study, sparse knowledge about contraception is seen which is only 58%. Reasons are . . .

- Lower socioeconomic strata being poorly educated or illiterate plays main role in no or inadequate knowledge of birth spacing.
- Social taboos and religious background.
- Fear of side effect of contraception.



The concept of optimal birth spacing of 24 months is mentioned in a report published by WHO in 2005.

India has average birth spacing of average 2 years, despite wide knowledge of contraception. It is an important lever by which improved maternal - child health and further reduction in the indices such as Maternal Mortality Ratio. Short birth spacing or inter - pregnancy intervals are associated with negative maternal health outcomes as well as negative perinatal, neonatal, infant health outcomes.

Breastfeeding & immunization

In our study, 74% ANC mothers believe in exclusive breastfeeding while 6% of mothers not responded, so still more awareness is required.

Breastfeeding of newborn till 6 month is key in reducing neonatal mortality and morbidity. Full immunization of newborn is more need to be spread.

4. Conclusion

In our study we concluded that Amongst all who preferred C - section delivery considered this to be a **modern trend of delivery and prefixed in mind for elective lscs due to fear of pain** that also preferred this mode due influencing factors such as advice from their friends and relatives, fear of labour pain, finding C - section as less painful, easier for mother and safer for mother and baby, with no vaginal damage or urinary injuries.

So, our study shows that before delivery even 20% women wants her to delivered by C - section, which is contributing to increase rate of cs.

Also highlight the fact that there were **no differences in substantial medical indications for caesarean delivery** (e.g., pregnancy complications, delivery complications, or the decision to have caesarean delivery before the onset of labour) among women at public vs. private facilities. Therefore, **other nonmedical factors are likely to play a more substantial role in the increase of caesarean delivery rates.**

From above question we can conclude that Antenatal visits and vaccination, regular health check – up during pregnancy, role of ultrasonography is still need to be improved among antenatal patients. Hypertensive disorder which leads to mortality, need to be screened and early diagnosed for proper management which will eventually help to reach millennium development goal.

Exclusive breastfeeding till 6 month is well known to all the patients but awareness about baby immunization is needed to spread more. Our healthcare programme and hospitals are constantly trying for decrease maternal and perinatal mortality and this data can be helpful in improvement of system and society.

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