

## A STUDY ON KNOWLEDGE AND PRACTICE OF ANTENATAL CARE AMONG PREGNANTWOMEN

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### ABSTRACT

**Background:** The maternal health status of Indian women was noted to be lower as compared to other developed countries. Promotion of maternal and child health has been one of the most important components of the Family Welfare Programme of the Government of India. **Objectives:** This study aimed to determine the level of knowledge, attitude, and practice on ANC among pregnant women attending the antenatal clinic at a Tertiary Care Hospital in Pune and their association with various sociodemographic factors. **Materials and Methods:** A cross-sectional study was carried out among 384 pregnant women in their 3rd trimester attending the antenatal clinic in a Tertiary Care Hospital of Pune, Maharashtra during October 2011 to September

2012. **Results:** Study reveals that about 58% women had adequate knowledge regarding ANC. It was found that almost all the variables such as age, education, occupation, parity, type of family, and socioeconomic status (SES) had a significant association with awareness about ANC. **Conclusion:** These findings can be used to plan a Health Intervention Program aiming to improve the maternal health practices and eventually improve the health status of the women.

**KEYWORDS:** Antenatal care, Maharashtra, pregnant women, Tertiary Care Hospital.

### INTRODUCTION

Safe Motherhood Initiatives, a worldwide effort was launched by the World Health Organization in 1987 which aimed to reduce the number of deaths associated with pregnancy and childbirth.

1. Appropriate antenatal care (ANC) is one of the pillars of this initiative. It highlights the care of antenatal mothers as an important element in maternal healthcare as appropriate care will lead to successful pregnancy outcome and healthy babies. Improving maternal health is one of the eight-millennium development goals (MDGs). Under MDG5, countries committed to reducing maternal mortality by three-quarters between 1990 and 2015. Since 1990, maternal deaths worldwide have dropped by 47%.
2. In India data from the most recent National Family Health Survey-3 suggest that the maternal mortality ratio has fallen from approximately 400 deaths per 100,000 live births in 1997 to 301 deaths per 100,000 live births in 2006.
3. The maternal mortality ratio (MMR) in India has been maintained at a higher level since long. It was reported that the MMR among Indian women national average of MMR is 212 per 100,000 live births (SRS - 2007-2009) which in itself is very high compared to the international scenario like Sweden (5), USA (24), and Brazil (58) and even in neighboring countries such as Sri Lanka (39) and Thailand (48).
4. Although the health status of women has improved over the years due to concentrated efforts of Government of India, it is still not at par with the international benchmark and is unacceptably high. Health outcome goals established in the 12th 5-year plan are to reduce infant mortality rate to 25 per 1000 live births, to reduce maternal mortality ratio to 100 per 100,000 live births by 2017.

## MATERIALS AND METHODS

A cross-sectional study was undertaken to assess the knowledge, attitude, and practices regarding ANC among pregnant women attending the antenatal clinic in a Tertiary Care Hospital of Pune from October 2011 to September 2013.

Knowledge was assessed about ANC visits, tetanus immunization, investigations, and nutritional factors, danger signs of pregnancy, contraception, and personal habits. Each parameter was awarded 1 mark for the correct answer and 0 mark if the answer was wrong.

Thus total marks for questions related to knowledge were 44. Those who scored 70% and above were considered as having adequate knowledge, and those who scored below 70% were considered inadequate knowledge. Variables to assess attitude were an opinion on the place of delivery, the effect of smoking on mother and fetus and effects of alcohol on the

health of mother and fetus, ANC registration, visits, motivation, investigations, dietary changes, and iron and folic acid (IFA) intake and its regularity in the intake.

Also smoking, alcohol and drug intake, medical problems, and use of contraception.

Each attitude questionnaire was scaled using 5-point Likert scale. Total score for questions related to attitude were carrying 75 marks. Those who scored 70% and above were considered as having a good attitude toward ANC.

### **CHECKLIST FOR ANTENATAL ASSESSMENT:**

| STEP/TASK   | YES | NO |
|---|-----|----|
| <b>PRELIMINARY PREPERATION:</b>   |     |    |
| 1. Prepare client area, necessary supplies and equipment.   |     |    |
| 2. Wash hands thoroughly with soap and water and dry with clean dry cloth.  |     |    |
| 3. Greet the woman and her companion respectfully and introduce yourself and offer the woman a seat.  |     |    |
| 4. Tell the woman what you are going to do, encourage her to ask questions and listen to what she has to say.   |     |    |
| <b>HISTORY COLLECTION:</b>  |     |    |
| <b>PERSONAL INFORMATION:</b>  |     |    |
| 1. Ask patient's name, age, address, and phone number.  |     |    |
| 2. Enquire about any smoking or alcohol habits.   |     |    |
| 3. <b>Menstrual history</b> include her age at menarche, frequency, duration, amount of blood flow. Ask the first day of her last menstrual period and calculate her EDD.   |     |    |
| 4. <b>Medical and surgical history</b> such as tuberculosis, diabetes, hypertension, kidney disease etc. if she has ever been hospitalized or has had any surgery.          |     |    |
| 5. <b>Family history</b> of hypertension and/or diabetes, tuberculosis, known hereditary disease, (like spina bifida, sickle cell anemia and thalasemia) is to be enquired. |     |    |
| <b>PHYSICAL EXAMINATION</b>   |     |    |
| <b>GENERAL EXAMINATION:</b>   |     |    |
| ➤ Assess temperature, pulse, blood pressure, respiration  |     |    |
| ➤ Build: Obese/average/thin.  |     |    |
| ➤ Nutrition: Good/average/poor  |     |    |
| ➤ Height:   |     |    |

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|--|--|--|
|  |  |  |
| ➤ <u>Weight</u> : Weight should be taken in all cases  |  |  |
| ➤ <u>Pallor</u> : The sites to be noted are lower palpebral conjunctiva, dorsum of the tongue and nail beds.   |  |  |
| ➤ <u>Jaundice</u> : The sites to be noted are bulbar conjunctiva, under surface of the tongue, hard palate and skin.   |  |  |
| ➤ <u>Tongue, teeth, gums, tonsils</u> : evidences of malnutrition are evident from glossitis and stomatitis.   |  |  |
| ➤ <u>Neck</u> : neck veins, thyroid gland or lymph gland are looked for any abnormality.   |  |  |
| ➤ <u>Back</u> : normalcy of spine and symmetry, Rhomboid of Michaelis  |  |  |
| <b><u>BREAST EXAMINATION:</u></b>  |  |  |
| 1. Drape her with cloth in such a way so as to expose on the area to be examined.  |  |  |
| 2. In the same supine position, uncover her body from the waist up, and place her arms at her side.  |  |  |
| 3. Only Visually inspect ( do not touch) overall appearance of woman's breast for contours, skin condition of the areola, nipples ( like any inverted nipple or cracked nipple) and report any such abnormality. |  |  |
| <b><u>ABDOMINAL EXAMINATION:</u></b>   |  |  |
| 1. Ask woman to lie on her back with knees slightly bent and uncover her abdomen.  |  |  |
| 2. Check abdomen for any scars, Skin condition of abdomen for evidence of ringworm or scabies  |  |  |
| 3. Check for linea nigra and striae gravidarum.  |  |  |

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|--|--|--|
| <p>The fingers are pressed downward and backward in a manner of approximation of finger tips to palpate the part occupying the lower pole of uterus .</p> <p>Divergence of fingers indicate head is engaged.</p> <p>Convergence of fingers indicate head is not engaged.</p> |  |  |
| <b>AUSCULTATION:</b>   |  |  |
| <p>1. Place fetoscope on abdomen.</p> <p>The fetal heart sounds are best audible on the back( left scapular region).</p> <p>In occipitoanterior position place fetoscope in the middle of spino umbilical line of same side.</p>   |  |  |
| 2. Place your ear in firm ,close contact with fetoscope.   |  |  |
| 3. Listen to fetal heart sound for full 1 min.   |  |  |
| <b>AFTER CARE:</b>   |  |  |
| 1. Dismatle all articles.  |  |  |
| 2. Provide comfortable postion to mother.( left lateral).  |  |  |
| 3. Wash hands.   |  |  |
| 4. Record your observations.   |  |  |
| 5. Provide health education based on your findings and felt needs of woman.  |  |  |

## DISCUSSION

Our study showed that statistically significant association between age and knowledge about ANC but not with overall ANC practices. A study done in 2011 in tamang also shows a significant association between age and knowledge.

A study done shows a significant association between numbers of pregnancy and ANC visit during most recent pregnancy at 95% level of confidence, whereas no such association was found in our study.

In their study 2007 found that ANC received was significantly lower among illiterate women this finding is similar with our finding in which women who were more educated were better aware about almost all the factors of ANC.

## CONCLUSION

The still higher proportion of (41.9%) of pregnant women has inadequate knowledge, and about one-third of study participant have poorly practice ANC care.

Their knowledge on certain aspects of ANC were still poor especially regarding the importance of early antenatal check-up, health screening and complications related to diabetes and hypertension in pregnancy. Specific intervention program need to be planned and conducted to improve their maternal health practices and eventually improve the health status.

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