CHAPTER: 06

ANTENATAL CARE AND BIRTH PREPAREDNESS STATUS AMONGST THE RECENTLY DELIVERED MOTHERS IN JEHANABAD DISTRICT, BIHAR

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INTRODUCTION

Maternal mortality remains a significant challenge in numerous developing nations, with over 40% of pregnant women globally encountering acute obstetric issues. Approximately 300 million women (as of 2007) in the developing world experience morbidities related to pregnancy and childbirth [1]. The global focus is on decreasing the Maternal Mortality Ratio (MMR). The 2007 and 2015 Millennium Development Goals (MDGs) set targets of 200 maternal deaths per 100,000 live births and 109 per 100,000 live births, respectively, according to the United Nations. Within the first 24 hours after giving birth and during labour, the majority of maternal deaths take place. In addition to the medical causes of these deaths, a number of interrelated socio-cultural issues also have a role in the delays in seeking medical attention. Delays in seeking care include realising problems, making the decision to do so, finding and travelling to a medical facility, and getting proper and sufficient care there [2]. Planning ahead and getting ready for delivery are important aspects of being birth-ready, which helps improve the health of mothers. It guarantees that women will have access to competent delivery care when labour starts and can assist shorten the time it takes for obstetric difficulties by making it easier for women to recognise symptoms early, make decisions, go to a facility with trained care, and receive care from qualified professionals [3].

RESEARCH OBJECTIVES

1. To assess the frequency of visits and counselling provided by Frontline Workers (FLWs) to pregnant women throughout their pregnancy.
2. To ascertain the prompt registration of pregnancies and the receipt of adequate Ante Natal Care by pregnant women in Jehanabad.
3. To evaluate the accessibility of proper vaccinations and nutrition supplementations for women in the village as per the requirements during pregnancy.
4. To examine the existence of a well-structured childbirth plan by

women and their families during the course of pregnancy.

RESEARCH METHODOLOGY

A descriptive cross-sectional study was conducted, involving mothers of infants born in the last two months in Jehanabad district, Bihar. The study comprised women who had given birth within the past 2 months and 29 days (i.e., infants aged 0 to 2 months) and were present in the village during data collection, demonstrating willingness to participate. Convenient sampling was utilized to identify eligible women available in the village during the visits. Data collection involved surveying participants through personal visits to their households in the village, spanning a 3-month duration. The collected data underwent organization and analysis using various functions in Microsoft Office Excel software. The study findings were presented in the report through frequency tables, bar charts, and pie graphs as necessary.

RESULTS & DISCUSSION

Throughout their pregnancies, only 72% of the women had knowledge of their Expected Date of Delivery (EDD). This awareness was predominantly facilitated either by the Auxiliary Nurse Midwife (ANM) or by the Accredited Social Health Activist (ASHA), who estimated it with the assistance of a friend or relative. Notably, 94% of the surveyed women took the initiative to register their pregnancies, highlighting the effectiveness and dedication of Frontline Workers in the district. However, fewer than half of these women received any Antenatal Care (ANC), and among this group, only 8.2% had the benefit of four or more ANC visits, indicating a significant deficiency in the provision of pregnancy-specific care in this village. Despite this, a substantial proportion of women (98%) received Tetanus Toxoid (TT) injections during their pregnancies, but efforts should be directed toward addressing the remaining percentage. Additionally, out of the 60% of women consuming Iron and Folic Acid (IFA) during pregnancy, only 40% continued it post-partum. Furthermore, a mere 10% of women received advice on completing the full course of IFA from Frontline Workers (FLWs). Hence, the gap in IFA consumption could be a

collective result of supply-side problems with IFA tablets, insufficient counseling by FLWs, and side effects caused by it. Proper counseling about the tablets' importance and the management of side effects may serve a more significant purpose in this context.

CONCLUSION

While the community demonstrates positive trends in planning for institutional deliveries, the scenario is less optimistic when it comes to birth preparedness. Birth preparedness plays a crucial role in mitigating potential pregnancy-related emergencies and enhancing awareness through effective counseling by Frontline Workers (FLWs) is imperative to address this concern within the population.

The study underscores the pressing need for capacity building and increased engagement of FLWs in their respective areas. Emphasizing the significance of regular home visits to pregnant women, the study also highlights the essentiality of monitoring and supervising FLW activities during Village Health, Sanitation, and Nutrition Days (VHSNDs) and their routine tasks. This collective effort aims to improve the community's overall stance on malnutrition.

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