# PATTERN OF ANTENATAL CARE PROVIDED AT A PUBLIC SECTOR HOSPITAL HYDERABAD SINDH

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**Background** To assess the pattern of antenatal care provided to the pregnant women and to determine their level of satisfaction for provision of services. **Methods**: This cross-sectional study was conducted at a public sector hospital of Hyderabad Sindh, the data was collected in the month of October 2004. The data was collected by using a pre-tested semi-structured Questionnaire, during the month of October 2004. A total of 161 women consecutively attending antenatal care clinic were included in the study. The variables included were socio-demographic like age, education, occupation and income, maternal and child health variables and level of satisfaction about antenatal care provided. The data was analyzed by using statistical package SPSS version 11. **Results:** The mean age of women was 29.08±3.95 years, majority were housewife, 43.5% women were illiterate, 47.2% had primary education and 9.3% had secondary level of education. About 66% were from low-income group, i.e., earning less than 3000 rupees. About 71% were multi gravida, 67% had live births and 32% had history of abortions. Four had history of Intra uterine deaths. Only 22.4% reported that they use contraceptive for spacing. About 50% of the women were dissatisfied with the services available. The reasons identified for dissatisfaction were long waiting time, inadequate medicine supply and incomplete tetanus vaccination were also reported. **Conclusion:** This study concluded that antenatal care provided needs improvement and require attention to improve the quality of services provided.

**Key words:** Antenatal care, quality of antenatal care, pattern of antenatal care

## INTRODUCTION

High quality antenatal care is a fundamental right for women to safeguard their health. The state of women health in Pakistan is not satisfactory, majority of them suffering from preventable and treatable risks and diseases associated with child bearing. The maternal mortality ratio officially quoted by UNICEF is 340 per 100,000 live births. There are many reasons identified for poor maternal health; which includes low socioeconomic status, poor nutrition, high-risk pregnancies and poor access to health care provision. According to Pakistan demographic health survey 70% of pregnant women did not receive antenatal care, 23% receive antenatal care by doctor, 3% by nurse, lady health visitor or family welfare worker, and four percent by trained or untrained traditional births attendant.[1] This shows that small number of women seeks antenatal care and those who seek care during pregnancy and delivery have poor outcome due to the uneven quality of services. The National Health Survey of Pakistan (1990–1994) estimated that only 52% of postpartum women had serological evidence of adequate immunization against tetanus.[2] The prevalence of contraceptive is 24%, which is quite low.[3]

It is a great challenge for our country to promote and practice high quality antenatal care. Quality of care is a difficult concept to operationalize.[4] Measuring quality of care conceptualized in such a broad manner represents a true challenge. In the field of antenatal care, recent efforts have been made to sort out various issues regarding service provision.[5,6] The knowledge about users view is very limited, especially in developing countries.[7,8] Women satisfaction is a sensitive indicator that respond to changes in health status are detected, but its measurement remains as an important challenge.[9]

This study was proposed to assess pattern of antenatal care provided to pregnant women by client interview and observation checklist. Previous studies have shown that late antenatal attendance, maternal malnutrition and high rates of tobacco and alcohol use are associated with poor obstetric outcome.[10-13] But hardly any local study assessed quality of antenatal care. Antenatal care is not available although is officially claimed to be available at almost all places wherever network of Public Sector. Wherever available absenteeism of medical and Para medical staff and not maintaining the quality standards identified as common problems. The antenatal examination is quite haphazard and does not bear the fruitful results, which are expected if done systematically respecting the set protocols by WHO. This is the reason that poor health state of mother and infants remains unchanged .The purpose of this study is to assess the pattern of antenatal care provided by public sector hospital and to identify how antenatal care can be improved in the area.

## MATERIAL AND METHODS

A Cross Sectional study was conducted at a Public sector hospital Hyderabad Sindh. This hospital is

providing health services to about five lacks population of the city. About 100 patients daily visits to out patient departments. The pregnant women attending antenatal care at Obstetric out patient department and resident of Hyderabad were included in the study. About 161 pregnant women were selected from the antenatal care out patient department visiting consecutively in the month of October 2004. The data was collected through a semi-structured pre-tested questionnaire and a standard checklist of antenatal care based on WHO protocol for antenatal care was used. The variables included were socio demographic characteristics, maternal and child health variables and satisfaction from the services available and attitude of health care staff. The data collected was entered and analyzed by using statistical packages Epi-Info-6 and SPSS version 11.

## RESULTS

Table-1 describes the women socio-demographic and maternal child variables. The mean age of women was 29±3.95 years. Forty three percent of women were illiterate, 47% were educated up to primary level and 9% having secondary level education. About 94% women were housewife only 6% were employed. Income of the household ranges between 1000–4000 Rupees. Majority (83.8%) of the household income ranges between 1000–3000 rupees while only 14% had income more than 3000 rupees. About 24.8% women were primigravida while 75.2% were multigravida. About 2.5% still births, 32.3% had abortions and 4.3% women had child deaths. Only 23% women practice family planning while 77% did not. About 85.6% women were aware about any family planning method while only 14.3% did not mention any of the family planning method. About 95% of women were receiving antenatal care by LHV or nurse and only 5% were receiving antenatal care from doctor.

Table-2 shows the satisfaction level among women attending antenatal care at public sector hospital. Half of the women in study sample were satisfied with the overall care provided to them. The routine antenatal investigations were provided to majority of women like urine, blood, antenatal examination and blood pressure. About 86.2% women said that they have to wait for more than two hours for checkups. Regarding satisfaction with getting medicine 63% were found dissatisfied, 75% of women did not have complete tetanus vaccine. Only 31% received instructions about perinatal care, 46% received information about exercise and 36% were reassured about discussing fear and anxiety about pregnancy.

**Table-1: Distribution of Socio Demographic and maternal Child Health Characteristics of women attending antenatal care**

| Variables | Frequency (n=161) | % |
|---|---|---|
| **Age in years** | | |
| <30 years | 115 | 71.4 |
| >30 years | 46 | 28.6 |
| **Women occupation** | | |
| Employed | 9 | 5.5 |
| Housewives | 152 | 94.4 |
| **Women Education** | | |
| Illiterate | 70 | 43.5 |
| Primary | 76 | 47.2 |
| Secondary | 15 | 9.3 |
| **Total monthly income of household (Rs)** | | |
| 1000–3000 | 137 | 85 |
| >3000 | 24 | 15 |
| **Parity** | | |
| Primigravida | 40 | 24.8 |
| Multigravida | 121 | 75.2 |
| **Abortions** | | |
| Yes | 52 | 32.3 |
| No | 109 | 67.7 |
| **Still births** | | |
| No | 157 | 97.5 |
| Yes | 4 | 2.5 |
| **Child deaths** | | |
| Yes | 7 | 4.3 |
| No | 154 | 95.7 |
| **Family planning practice** | | |
| Yes | 37 | 23 |
| No | 124 | 77 |
| **Knowledge of family planning method** | | |
| Yes | 112 | 85.6 |
| No | 23 | 14.3 |
| **Antenatal care provided by** | | |
| Doctor | 8 | 5 |
| Nursing/LHV | 153 | 95 |

**Table-2: Distribution of satisfaction level variables**

| Variables | Frequency (n=161) | % |
|---|---|---|
| **Satisfaction with overall care provided** | | |
| Yes | 80 | 49.6 |
| No | 81 | 50.4 |
| **Waiting time in hour** | | |
| <2hours | 19 | 11.8 |
| >2hours | 140 | 86.2 |
| **Satisfaction with getting medicine** | | |
| Yes | 59 | 36.6 |
| No | 102 | 63.4 |
| **Tetanus Dosage appropriate** | | |
| Yes | 40 | 24.8 |
| No | 121 | 75.2 |
| **Instruction given for perineal care** | | |
| Yes | | |
| No | 110 | 68.3 |
| | 51 | 31.7 |
| **Exercise information** | | |
| Yes | 86 | 53.4 |
| No | 75 | 46.6 |
| **Discussing fear and anxiety** | | |
| Yes | 58 | 36 |
| No | 103 | 64 |

## DISCUSSION

In Pakistan only 30% of women utilise antenatal care services, while 70% do not.[1] In our data the mean age of woman coming to the hospital for antenatal care was 29 years, most of them belong to low income group, illiterate and multigravida. The old age and multiparty are risk factors associated with complication in pregnancy. Grandmultiparity is linked to maternal death in Pakistan more than 12% of Pakistani women have six or more live children and are at risk due to the complication of grandmultiparity.[12] This study reports 2.5% stillbirths, 4% child deaths and 32% abortions; only 23% utilize family planning. This indicates poor quality of health care delivery system especially in public sector. Health care providers play major role in providing health services, in our study majority of women reported that they received care from lady health visitors, and very few from qualified doctors. This is a common practice in public sector hospital that doctors are not available most of the time and the required care, which is supposed to be provided by doctor usually provided by other health care staff. Despite the numerous attempts to increase the level of maternal tetanus immunization, coverage levels in our country still estimated to be low. The National health survey of Pakistan estimated that only 52% of postpartum women had serological evidence of adequate immunization.[1] Similarly this study reports a small percentage of women having complete tetanus immunization. The inadequate antenatal care provided in many areas of Pakistan contributed to poor state of maternal and newborn health. The quality of maternal health care services had great impact on both maternal and newborn outcomes worldwide. A study conducted in NWFP showed that the obstetric care provided was below the minimum of standards recommended by United Nations. In resource poor countries like Pakistan, it is important to upgrade existing facilities, and provide good quality antenatal care.[13]. It is well known that most deaths can be prevented if adequate and timely obstetric care is provided,[14] but if nothing is being done to avert maternal deaths, it will be rose to 1000–1500/100,1000 live births, which is unacceptably very high.[15] Therefore it is our widespread desire to improve maternal care and make optimum use of women contact with health services. Further more it is also important to identify which interventions are effective and how best to deliver them. Our study identified the prolonged waiting time, inadequate information about obstetric care, exercise, assurance of anxiety and fear in pregnancy and inadequate supply of drugs. Hence it is suggested that considerable resources and energies should be spend and to improve the health status of mothers by providing them good quality obstetric care.

## CONCLUSION

Our study concluded that antenatal care provided was not up to mark of standard care, measures should be taken to improve public sector hospital obstetric services through increasing resources, adequate medicine supply, assurance of staff on duty and reduce waiting time. Furthermore awareness among women should be created to properly utilize services, which are being provided to them.

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