



MATERNAL HEALTH CARE SERVICES IN AN URBAN SETTING OF NORTHERN INDIA

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ABSTRACT

The study was carried out to assess the coverage & quality of maternal health care in an urban setting. All delivered females who were registered (116) at centre were interviewed. The results indicate that about one fifth of the total pregnant females were below 20 years & only 25 per cent were registered in first trimester. 60 per cent were received three or more ante natal visits. Majority (about 66 per cent) was having Hb concentration in the range of 9-11gm% despite that 74 per cent reported to receive more than 90 IFA tablets. More than 50 per cent of the deliveries were conducted at home. Only one third received postnatal check up. Therefore it shows that there is a strong need to concentrate on these components of maternal health care to achieve fifth MDG.

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INTRODUCTION

Maternal health is one of the most important and still continuously neglected areas in India. Government of India has initiated National Rural Health mission to focus on providing health care to everyone with extra attention to women and children and to those who are disadvantaged and cannot access health care¹. The current Maternal mortality rate is 254 per 1000 live births SRS (2004-2006). This is still far behind the goal as envisioned in RCH-2, NPP & MDG. An important proximate determinant of maternal mortality is access to and use of quality health care services^{2,3,4}. All women, whether their pregnancies are complicated or not, need good quality maternal health services during pregnancy, delivery and in the postpartum period to ensure their health and that of their infants. High quality maternal health services must be accessible, affordable, effective, appropriate for and acceptable to the women who need them⁵. In the MDGs, for the improvement in maternal health, emphasis is on maternal mortality ratio & percentage of births attended by skilled personnel with the target of 90 per cent by 2015. According to National Family Health Survey (NFHS-3) report on maternal health care services, there is a wide variation in the coverage and quality of antenatal care services, percentage of delivery by trained professional and number of post natal visits among the states and within the states, with the considerable rural

urban differences. Northern states of the country, especially in Uttar Pradesh which is the most densely inhabited state, quality and coverage of maternal health care services is still poor. Against this backdrop, this study was aimed to find out different aspects & perspectives of a quality maternal care and then to analyze the interventions required in the study area to improve the quality to bring about favourable changes to reach the fifth MDG.

MATERIALS AND METHOD

This study was undertaken to assess the existing maternal health care services in an urban community both in terms of coverage and content/quality. It is also the field practice area of department of Community Medicine, Institute of Medical Sciences, Banaras Hindu University. The Centre serves a population of approximately 5000. This is a cross sectional community based study conducted from February 2009 to April 2010. All the pregnant mothers who delivered during one year period i.e. from 1st February 2008 to 31 January 2009 were included as study subjects. Data collection was done by record analysis and interview. All the delivered mothers registered at the centre during above mentioned period were interviewed to record their socio demographic profile, obstetric history, services received during antenatal period, place & assistance during delivery, post natal check up & visits. Pre-designed & pre-tested questionnaire was used for interview. Data thus collected were entered in a MS-Excel

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Spread sheet and analyzed. Results were calculated and presented in the form of number and percentages.

Table 1. Distribution of Pregnant Mothers according to Socio-demographic variables

Variables	Number	Percent
Age (Years)		
<20	24	20.7
20-30	78	67.2
>30	14	12.1
Education of wife		
Illiterate	50	43.1
Primary/middle school	48	41.4
High school	09	7.8
Intermediate or above	09	7.8
Education of Husband		
Illiterate	17	14.7
Primary/middle school	52	44.8
High school	26	22.4
Intermediate or above	21	18.1
Marital Duration (Years)		
<2	26	22.4
2-5	23	19.8
5-10	47	40.5
>10	20	17.2

Table 2. Pregnant Mothers with their Obstetric History

Variables	Number	Percent
State of gravida		
1	40	34.5
2	24	20.7
3	25	21.6
≥4	27	23.3
History of Abortion		
Yes	17	14.7
No	99	85.3
Duration between previous and present pregnancy (Years), N=76		
1	33	44.0
2	22	29.3
3	08	10.7
≥4		

Table 3(a). Selected Services Received by Pregnant Mothers who attended Antenatal Care for Most Recent Birth

Services Received	1 st Visit N=116	2 nd Visit N=101	3 rd Visit N=70	4 th visit N=40
Hb%	100	70.7	72.8	87.5
Blood pressure measurement	100	79.3	92.8	100.0
Per-abdominal examination	66.4	64.7	100.0	100.0
Urine examination	100	37.1	24.2	0.00

Table 3(b). Counseling Received on Various Health Issues during Antenatal Period

Health Issues	Number	Percent
Nutritional advices	110	94.8
Information regarding danger signs of pregnancy	85	73.3
Advice for site of institutional delivery	97	83.6
regarding breast feeding	89	76.7
Advices related to neonatal care	83	71.6
regarding contraception	93	80.2

Table 4. Distribution of Pregnant Mothers according to the Received Delivery Care

	Number	Percent
Delivery characteristics (N=116)		
Normal vaginal Delivery	86	74.1
Delivery by Caesarian Section	18	15.5
Still birth	2	1.7
Abortion	10	8.6
Place of delivery (N=106)		
Home delivery	55	51.9
Institutional Delivery	51	48.1
Assistance during delivery (N=106)		
Doctor/Nurse	53	50.0
Trained dai/ANM	13	12.3
Neighbours/Home personnel/untrained dai	40	37.7

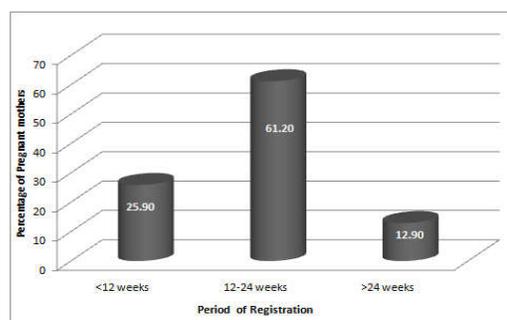


Fig. 1. Distribution of Pregnant Mothers according to the Time of Registration

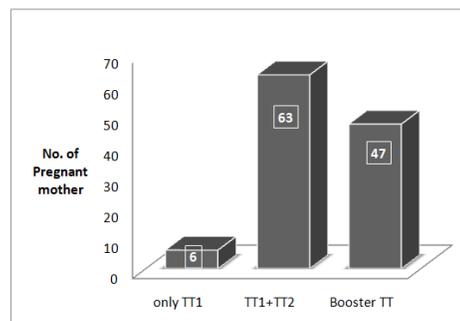


Fig. 3. TT Immunization in Pregnant Mothers

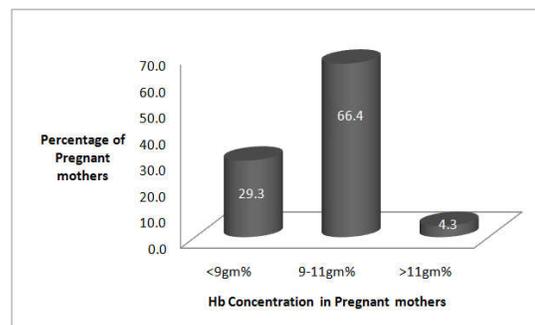


Fig. 4. Pregnant Mothers according to their Haemoglobin Concentration

DISCUSSIONS

Table-1 shows that out of the total delivered females 116 were registered at the centre during the ante natal period. They were interviewed to find out whether they received quality maternal health services or not. Majority (90 per cent) were Hindus & belong to 20-30 years age group (67 per cent). About one fifth of the total pregnant females were below 20 years. This needs

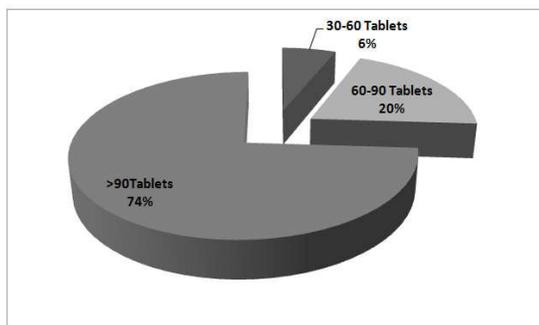


Fig. 5. Number of IFA Tablets Received by Pregnant Mothers

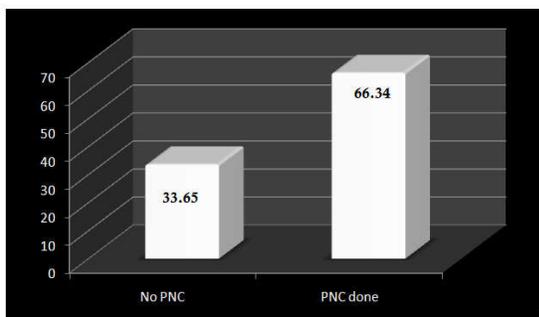


Fig. 6. Distribution of Pregnant Mothers according to Post Natal Checkups (PNC)

that the focus should be on adolescents with a view to delay their child bearing age. Literacy rate is 57 per cent which is below the national average. About 40 per cent of the delivered females were within 5-10 years of their marriage. This indicates the unmet need of family planning services & also implies that now programs main effort should directed towards young/ married/ wives / couples. One third of the total registered females were primigravida and 23.3 per cent were para four or more. In study area there was a lesser percentage of abortion (about 15 per cent) because of almost 100 per cent antenatal registration. In majority (44 per cent) of females average gap between the two pregnancies was about two years & only 29 per cent were reporting 3 years gap shown in Table 2. Almost all pregnant females have received some antenatal care from a skilled provider. But more than 60 per cent pregnant females have taken three or more antenatal visits (figure-2). It is more than the findings of NFHS -3⁶ (52 per cent, UP-26.6 per cent) due to the urban area & study conducted by Singh *et. al.*⁷ where three ANC visits were only in 35 per cent cases. Registration in first trimester were only 25 per cent (figure -1) which is far less than the national average (48.7 per cent) and almost same as UP (25.7 per cent). Mild to moderate anemia was observed in 66 per cent mothers; their Hb was in the range of 9-11 gm%, only 4.3 per cent were above 11gm%. About three fourth have reported that they received more than 90 tablets (figure-4&5). It seems that they have not consumed the tablets provided. Two dosage of Tetanus Toxoid was received by 63 per cent (figure-3) which is less than the NFHS-3⁶ findings, reason being, 47 per cent mothers received booster. Among women receiving ante natal care for their most recent birth almost 100 per cent had their weight measured. Blood Pressure was checked on every visit to more than 90 per cent of registered females. Similarly per abdominal examination was done on almost all pregnant registered females esp. in third & fourth visit (required more

during second trimester to assess the growth of the fetus). During first visit Urine examination was conducted on 100 percent females. These observations are higher than the NFHS -3 findings. According to RCH-2 counseling is the key component of quality antenatal care. More than 90 per cent reported for nutritional advice, 83.6 per cent for institutional delivery, 80 per cent received about F.P, more than 70 per cent for danger sign, breast feeding& neonatal care (Table 3a & 3b). Outcome of pregnancy depends on place of delivery & assistance during delivery, regarding place of delivery less than half of the total registered were delivered in health facility , which is better than the NFHS -3 findings because deliveries are much likely in health facilities in urban areas. The matter of concern is that despite of counseling for institutional deliveries during antenatal period still more than half were home deliveries .Fifty percent of total deliveries were conducted by doctor/ Nurse, 12 per cent by trained dais & ANM &38 per cent by neighbors / home personnel/untrained personnel (Table-4). These observations are coherent with the findings of NFHS-3. Only one third of total delivered females reported having post natal check up (figure -6).

Conclusion & Recommendations:

The study recommends that there is a strong need to improve both coverage& quality of maternal health care services with the special emphasis on early registration of pregnancy, percentage of deliveries attended by skilled personnel, improvement in consumption of IFA & no. of postnatal visits, in order to achieve the target sets in MDGs. The Global reviews and studies also reveals that maternal deaths are clustered around labor, delivery and the immediate post partum period with obstetric hemorrhage being the main medical cause of death⁸.

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