ANC profile of women attending a community health centre in rural Himachal Pradesh

Vinay Kumar[1], Vikrant Sharma[2]*, Kusma Devi[3]

[1] Civil Hospital, Palampur, Kangra, Himachal Pradesh, India

[2] Department of Obstetrics and Gynaecology, Dr RPGMC Kangra at Tanda, Himachal Pradesh, India

[3] Dr BR Ambedkar University, Agra, Uttar Pradesh, India

Abstract

Background: Maternal and child mortality is the outcome of multiple factors. Improving the maternal and child health is an important public health goal of government of India. To prevent unwanted outcome of pregnancy, antenatal care (ANC) is most important method for early detection and prompt treatment of complications.

Methods: A study was conducted among pregnant women attending ANC clinic at a community health centre between Nov 2019 to June 2020. A pretested semi-structured questionnaire was used for data collection. Data was collected from 102 pregnant women attained ANC clinic during study period. The data was compiled and analyzed using appropriate statistical tools.

Results: In present study majority (46%) of pregnant ladies belong to 20-25 years of age group and 26% had consanguinous marriage. In our study gravida 3, gravida 4 and gravid 5 were 29%, 12% and 5% respectively. 52 % of pregnant ladies had 3 ANC visit, almost 62% of pregnant ladies had done haemoglobin examination and 57% blood grouping testing. Pregnancy outcome were live birth in 82.66 % and abortion in 16.69%. 41% were previous LSCS and 9% were home delivery.

Conclusions: High quality antenatal care as well as knowledge and practice of community regarding maternal care during pregnancy are important to unwanted outcome of pregnancy.

Keywords: abortion, antenatal care, high risk pregnancy, home delivery, lower segment caesarean section

Introduction

As maternal and child health is backbone of any nation, the well-being of societies is linked to the health of mothers and children. Healthy mothers are children's first line of defense against death, malnutrition, and disease. Every minute a woman, every day 1500 women die due to pregnancy related complications [1]. Every year, approximately 8 million women suffer from pregnancy related complications and half million die [2]. Thus maternal mortality continues to be a major public health problem. Maternal and child mortality is the outcome of multiple factors that includes early marriages, illiteracy, poverty, malnutrition, ignorance, lack of health care facility, underutilization of health care facilities etc. Improving the maternal and child health is an important public health goal of government of India. To prevent unwanted outcome of pregnancy, antenatal care (ANC) is most important method for early detection and prompt treatment of complications. ANC is also an opportunity to inform women about danger signals for which immediate assistance should be sought from health care provider. The present study was carried out to assess the health status and ANC care taken by pregnant women.

Methods

A cross sectional study was conducted among pregnant women attending ANC clinic at a community health centre during Nov 2019 to Jun 2020. A pretested semi-structured questionnaire was used for data collection. Questions included were present and previous pregnancy, socio economic status, medical and pregnancy related complications, investigations done during pregnancy etc. Data was collected from 102 pregnant women attained ANC clinic during study period. The data was compiled and analyzed using appropriate statistical tools.

Results

Baseline characteristics

In present study 46% of pregnant ladies belong to 20-25 years of age group and 44% were in 25-30 years of age group while 4% of pregnant ladies were below 20 years of age. Mean age of participants was 24.45 (SD=3.79). 24% of pregnant ladies were illiterate and 95% were housewife. 26% had consanguinous marriage, 66% stay nuclear family and 89 % belong to lower middle class as per modified BJ Prasad classification (Table 1).

Table 1: Baseline characteristics

		Frequency	Percentage
Age (Years)	<20	4	3.9
	20-25	47	46.1
	26-30	45	44.1
	>30	6	5.9
Education	Illiterate	25	24.5
	Secondary	60	58.8
	Higher secondary	9	8.8
	Graduate	8	7.8
Occupation	Housewives	97	95.1
	Not working	5	4.9
Type of family	Nuclear	66	64.7
	Family	36	35.3

ANC profile
In present study 24% were primi gravida, gravida 2 were 28%, gravida 3 were 29%, gravida 4 were 12% and gravida 5 were 4%. Regarding ANC care 52% of pregnant ladies had 3 ANC visit and 63% had taken TT injection. 81% had taken folic acid and 73% had taken Iron tablets (Table 2).

Table 2: ANC profile

		Frequency	**Percentage**
Number of ANC visits	1	23	22.5
	2	26	25.5
	3	22	21.6
	4	17	16.7
	5	14	13.7
TT injection	Yes	63	61.8
FA tablets	Yes	83	81.4
Iron tablets	Yes	75	73.5
Calcium tablets	Yes	75	73.5

Laboratory profile
40% of Pregnant ladies had anaemia, 8.8% had Hypothyroidism, 10% oedema feet and 1% pregnancy induced hypertension. Almost 80% of pregnant ladies had done HBs Ag, VDRL and HIV investigation, 62% haemoglobin, 57% blood grouping, 59% urine albumin sugar, 49% blood sugar and 56% TSH.

Outcome
There were 130 previous deliveries, out which 59% were normal deliveries and 41% were LSCS. 66% delivered in private hospital, 25% in government hospital and 9% delivered at home. In this study, we found that high risk pregnancy was 59.8% and main reason of being high risk were previous LSCS (52%), anaemia (40%), hypothyroidism (9%), and gestational diabetes (3%). High risk Pregnancy was more among multigravida, Consanguinous marriage, and nuclear family, illiterate and above 25 years of age.

Discussion
A total of 102 pregnant women who attended community health centre for antenatal checkup were included in the study. In present study, 46% of pregnant ladies belong to 20-25 years of age group and 44% were in 25-30 years of age group. In a study by Hasan MI 72% belongs to 20-30 years of age [3]. In a study by Metgud 86% were between 20-29 years.[4] In this study 24.5% women were illiterate, middle school 58.8%, intermediate 8.8%, graduate 8%.
According to study by Acharya et al, illiterates were 20.4%, middle school 24%, intermediate 37%, graduates17% [1]. In current study 95.1% were housewife while 4.9% were working women. In Acharya study housewife were 90.6% working women were 10% [1]. In present study 24% were primi gravid, gravida 2 were 28%, gravida 3 were 29%, gravida 4 were 12% and gravida 5 were 4%.
In a study done by Singh et al, ANC visit is done by 35% of pregnant ladies [5]. It was because Singh study was in rural area.
There were 130 previous deliveries, out of which 59% were normal deliveries and 41% were LSCS. In a study by SK Bhasin in Delhi LSCS was 34%.18 Such a high rate of caesarean section can be explained by obstetrician and even parents playing safe not taking any risk or there may be some commercial interest that need to be clarified by more studies. In this study most common complication was anemia which was 41 % and next was hypothyroidism which was 8.8 %. In India 2/3rd of pregnant women is anemic.[1] In a study done by Mulla S 58% pregnant women were anemic while in a study by Agarwal 80% of pregnant ladies were anemic. This difference may be because present study is institution-based study, hence does not represent entire population. Iron deficiency anemia was most common cause of anemia.

Conclusion
Antenatal care is an important activity for providing promotive and preventive health care services to pregnant women and, hence reducing maternal mortality. As this study was carried out to assess the health status and ANC care taken by pregnant women and found that 60 % pregnancy are high risk, and it is common among multigravidas because of previous LSCS and anemia.

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