

FREQUENCY OF ANTENATAL VISITS AMONG ANTENATAL MOTHERS AT NARAYANA MEDICAL COLLEGE HOSPITAL, NELLORE, ANDHRA PRADESH

Abstract

Background: The systemic supervision of a woman during pregnancy is called antenatal care. Regular antenatal visits are mandatory to ensure the well being of mother and fetus. As per WHO, there must be minimum of 4 and maximum of 12 antenatal visits are necessary for all pregnant mothers. Early and proper AN visits will identify the risk factors and helps in initiating the management in time. Thereby safe pregnancy and delivery can be achieved.

Aim: The aim of the study was to assess the frequency of antenatal visits among antenatal mothers.

Objectives: 1.To assess the frequency of antenatal visits among antenatal mothers. 2. To associate the frequency of antenatal visits among antenatal mother with selected socio-demographic variables.

Methodology: 60 antenatal mothers admitted in antenatal ward at NMCH were selected by using simple random sampling technique.

Results: The study shows that the antenatal visits among antenatal mothers, 21(35%) are had average visits and 39(65%) are had good antenatal visits and none of them had poor antenatal visits.

Keywords: Frequency, Antenatal Visits, Antenatal Mothers.

Authors

Usha Rani. G
Assistant Professor
Department of OBG
KKC College of Nursing
Puttur, Andhra Pradesh, India.

Latha. P
Professor & Principal
Department of OBG
Nishad College of Nursing & Allied
Sciences, Satna, Madhya Pradesh, India.

I. INTRODUCTION

The systemic supervision of a woman during pregnancy is called antenatal care. The supervision should be regular and periodic in nature according to the need of the individual. The antenatal period is a time of physical and psychosocial, psychological preparation of birth and parenthood. It is a time of intense learning for the parents.

The antenatal visit that includes the antenatal care, social support to mother and explaining regarding dietary pattern, high risk due to pregnancy and also regarding immunization etc. The aims of the antenatal visit includes: To screen the high risks during pregnancy, to continue the ongoing primary preventive health care, to detect the early diagnosis, to educate the mother about the physiology of labour, by demonstration, through charts, to discuss with the couple about the place, time and mode of delivery, provisionally and care of newborn.

Objectives of first visit are: to assess the health status of the mother and foetus, to assess the fetal gestational age and to obtain baseline investigation, to organize continued obstetric care and risk assessment. Principles of antenatal visits are: to counsel the women about the importance of regular checkups, to maintain or improve the health status of the women to the optimum till delivery by judicious advising regarding diet, drugs and hygiene, to improve the psychology and to remove the fear of the unknown by counseling the women.

The antenatal visits are a platform for delivery of evidence based clinical interventions, counseling on maternal health, birth and emergency preparedness. The antenatal care visits is necessary for every women, especially for primi-gravida mothers. WHO recommends all women with pregnancies must attend at least 4 visits during the course of pregnancy. The antenatal care is considered as essential for to reduce the maternal and newborn mortality and morbidity.

II. NEED FOR THE STUDY

The world health organization (WHO) estimates that, of 536,000 maternal deaths occurring globally each year, 136,000 and 800 women die from pregnancy or child birth – related complications daily and approximately 287,000 women lost their lives to pregnancy and child birth related causes there are 43,64,885 new mothers reporting the disease. The world health organization (WHO) 2015, estimates that 86% of woman is attending at least 6 antenatal visits and 65% woman is attending 4 antenatal visits. As per 2017, in India 62% of the woman attending at least 4 antenatal visits.

A descriptive study was performed at Coimbatore in Tamil Nadu to assess the knowledge, attitude and practices of antenatal care among pregnant mothers. 50 samples were selected through random sampling technique and knowledge was assessed through structured questionnaire. The results showed that 57% of antenatal mothers had less adequate knowledge on general information, 51% of antenatal mothers had lower attitude and 67% of antenatal mothers followed inappropriate practices during pregnancy. The study concluded that giving education and making awareness is essential among antenatal mothers in order to promote safe deliveries.

III. STATEMENT OF THE PROBLEM

“A study to assess the frequency of antenatal visits among antenatal mothers at Narayana Medical College Hospital, Nellore.”

IV. OBJECTIVES

1. To assess the frequency of antenatal visits among antenatal mothers.
2. To associate the frequency of antenatal visits among antenatal mother with selected socio-demographic variables.

V. DELIMITATIONS

1. Women who are pregnant and admitted in Narayana Medical College Hospital, Nellore.
2. The sample size is 60 antenatal mothers.
3. 6 Weeks of data collection period only.

VI. METHODOLOGY

1. **Research Approach:** A quantitative research approach was adopted for the present study.
2. **Research Design:** A descriptive design was adopted for the present study.
3. **Setting:** This study was conducted among antenatal mothers admitted in Narayana Medical College Hospital, located at Chinthareddypalem, Nellore.

VII. POPULATION

1. **Target Population:** The target population in the present study was all antenatal mothers.
2. **ACCESSIBLE POPULATION:** The antenatal mothers admitted in NMCH, Nellore.

VIII. SAMPLE

The sample of the present study was 60 antenatal mothers admitted in Narayana Medical College Hospital, Nellore and who fulfilled the inclusion criteria.

IX. SAMPLING TECHNIQUE

Simple random sampling technique was used to select the participants.

X. SAMPLE SIZE

The sample size of the study was 60 antenatal mothers admitted in antenatal ward in Narayana Medical College Hospital, Nellore.

XI. SAMPLING CRITERIA

1. Inclusion Criteria

- The women who are in antenatal period.
- Women admitted in NMCH, Nellore.
- The women who are willing to participate in the study.

2. Exclusion Criteria

- Antenatal mothers who are not willing to participate in the study.

XII. VARIABLE

1. Research Variable: Frequency of antenatal visits.

2. Demographic Variables: Age, parity, gestational weeks, education, occupation, family income, religion and type of family.

XIII. DESCRIPTION OF THE TOOL

1. Part- I: Demographic Data: It deals with socio demographic variables. This includes age, parity, gestational weeks, education, occupation, family income, religion and type of family.

2. Part II: A checklist to assess the frequency of antenatal visits of antenatal mothers.

XIV. SCORE INTERPRETATIONS

Sl. No	Interpretation	Score
1.	Poor visits	1-3
2.	Average visits	4-6
3.	Good visits	7-10

XV. DATA COLLECTION PROCEDURE

After obtaining the formal written permission from the Medical Superintendent and Nursing Superintendent. The study was conducted in Narayana Medical College Hospital, Nellore. Data collection procedure was carried out for 6 weeks in selected wards, at Nellore. 60 Antenatal mothers were selected by using simple random sampling technique. The antenatal mothers were informed about the nature and purpose of the study and then written consent was obtained and confidentiality was assured. The procedure took 15 minutes for each mother, 3-5 samples was selected per day from 9.00 AM to 5.00 PM. At first demographic data was collected followed by using checklist for assessing the frequency of antenatal visits.

XVI. PLAN FOR DATA ANALYSIS

The data obtained & analysis done based on the objectives of the study using descriptive & inferential statistical methods.

S. No	Data Analysis	Method	Remarks
1.	Descriptive statistics	<ul style="list-style-type: none"> Frequency and percentage distribution Mean and standard deviation. 	<ul style="list-style-type: none"> Description of demographic variables To assess the frequency of antenatal visits
2.	Inferential statistics	<ul style="list-style-type: none"> Chi-square 	<ul style="list-style-type: none"> To associate the frequency of antenatal visits with selected socio demographic variables among antenatal mothers

XVII. DATA ANALYSIS AND INTERPRETATIONS

Table 1: Frequency and Percentage Distribution of Antenatal Mothers Based on Antenatal Visits (N=60)

S.No	Antenatal Visits	Frequency	Percentage
1.	Poor visits	-	-
2.	Average visits	21	35%
3.	Good visits	39	65%
	Total	60	100%

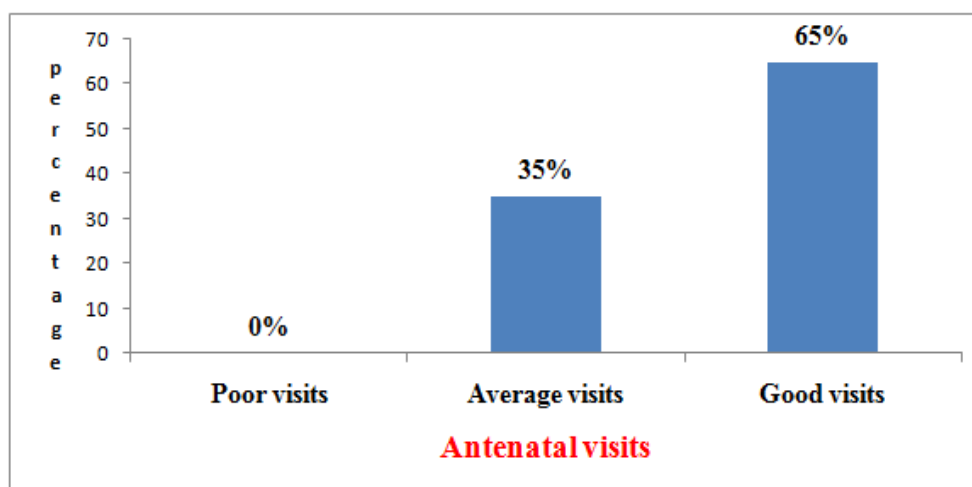


Figure 1: Frequency and Percentage Distribution of Antenatal Mothers Based on Antenatal Visits

Table 2: Mean and Standard Deviation of Antenatal Visits Among Antenatal Mothers (N=60)

Frequency of Antenatal Visits	Mean	Standard Deviation
Antenatal visits	26.2	1.92

Table 3: Association Between Antenatal Visits with Socio Demographic Variables Among Antenatal Mothers (N=60)

S.No	Socio Demographic Variables	Average Visits		Good Visits		Chi-Square χ^2
		F	%	F	%	
1.	Age in years a. 18-22 b. 23-27 c. Above 28	1 19 1	3.3 31.6 3.3	22 16 1	36.6 53.3 3.3	C = 15.48 T= 5.99 df= 2 P< 0.05 S*
2.	Parity a. Primi gravida b. Multi gravida	11 10	18.3 16.6	30 9	50 15	C=3.033 T =3.84 df= 1 P<0.05 NS
3.	Gestational weeks a. 0-12 weeks b. 13-24 weeks c. 24-36 weeks	1 10 10	3.3 16.6 16.6	4 19 16	6.6 31.6 26.6	C=2.716 T = 5.99 df= 2 P<0.05 NS
4.	Education a) Primary school b) High school c) Higher secondary	7 13 1	11.6 21.6 3.3	10 20 9	16.6 33.3 15	C= 12.348 T= 5.99 df= 2 P<0.05 S*
5.	Occupation a) Home maker b) Government employee c) Private employee	10 10 1	16.6 16.6 3.3	22 11 6	36.6 18.3 10	C= 2.984 T= 5.99 df= 2 P<0.05 NS
6.	Family income a) Rs <5000 b) Rs 5001-10,000 c) Rs 10,001-15,000	6 6 9	10 10 15	16 16 7	26.6 26.6 11.6	C= 4.325 T= 5.99 df= 2 P<0.05 NS

7.	Religion a) Hindu b) Muslim c) Christian	16 4 1	26.6 6.6 3.3	20 10 9	33.3 16.6 15	C= 5.592 T = 5.99 df= 2 P<0.05 NS
8.	Type of family a) Nuclear family b) Joint family c) Extended family	1 16 4	3.3 26.6 6.6	9 23 7	15 38.3 11.6	C= 3.465 T= 5.99 df= 2 P<0.05 NS

P < 0.05 level of significance

NS: Non Significant

S* : Significant

C: calculated value

T: table value.

df= (r-1) (c-1)

XVIII. MAJOR FINDINGS OF THE STUDY

1. The study shows that the antenatal visits among antenatal mothers, 21(35%) are had average visits and 39(65%) are had good antenatal visits and none of them had poor antenatal visits.
2. The mean and standard deviation of antenatal visits among antenatal mothers was 26.2 with standard deviation 1.92.
3. The association between antenatal visits and demographic variables showed that there was a significant association found with age and education at P<0.05 level.

XIX. CONCLUSION

The study is concluded that most of the pregnant mothers 39(65%) had good antenatal visits. The regular antenatal visits will help them to reduce the complications and promotes the health among pregnant mothers. Hence, the antenatal mothers needs to be constantly encouraged for regular antenatal visits in order to promote safe and healthy pregnancy outcomes.

REFERENCES

- [1] **Eunice Kennedy Shriver**, National Institute of Child Health and Human Development. "What are some common signs of pregnancy?". *12 July 2013*. Archived from the original on 19 March 2015. Retrieved 14 March 2015.
- [2] **Myles**. "Text Book of Midwives". 4th edition. Published by Churchillivingstone; pg no 135-136.
- [3] **Tsai-Chung Li, 24 octoberet, al. (2017)**: conducted a study on pregnant woman regarding the antenatal care.
- [4] **Aberabiratu & demewozhail (2012)** A cross sectional study was conducted on prevalence of antenatal problems and associated factors among pregnant women Addis g Ababa, Ethiopia
- [5] **ShaunakAjinkya et,al. (2013)**: conducted a study during pregnant women attending the regular antenatal checkups In hospital in Navi Mumbai.
- [6] **Priyanka arora (2016)** A prospective study was conducted on Burden of antenatal checkups and its risk factors in Indian settings.
- [7] **Goldman N, Rodriguez G (2003)** Utilization of care during pregnancy in Rural Guatemala: Does obstetrical need matter? Soc Sci Med 57: 2447- 2463.

- [8] **Macro International (2007)** National family health survey (NFHS-3), 2005- 06: India. Mumbai: International Institute for Population Sciences.
- [9] **Tsuda T, Kashima S, (2015)** Frequency of antenatal care visits and neonatal mortality in Indonesia. *J Trop Pediatr* 58: 184-188.
- [10] **Rai RK, Singh PK (2017)** Assessing the utilization of maternal and child health care among married adolescent women: Evidence from India. *J Biosoc Sci* 41: 1-26.