

Reasons behind not Attending Antenatal Care among Unbooked Patients Presenting at Abbasi Shaheed Hospital, Karachi

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Abstract

In our hospital we noted that a large number of unbooked patients came for antenatal ckeckup for first time in later gestations and majority of them came in an emergency with life threatening and preventable complications. This made us to look into this matter and find out the reasons. For this purpose we developed a proforma and interviewed all those unbooked patients coming in OPD and emergency in out patient to find out the cause of no utilization of antenatal care. A total of 415 patients were interviewed. We found that lack of literacy, lack of formal education and a lack of awareness about the importance of antenatal care prevailed among all such patients. Fear of high cost of treatment, lack of transport facility to and from the antenatal clinics or hospitals, pressure from the in laws were the main reasons for not getting antenatal care. We concluded that the improvement of infrastructure is needed to take care of the pregnant patients in these underprivileged areas. More antenatal clinics should be set up, lady health visitors should be increased in numbers and should also be trained to provide proper antenatal care, identify the risk factors and refer them early to tertiary care hospital. The transport facilities should be provided to all pregnant ladies for antenatal care and in emergency situations.

Introduction

Poor antenatal Care is an important determinant of high maternal mortality rate and one of the basic components of maternal care on which life of mothers and babies depends.¹ The WHO (World Health Organization)² defines antenatal care as a dichotomous variable, having had one or more visits to a trained medical person during pregnancy. It includes routine follow up provided to all pregnant women at primary care level from screening to intensive life support during pregnancy and up to delivery¹. Several studies conducted in developing countries on demographic and socio-cultural factors influencing the use of maternal health care services, have shown that factors like maternal age, number of living children, education, place of residence, occupation, religion and ethnicity are significantly associated with the utilization of antenatal care^{3,4}. The other factors like poor state of health services, widespread ignorance, pervading superstition, traditional beliefs and customs and high cost of delivery and treatment tend to make traditional medicines and faith based practices more preferable than obstetric care in our communities. Evidence based treatment indicates that most pregnancy related maternal deaths could be averted with access to professional care during pregnancy, delivery and puerperium, as well as access to emergency obstetric care in the event of complications⁵. Conversely, a study done in Nigeria⁸ has concluded that no antenatal care, parity, level of education, and mode of delivery were significantly associated with maternal mortality. However, early antenatal care has many benefits, and accurate dating, early detection of medical disorders that could threaten pregnancy and its outcome, objective assessment of maternal baselines weight, blood pressure and urinalysis may provide a picture of pre pregnancy condition of women⁹. Other services include provision of tetanus toxoid vaccine, iron, folic acid supplementation and control of nutritional deficiencies¹⁰.

Studies from developing countries¹¹ have reported the influence of demographic and socio-economic factors on the utilization of maternal and child health care services. Women with higher economic strata¹², higher educational levels^{11,12}, and those living in urban areas¹² with adequate health care services^{12,13} are more likely to utilize health care services.

Rationale:

This study was planned to identify the causes of non-utilization of antenatal care in urban population attending Abbasi Shaheed Hospital, Karachi. Factors have been identified and proposition made to design intervention to improve utilization of antenatal care.

Objective:

To determine the reasons behind not attending antenatal care among un-booked patients presenting at Abbasi Shaheed Hospital, a public sector hospital, Karachi.

Operational definition:

1. Antenatal care: WHO defines antenatal care as the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best

health conditions for both mother and baby during pregnancy. The components of antenatal care include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion.

2. Unbooked patients: An “unbooked patient” refers to a woman who did not have any antenatal visit till 36 weeks of gestation.

Materials and methods

Study design: Cross sectional study

Study setting: Department of Obstetrics and Gynecology Unit 2, Abbasi Shaheed Hospital, Karachi

Duration of study: Six months

Research Instrument: Proforma

Sampling Technique: Non-Probability Consecutive Sampling

Sample size:

Sample size: Sample size calculated by using RaoSoff calculator (online) by fixing

Confidence level=95%

Margin of error= 5%

Population: 6,000 (pregnant women attending OPD during 6 months on average)

Sample size (n) = 415 un-registered patients

Formula $n = z^2 p (1-P) / d^2$

Sample selection:

All un-booked patients attending gynae OPD (for first time at or after 36 weeks of gestation) and emergency labor ward (at or after 25 weeks of gestation) in Abbasi Shaheed hospital, Karachi during the study period.

Inclusion Criteria

All pregnant women who have never visited any doctor before visiting Abbasi Shaheed Hospital either in emergency or outpatient department with any complaint at or after 36 weeks of pregnancy and all those un-booked patients who came in emergency labor wards with any obstetric complications after 25 weeks of gestation.

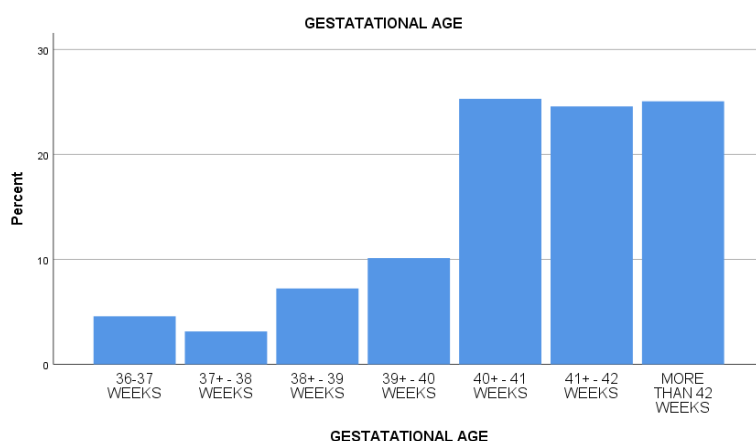
Exclusion criteria

- Not given informed consent.
- First visit at antenatal clinic before 36 weeks of pregnancy for antenatal care.
- Patient who came first time at Abbasi Shaheed Hospital, but they were in follow up with any other doctor or general physician.
- Teenage or illegal pregnancy which revealed late on caretaker.

Data collection procedure:

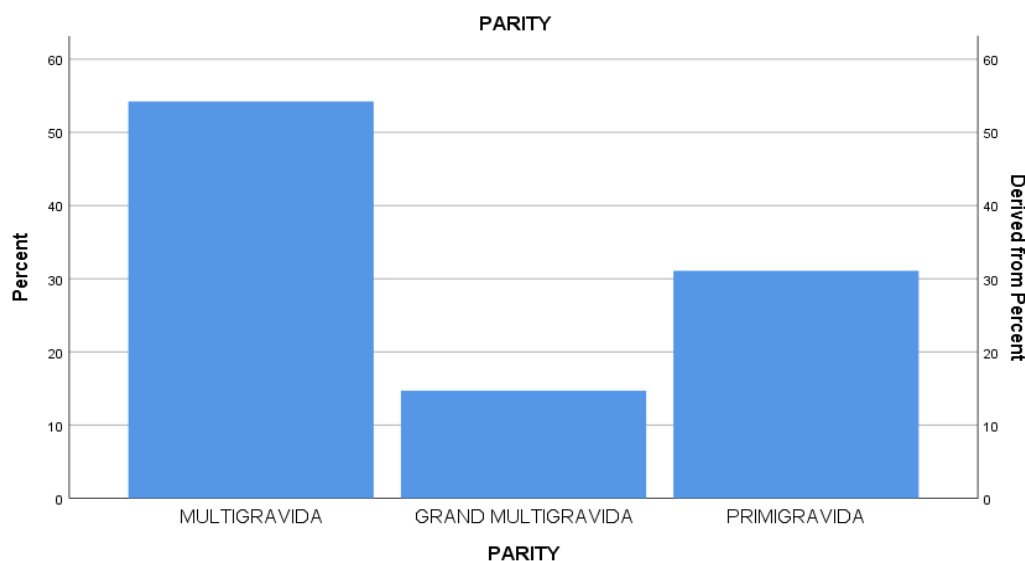
Women attending Abbasi Shaheed Hospital, Karachi who have never attended any doctor before or till 36 weeks of gestation and visited for the first time either in the OPD or emergency with any complain have been included in this study after informed consent. A predesigned proforma was filled out at the time of arrival by attending doctor (post graduates, resident doctor, house officer and consultants). Questionnaire consists of demographic variables, obstetric history, maternal outcome and neonatal outcome. All demographic, clinical history were recorded by the principal investigator. Exclusion criteria have been followed strictly to avoid confounding variables.

Data analysis procedure



GRAPH 1

Graphical representation of gestational age of patients.



GRAPH 2

Graphical representation of the parity of the patient.

TABLE 1: PAST OBSTETRIC HISTORY OF COMPLICATIONS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	INTRAUTERINE DEATH	10	2.4	2.4	2.4
	GDM	12	2.9	2.9	5.3
	HEP E IN PREVIOUS PREGNANCY	13	3.1	3.1	8.4
	ANTEPARTUM HAEMORRHAGE IN PREVIOUS PREGNANCY	18	4.3	4.3	12.8
	PPH IN LAST PREGNANCY	32	7.7	7.7	20.5
	PERINIAL TEAR	11	2.7	2.7	23.1
	PRETERM LABOR	6	1.4	1.4	24.6
	NO COMPLICATIONS	313	75.4	75.4	100.0
	Total	415	100.0	100.0	

TABLE 2: RISK FACTORS IN CURRENT PREGNANCY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	ANOMALOUS BABY	14	3.4	3.4	3.4
	ANEMIA IN PREGNANCY	79	19.0	19.0	22.4
	ANTIPARTUM HEMORRHAGE	18	4.3	4.3	26.7
	PRE TERM LABOR	6	1.4	1.4	28.2
	INTRAUTERINE DEATH	11	2.7	2.7	30.8
	BREECH PRESENTATION	6	1.4	1.4	32.3
	PRE-TERM PRE-LABOR RUPTURE OF MEMBRANE	12	2.9	2.9	35.2
	INTRAUTERINE GROWTH RETARDATION	8	1.9	1.9	37.1
	PERINEAL REPAIR IN PREVIOUS DELIVERY	9	2.2	2.2	39.3
	HYPERTENSIVE / CARDIAC DISEASE OF PREGNANCY	23	5.5	5.5	44.8
	PREV CESEAREAN SECTION	12	2.9	2.9	47.7
	POST DATE PREGNANCY	12	2.9	2.9	50.6
	SEVERE JAUNDICE	15	3.6	3.6	54.2
	PREGNANCY WITH DIABETES	7	1.7	1.7	55.9
	CHORIOAMNIONITIS	11	2.7	2.7	58.6

MULTIPLE PREGNENCIES	3	.7	.7	59.3
NO RISK FACTORS	169	40.7	40.7	100.0
Total	415	100.0	100.0	

TABLE 3: REASONS FOR NOT GETTING REGISTERED IN AN ANTENATAL CLINIC

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	CARELESSNESS OF HUSBAND	13	3.1	3.1	3.1
	FAMILY COMMITMENT	30	7.2	7.2	10.4
	TRADITIONAL BIRTH ATTENDANT	83	20.0	20.0	30.4
	LACK OF AWARENESS OF THE PATIENT AND HUSBAND	33	8.0	8.0	38.3
	FEAR OF HIGH COST OF TREATMENT	79	19.0	19.0	57.3
	IN LAWS PRESSURE	43	10.4	10.4	67.7
	FEAR OF CESEAREAN SECTION	4	1.0	1.0	68.7
	LOGISTIC/TRANSPORTATION ISSUES	71	17.1	17.1	85.8
	MORNING OPD TIMINGS	59	14.2	14.2	100.0
	Total	415	100.0	100.0	

- While considering the attendance or reporting of the patients in terms of age 22 years and 30 years were high 14% and 20% respectively. This gives an impression that during the first pregnancy and having several ones the patients are more likely to escape the hospital booking. This also gives an impression that during the first pregnancy and after having several ones without complications patients become more careless to consult a qualified medical care personnel. Maximum patient age was 35-36 years having 8% frequency.
- In terms of parity (Graph 2), 54% were multigravida followed by primigravida 31% and grand multigravida 25%. This once again indicates that women having a number of deliveries are more negligent to consult a medical personnel. In terms of gravidity we see that the first pregnancy and the fourth pregnancy had the maximum frequencies (31% and 25% respectively). In our cultural and socioeconomic strata primigravidas especially at younger age are not independent in decision making regarding availing basic health care facilities and others are unaware about the possible complications during and after pregnancy and assuming it is a normal physiology need no medical screening for possible complications. In multigravidas after having a number of uneventful successful deliveries by traditional birth

attendants 's (dais) they don't realise the importance of professional medical care and then they reported with complications and life threatening condition to hospital.

- In terms of estimated gestational age (Graph1), 25% of the patients reported at 33-34 weeks, 22% at 37-38 weeks, 20% at 35-36 weeks and 10% at 31-32 weeks. Rest of the reported frequencies were around 5% or less. This indicates that the patients didn't realise to have antenatal care during their initial days of pregnancy and report to the hospital or caring obstetrician only when any complication noticed or when the time of delivery is close.
- Past obstetric history of complications indicate that as high as 75% cases there were no past history of complications (Table1). This indicates that the previous uncomplicated and uneventful pregnancies further reassures the patients and their confidence and determination to deliver the child is a normal physiological process need no medical assistance and help. Only 8% patients reported post partum hemorrhage during third pregnancy.
- In 41% patients there were no risk factors (Table 4), 19% patients were anemic. Frequency of other risk factors were less than 5%.
- While mentioning their reasons for non-registration with a qualified obstetrician or hospital (Table 4) 20% mentioned familial traditional birth attendant, 19% mentioned perceived high cost of treatment, 17% mentioned logistic/transportation issues, 14% mentioned unsuitable hospital timings (morning hour OPD), 10% mentioned pressure from their in laws and 8% said their lack of awareness and 7% mentioned family commitment. All other reasons were having less than 5% citation.

Discussion

According to WHO¹⁶ 810 women died daily in 2017 due to preventable causes of pregnancy and childbirth. For the year this figure becomes 295,000 worldwide. As high as 94% of these deaths occur in low and lower middle class population. South Asia accounts for almost one third of the above figure (almost 100,000). Young mothers (14 years or below) have a higher risk in maternal death. All these deaths are preventable if care can be provided before, during and after childbirth. The reason of death are complications during pregnancy and delivery¹⁷: infection and severe bleeding (mostly after childbirth), preeclampsia and eclampsia, abortion without the care of qualified obstetricians. There are indirect maternal death also which occur due to other associated diseases like cardiac diseases, diabetes etc^{18,19}. These findings correlates with our findings. We have seen that a good number of poor young women do not get the consultation of qualified obstetricians. Most of the women were of multigravida and primigravida. Our findings include post partum hemorrhage (8%) as the most occurred complication which relates to the above referred finding as well. The women who do not get the professional care are mostly poor as per findings reported by WHO¹⁶. Our findings confirm the WHO findings. Our findings also include anemia, mainly due to poor family background of the patients which need to be considered as well.

Maternal health is also responsible for infant mortality. In 2018, infant mortality rate for Pakistan was 69 deaths per 1,000 live births²⁰ as against 29 globally²¹. Child mortality rate of Pakistan fell gradually from 194.4 deaths per 1,000 live births in 1969 to 69 deaths per 1,000 live births in 2018. According to WHO¹⁶ poverty and late care seeking are two major reasons for infant mortality. Pakistan has a weak and fragile healthcare system and there is no organized system or infrastructure to take obstetrical care.

A lot of improvement in infrastructure is needed. There should be evening satellite clinics in all underprivileged areas. If this is not possible mobile clinics is another option. Antenatal clinics should also be available in these areas. Local LHVs should be trained to take care of antenatal patients in the locality and identify the risk factors. Once these risk factors re identified such patients can be referred to nearby hospitals. High risk patients should be referred to even earlier. Conveyance to and from hospital or antenatal clinics for such patients should be provided. Free of cost antenatal care and delivery services should also be aimed for.

We have noted that majority of these patients and their husbands were illiterate and uneducated. While literacy and education are not the domain of healthcare, education about the risks of home delivery and benefits of antenatal care should developed. In this connection we propose that fourth year and final year students should be utilized to visit door to door in under privileged locality to create awareness and educate the couple.

Conclusions

Almost all of our patients belonged to the underprivileged areas of the city. We have found that in general there is a lack of awareness of the importance of antenatal care and delivery by a qualified obstetrician. It is also important to mention there is a shortage of qualified health care personnel in these areas mainly due to insufficient income against time and expertise. As a result most of these patients go to unqualified quacks and LHVs having inadequate training and exposure to handle the cases professionally.

Pakistan is one of those countries having high maternal mortality. The leading causes are post partum hemorrhage, eclampsia, infection and other complications. Most of these complications are preventable if appropriate and timely measures are taken.

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PROFORMA

Reasons behind not attending antenatal care among unbooked patients presenting at Abbasi Shaheed Hospital.

BIODATA:

- Date: _____
- Name: _____ wife of _____
- Age: _____ years
- Parity: _____
- Gravida: _____
- LMP: _____
- Estimated EDD: _____
- Estimated gestational age: _____
- Weight: _____

Residence: Rural Urban

Occupation of patient: _____

Occupation of husband: _____

Education level of patient: _____

Education level of husband: _____

Past obstetrics history/complications: _____

Risk factor in current pregnancy: _____

Socioeconomic status: ≤ 10000 > 10000

Reasons:

- | | |
|---|--------------------------------|
| ▪ In laws pressure: | Poor state of health services: |
| ▪ Morning hours OPD: transportation): | Logistical issues (like |
| ▪ Familial traditional birth attendant: | Lack of awareness of patient: |
| ▪ Fear of caesarian section: | Lack of awareness of husband: |
| ▪ Fear of high hospital bills: | Carelessness of husband: |
| ▪ Other reasons: | |