INTRODUCTION

Antenatal care is considered as a back bone of obstetrical services of any health care delivery system. It is considered to be important for health of pregnant women and is the way in which maternal and fetal complications are detected and managed. Antenatal care has well established and recognised role by the pregnant patients in developed countries. It is considered to be important for health of pregnant women and is the way in which maternal and fetal complications are detected and managed. Antenatal care has well established and recognised role by the pregnant patients in developed countries. In developing countries its importance is not well established and hence leads to poor attendance of antenatal clinics by the pregnant patients. The antenatal period presents important opportunities for reaching pregnant women to the hospital with a number of interventions that may be vital to their health and well being and that of their neonates. Confidential inquiries into maternal deaths in developing countries have found a positive association with inadequate antenatal care as a risk factor for maternal mortality.1,2,3 According to National Demographic study of Pakistan, 70% of women do not get antenatal care, 23% get antenatal care by doctors, 3% by nurse, lady health visitors or family social worker and 4% by trained or untrained traditional birth attendant.4

This study was conducted in order to assess the knowledge and attitudes and practices of pregnant women attending a tertiary care hospital as it was previously observed that high percentage of women coming for antenatal care to the hospital prefer to deliver at hospital and wanted delivery by a trained personal, thus showing strong association between antenatal care and safe delivery and have reduced maternal mortality5.
MATERIAL AND METHODS

This study was conducted in Lady Reading Hospital, Peshawar from January 2013 to March 2013. We selected women attending Antenatal clinic of our Obstetrics s and Gynae OPD using Non probability sampling method. A questionnaire was designed and all the women were interviewed regarding their knowledge and awareness about antenatal care.

The questionnaire was designed to include information regarding gravidity, parity, number of alive children. Women were also asked about their previous antenatal care, previous deliveries and neonatal outcome. Information was gained about the women and their husband’s educational and socioeconomic status. The patients responses regarding awareness were recorded as ‘Yes’ or ‘No’. They were also enquired about any familial or social constraints regarding regular antenatal care and importance of hospital delivery. Their knowledge about appropriate diet, (how many times did they eat meat, vegetables, pulses, fruits, dairy products was asked. They were asked about iron and folic acid supplementation during pregnancy. The attitude of the women who actually wanted hospital delivery or they just came to have antenatal checkups by an Obstetrician to exclude any maternal and fetal complications was also noted down.

RESULTS

Two hundred and fifty six women attending antenatal clinic were interviewed. The questionnaire included all the information about demographic data and relevant factors affecting attitude and practices about antenatal care. Our results show that out of 256 women primigravida were 69 (26.95%), multigravida 153 (59.76%) and grand multigravida were 34 (13.28%). Two hundred and twenty women (86.71%) were between 18-35 years age group. Seventeen women (6.64%) were <18 years and same number were above 35 years (6.64%). The mean age of sample was 25.15 with SD 4.45.

Regarding socioeconomic status, it was found to be poor in 189 (73.82%) women, defined as monthly income of Rs 5000-10,000. Sixteen (6.25%) women had no idea about their husband’s income and 8 (3.12%) had no proper source of income. Out of 256 women only 43(16.79%) had monthly income of more than Rs. 10,000. One hundred and fifty seven (61.32%) were illiterate while 78 (30.45%) women had received education from primary to secondary level. Only 11 (4.29%) women reached intermediate level and 5 (1.95%) were graduate. Amongst all only 4 (1.56%) were professionals. When we compared the educational status of women to their husbands status we found that 112 (43.755 were illiterate, 104 (40.62%) received primary to secondary level education. Only seven were post graduates.

During analysis of data it was found that 102 (39.84%) and 101 (38.45%) women visited antenatal clinic during first and second trimester of pregnancy respectively. Only 53 (20.70%) women had their first antenatal visit in third trimester of their pregnancy. One hundred and fifty nine (62.10%) had only two visits in the antenatal clinic. This was because their husbands and other family members (in laws) were reluctant to bring them to hospital for antenatal care. Only 42 (16.40%) women had regular visits in antenatal clinic for 5-6 times.

Eighty three percent had proper knowledge of appropriate diet. Out of these (80.00%) and 50.78% were taking iron and folic acid supplementation respectively. Two hundred and twelve (82.81%) women knew that antenatal care is important both for mother and pregnancy outcome. Only 44 (17.18%) women had no idea about importance of antenatal care.

Two hundred and twenty women (88.67%) were satisfied with care provided in antenatal care and appreciated the behaviour and skills of the doctors. Eight (3.12%) women had no idea and twenty-eight (10.93%) women were not satisfied with the care providers. Two hundred and ten (82.03%) and 208 (81.25%) women wished to delivere at hospital and by the doctor respectively. 36 (14.06%) women wanted home delivery as they previously delivered at home. These women 18 (7.02%) were aiming to deliver at home being cared about by TBA and LHV. Twenty women (7.81%) wanted home delivery supervised by their relatives.

DISCUSSION

Our study showed the demographic variables such as age ranging from 18-35 years (86.71%) which is the major proportion of reproductive age. Gravidity of participants ranged from primigravida (26.95%) and multigravida (59.76%). Only (13.67%) of grand multigravidas visited antenatal clinic. These variables are similar to the study performed by Alam Ay et al6.

This high percentage of women from reproductive age indicates that they had better knowledge about antenatal care. It also shows their awareness about regular
antenatal care which can reduce both maternal and fetal complications\textsuperscript{7}. Grand multigraiva (13.28\%) considered that antenatal should be seeked in the presence of any risk factors or pregnancy complications. However this percentage is relatively high compared to (8.72\%) mentioned in a study by Rehman KMM in conducted in Bangladesh\textsuperscript{8}. (82.81\%) of women considered antenatal care is important for better pregnancy outcome while (17.81\%) women visited antenatal clinic to seek remedy for their problems during pregnancy. These were the women who had previous home deliveries and did not want to come for regular visits due to illiteracy and socioeconomic constraints\textsuperscript{9}.

Education and socioeconomic status were directly proportionate to level of awareness, regularity of antenatal visits and timing of first antenatal visit. Our results are similar to the study on utilization of maternal health care services in Kenya\textsuperscript{10} and China\textsuperscript{11}. Eighty percent of women in our study had awareness about appropriate diet, while (80.85\%) were using iron supplementation. Similar findings are reported in KAP study by Alam AY\textsuperscript{5}. Two hundred and twelve women (82.81\%) responded "yes" to the question (is antenatal care important?) while forty four (17.81\%) women said no to this question, similar results are shown in a study (Women’s opinion on antenatal care in developing countries)\textsuperscript{12}.

Undoubtedly, patients and care givers perspective a mirror of the quality of the care received and provided. Out of 256 women, 207 (80.85\%) were satisfied with antenatal care, information given to them by doctors about labour and delivery, family planning, pregnancy complications and emergency obstetric care. They showed satisfaction regarding the care provided by the staff. Forty nine (19.14\%) women were not satisfied with care provided as they were expecting. These results are similar to the study by Langer A et al\textsuperscript{13}.

Those women who were attending antenatal clinic regularly since start of their pregnancy and especially those who had previous hospital delivery favoured hospital delivery this time as well. There was strong association between attendance at antenatal clinic and use of skilled professional assistance at delivery. (82.03\%) women opted for hospital delivery in our study group while (81.25\%) wished to be delivered by a doctor. Results are similar to a Chinese study by Zhuochun et al\textsuperscript{14}. Only thirty six women (14.06\%) wished to have home delivery as they had good experience of delivery by TBA’s and LHV'S (7.01\%). Twenty women (7.81\%) wanted to be cared after by their own relatives at the time of delivery at home. These figures are in accordance with the study done in Rural Bangladesh\textsuperscript{15}.

CONCLUSION

The awareness regarding the importance of antenatal care is the need of this era. The antenatal checkup are helpful to mothers as well as to the foetus.

REFERENCES


AUTHOR’S CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under:

Shafqat T: Idea and operating surgeon.
Fayaz S: Data collection.
Rahim R: Bibliography.
Saima S: Statistics.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

CONFLICT OF INTEREST: Authors declare no conflict of interest

GRANT SUPPORT AND FINANCIAL DISCLOSURE: NIL

ONLINE SUBMISSION OF MANUSCRIPT

It is mandatory to submit the manuscripts at the following website of JMS. It is quick, convenient, cheap, requirement of HEC and paperless.

Website: www.jmedsci.com

The intending writers are expected to first register themselves and then attach/submit the manuscript. If processing fee is not submitted before should be deposited with Managing Editor in cash or can submit in the form of bank draft in the name of editor JMS. Also follow the format and check list of the Journal. Author agreement can be easily downloaded from our website. A duly signed author agreement must accompany initial submission of the manuscript.