LATE ANTENATAL BOOKING, ITS BARRIER AND MATERNAL COMPLICATIONS

AMBREEN AMNA

ABSTRACT

OBJECTIVE: To determine the prevalence of late booking, its barrier and complications in women attending antenatal clinics of Isra University Hospital (IUH) –Hyderabad.

STUDY DESIGN: A Descriptive study

PLACE AND DURATION: Study conducted at Isra University Hospital, Hyderabad (IUH) from 1st January 2012 to 30th June 2012.

METHODOLOGY: Total 931 women were interviewed who came for antenatal checkup however women who had antenatal checkup before 24th weeks were excluded. 641 women who booked after 24th weeks of gestation were included in the study reasons for late antenatal booking and maternal complications were explored.

RESULTS: Prevalence of late antenatal booking was 71 %. Women who had no past obstetrical complications and those who lived far away from health care facilities came late for booking (76.6%). Most commonly identified maternal complications were anemia, Hypertension and diabetes, 20.90%, 28.54%, 31.21% respectively.

CONCLUSION: Attendance of late booking is still high in our rural communities Women who booked late usually suffered from medical complications like anemia, hypertension, Diabetes and intrauterine fetal death.

KEY WORDS: Antenatal Care, Late Booking, Women, Medical Care.

INTRODUCTION

Provision of prenatal care is necessary for every woman. Antenatal care (ANC) was first established in the 20th century in Europe and North America and finally in all developed world but underdeveloped countries is still lacking its facilities. World Health Organization (WHO) defines antenatal care as a dichotomous variable having had one or more visits to a trained person during the 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 delivery. World health organization (WHO) recommended that it should be started as soon as women get pregnant but in countries where facilities are not available women should have three or four visit to avoid complications of pregnancy. Various factors have been found for late booking such as Education, Parity, economic states, place of residence, level of awareness and distance from health care facility.

According to Pakistan demographic survey 70% of pregnant women did not receive antenatal care, 23% receive antenatal care by doctor. 3% by nurse and lady health visitor or family welfare worker. Since the introduction of trained birth attendant there is significant increase in the quality of antenatal care in developing countries from 47% in 1990 to 61% in 2006. However this coverage is still insufficient to meet the Millennium development goals.

Good antenatal care not only avoids complications associated with pregnancy but also educate the women regarding how to prepare themselves for labor and post natal period. Previous international studies have shown that the late antenatal booking is associated with poor obstetrics outcome but no local study was carried out to explore the reasons for late booking in rural areas of Sindh. This study was proposed to assess the proportion of pregnant women who booked late for antenatal care and to identify the factors and complications associated with late booking.

METHODOLOGY

This descriptive study was conducted at Isra University Hospital Hyderabad over a period of six month from 1st January 2012 to 31st June 2012. Isra University Hospital Hyderabad campus is providing health services to rural Sindh and urban areas of city. Total input of daily outdoor patients in Obstetrics & Gynecology clinics are more than sixty. During the study period 931 pregnant women came for booking during antenatal period. Women who were willing for interview were given questionnaire proforma, data was filled in by resident medical officer present in OPD. All women who came after 24 weeks were included. Reasons for late booking were asked and current pregnancy related complications were noted. However women who came earlier and had previous visits by General Practitioners and women who are not willing for participation were excluded. All information were recorded and analyzed on SPSS: 16.

RESULTS

A total of 641 women who has come after 24 weeks of gestation were interviewed. The mean age of the respondents was 27.5 (SD ±6.07) years. Four hundred twenty two (66%) of the respondents were from rural areas however two hundred nineteen (34%) were resident of city. Nearly more than half, 400 (62%) have no formal education while 143 (23%) has attended primary school and the remaining 60 (9%) have attained a secondary and above level of education shown in Table - I.

Of the 641 studied women, majority reported that ANC check-up is essential to the health of both the mother and the child, about 445 (69.43%) women came late only because of past...
Most common complications seen in women were anemia 134 (20.90%) and Diabetes 183 (28.54%) respectively shown in Fig - 1.

TABLE-I: DEMOGRAPHIC PROFILE OF STUDY PARTICIPANTS: (n =641)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number(n=641)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;25</td>
<td>151</td>
<td>23.56%</td>
</tr>
<tr>
<td>- 35</td>
<td>356</td>
<td>55.54%</td>
</tr>
<tr>
<td>25&gt; 35</td>
<td>134</td>
<td>20.90%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Formal education</td>
<td>400</td>
<td>62%</td>
</tr>
<tr>
<td>Primary</td>
<td>143</td>
<td>23%</td>
</tr>
<tr>
<td>Secondary</td>
<td>60</td>
<td>9%</td>
</tr>
<tr>
<td>HSC</td>
<td>38</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House wife</td>
<td>497</td>
<td>78%</td>
</tr>
<tr>
<td>Working lady</td>
<td>144</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>422</td>
<td>66%</td>
</tr>
<tr>
<td>Urban</td>
<td>219</td>
<td>34%</td>
</tr>
</tbody>
</table>

TABLE - II: SHOWING THE REASONS FOR LATE BOOKING (n= 641)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number(n=641)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past uneventful pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>445</td>
<td>69.43%</td>
</tr>
<tr>
<td>No</td>
<td>196</td>
<td>30.57%</td>
</tr>
<tr>
<td>Previous Caesarean section</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>127</td>
<td>19.81%</td>
</tr>
<tr>
<td>No</td>
<td>514</td>
<td>80.19%</td>
</tr>
<tr>
<td>Lack of confidence on health care provider.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>220</td>
<td>34%</td>
</tr>
<tr>
<td>No</td>
<td>421</td>
<td>66%</td>
</tr>
<tr>
<td>Less Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>363</td>
<td>57%</td>
</tr>
<tr>
<td>No</td>
<td>278</td>
<td>43%</td>
</tr>
<tr>
<td>Custom &amp; Traditional belief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>235</td>
<td>37%</td>
</tr>
<tr>
<td>No</td>
<td>406</td>
<td>63%</td>
</tr>
<tr>
<td>Distance from health care facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>494</td>
<td>77%</td>
</tr>
<tr>
<td>No</td>
<td>147</td>
<td>23%</td>
</tr>
<tr>
<td>Non a viability of husband at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>464</td>
<td>72%</td>
</tr>
<tr>
<td>No</td>
<td>177</td>
<td>28%</td>
</tr>
</tbody>
</table>
Achieving Millennium development goal 5 and 6 till 2015 is still an
dream of every health care provider this can be achieved if
women can utilize antenatal health care facilities timely. Early
initiation of prenatal care by a pregnant woman can give good
feto maternal outcome. Most pregnancy related complications arises in late pregnancy late arrival to hospital when labor pains started or complications arises is very
custom trend in under developed countries like Pakistan. Late
booking which is still common in our set up is defined as booking
after the 14th week of pregnancy. In Present study 931
pregnant women were booked for antenatal care in Isra
University Hospital among those 290 (32%) pregnant women
received prenatal care before 20 weeks of gestation. While 641
(68%) booked after 20 weeks of pregnancy. Similarly Adeyemi et
also found that most of the women in their study in south
western Nigeria booked late Previous studies focuses that
preference for early and late booking is also common in eastern
as well as western countries. Present study also showed that
the determinants of late booking for antenatal care are
multifactorial, barriers which hinder the utilization of health
care facilities such as poverty, hunger, economic empowerment
also common in women belonging to rural areas.

Women who had no formal education (400, 62.2%) were
usually came late for booking. Similarly in a study by Adamu YM
in a rural community in Kano State Northern Nigeria the major
barriers identified in women not attending maternity OPD were
economic, cultural and those related to the women's perception of their condition. Factors such as fear of
invasive treatment like caesarean section (127, 19.8%) more
faith in quacks, husband being away, (464, 72.%) living at far
distance from hospital (494, 77%) women who had no previous
Caesarean section 80.19% would like to book late compared
with those who have previous Caesarean section 19.81%.
Women who had no problem in last delivery 69.43% were more
like to come late as compared to those who have problem.

According to Sultana et al women who have less faith on health
care providers, dissatisfactions, living far away from hospital
booked late. Various local studies also showed the similar
results. Anemia was the leading cause of maternal death in case of hemorrhage. It can be prevented by proper nutritional
guidance, iron supplementation before and during pregnancy
and by promoting birth spacing this can only be possible if
women receiving adequate antenatal care present study showed that most commonly identified problem in women who
had late antenatal booking were Anemia. In other study done at
third trimester found 20.90% of cases were anemic. Hypertension was the next common risk factor which is
manageable cause of death by timely admission and intervention. Present study showed that women who booked late show Hypertension in 31.21% of cases respectively.
Placental abruption is also common in women who avoid
antenatal care. Similarly Present study also showed that
women who booked late abruptio placenta was found in 4.52% of
women and Intrauterine Death 8.52% of women respectively
another several studies also found that Maternal morbidity and
mortality is more common who attended routine antenatal care
late they found complications in the form of pre-term labor
(40.1%), intrauterine fetal death (9.1%), abruptio placenta
(4.2%) and ante-partum eclampsia (2.8%) respectively.

CONCLUSION

Late antenatal booking is still high in rural areas of Sindh. It can
leads to certain medical complications which have a significant
impact on feto maternal outcome.

REFERENCES

1. Alderliesten M, Vrijkotte T, Vander Wal M, Bonsel G. Late
start of antenatal care among ethnic minorities in a large
3. Mundhira R, Singh AS, Agarwal M, Kumar R. Utilization of
antenatal care and its influence on fetal-maternal outcome:
a tertiary care experience. Int J Reprod Contracept Obstet
utilization of antenatal care: The opinion of pregnant
5. Okunlola MA, Owonikoko KM, Fawole AO, Adekunle AO.
Gestational age at antenatal booking and delivery
6. Ifenne DI, Utoot BT. Gestational age at booking for antenatal
care in a tertiary health facility in north-central, Nigeria.
7. Mbada CE, Adebayo OE, Adeyemi AB, Arijie O O, Dada O O,
Akinwande O A, et al I A. “Knowledge and Attitude of Nigerian Pregnant Women towards Antenatal Exercise: A
8. Nisar N, Sohoo NA, Memon A. Knowledge, Attitude and
Preferences of Pregnant Women towards Modes of Delivery. JLUMHS 2009; 8:228-33.


