Foundation for Survival of Women and Children

A Situational analysis on positive pregnancy experience during antenatal period in 2 districts in Haryana India

WHO revised the recommendations on antenatal care in 2016 and its aim was to provide a positive pregnancy experience to the pregnant women with the intention of reducing perinatal mortality. Keeping this in mind, a situational analysis was done during 1st September 2018 to 28th February 2019 on positive pregnancy experience during antenatal period in two districts of Haryana, India.

The objectives were to assess the antenatal services used by the pregnant women and source of service utilization by the clients, to document the experience of antenatal care in private as well as government facilities with a focus on crowding, respect and dignity, emotional support and counselling and to assess the socio economic profile including use of social endowments included in the government programs, family support, maternal mental health and well being, parenting capacity and safe water sanitation and environment.

A total of 900 pregnant women were covered in two districts namely Yamuna Nagar and Ambala in Haryana state, India. The investigation was done on phone as well on site in the field. SWACH is implementing a project on strengthening of home based postnatal care. Under this project, all pregnancies are reported by ASHAs to SWACH staff on a daily basis. The investigators short listed those pregnant women who were between 24-30 weeks of pregnancy for phone investigation and repeated follow-ups were done after an interval of 4-6 weeks. The consent was taken prior to the investigation. On site visit was made only once in the field between 30-40 weeks since follow ups in on site investigation was logistically a problem. Guidelines and formats were developed and field tested. The same protocol was used to investigate the up to date coverage of pregnancy care. Tools to assess the mental health of the pregnant women, use of social entitlements by the family, water and sanitation, parenting capacity and family support were used during on site investigation in the field.

The analysis included information on 400 phone investigations and 500 on-site investigations of pregnant women in rural areas and it revealed that 84% of women registered their pregnancy in the first trimester and had an antenatal card, with 84% having a Maternal and Child Protection (MCP) card obtained from government facilities. Additionally, 80% of women received home visitations during the last month, and 91% of clients had at least four antenatal visits, with 57% exceeding the WHO recommendation of eight visits. In terms of ultrasounds, 91.6% of women had two or more, with over 70% conducted at a private facility. However, there was a low coverage of blood and urine tests during ANC visits, with only 38.8% having their HB estimation done and 12.5% having their blood sugar tested. Despite the availability of free government services, the utilization of government and private facilities were almost equal. Coverage of iron folic acid tablets, calcium tablets, and tetanus toxoid (TT) vaccination was satisfactory. Counselling was provided in 72% of the cases, with advice about foetal monitoring and food intake given in about half of the cases. Advice about follow-up was given in 48% of the cases, while advice about rest was only given in 34.8% of the cases. Private facilities provided counselling and advice more often than government facilities. The time spent by providers was considered too short by 70% of the clients, indicating possible poor quality of counselling. The majority of clients were satisfied with the respect and dignity provided during the visit, as well as the overall behavior of providers. Overall, 64% of clients were happy with the waiting time, feeling that it was short.

The waiting time in government facilities was longer than in private facilities, possibly due to the heavy case load. Use of own vehicles to reach the facility was common, but some women faced difficulties using unsafe modes of transport. Tea/coffee and aerated drinks were uncommon among pregnant women. Family members' use of alcohol, tobacco, and smoking had a negative impact on the clients. Household violence was reported by 3.4% of women, including physical and mental violence. Poverty was prevalent among the beneficiaries, with a large percentage not working. Knowledge about danger signs during pregnancy was low, indicating a need for improvement in counselling or home visitation to reduce perinatal mortality and maternal complications. Less than 40% of people were aware of various factors that could affect baby's development in the womb, such as thumb-sucking, the mother's diet, and the mother's emotional state. Pregnant women should be educated about parenting skills. Majority of women were engaged in devotional singing to bond with their unborn baby, while a smaller percentage read books, meditated, or practiced yoga. Most of the people had good knowledge about social benefits, although they were less aware of certain specific benefits related to maternity and working women. The national program to eradicate open defecation was successful, with over 95% of households having toilets. Almost all beneficiaries had access to safe drinking water, primarily from tap water provided by the government, although the supply was not available 24/7. Families used to store drinking water due to the limited supply.

It can be concluded that there was reasonable coverage for 8 antenatal check-ups. Additionally, the provision of iron folic acid tablets, calcium tablets, and tetanus toxoid (TT) vaccination, as well as the respectful treatment of pregnant women, met satisfactory standards. However, there is room for improvement in other areas related to coverage and experience. Concerning lifestyle and living conditions, poverty was identified as a major issue, although other factors were relatively positive. In terms of parenting capacity and maternal mental health, all factors were found to be inadequate and unsatisfactory. While there was a reasonable level of awareness regarding the benefits of maternal care (schemes), the actual coverage was lacking. However, the public distribution system and nutritional support were deemed satisfactory as per entitlement. Regarding water sanitation and creating a safe environment, coverage was deemed satisfactory but could be enhanced.