

Delayed First Antenatal Visit among Pregnant Women and Effect on Their Newborn Babies

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ABSTRACT

Aim: To detect the reasons of delayed first antenatal visit among pregnant women and effect on their newborn

Study design: cross sectional study.

Place and duration of study: This study was conducted in two years at Aziz Bhatti Shaheed Teaching Hospital Gujrat and Naseem Private Hospital Gujrat.

Methods: Total 156 pregnant women were selected for the study. All pregnant women came for first antenatal visit after 20 weeks of gestation. All the pregnant women were examined properly after history. During history and examination problems of pregnancy were also detected like diabetes mellitus, hypertension, anemia, intrauterine growth retardation, anomalous babies, molar pregnancy etc. Required investigations were done after history and examination. Whenever required, pregnant women were admitted and immediately treatment was started.

Results: 156 pregnant women were included in the study. Forty two (26.92 %) pregnant women were 16-25 years old, 90 (57.69%) were 26-35 years old, and 24 (15.38%) were from 36-45 years old age group. Most of the women were belonging to low socioeconomic status 138(88.46%) and only 18 (11.53%) women were from high socioeconomic status group. Most of the women 98(62.82%) visited first time for checkup during 21-26 weeks of gestation and 58 (37.17%) entered in hospital for first antenatal visit in 27-36 weeks of gestation. Regarding baby outcome, only one (1.02%) baby was anomalous. Women presenting first time in 21-26 weeks of gestation showed better results. 86 (87.75%) newborns were delivered full term, 08 (8.16%) were preterm and 03 (3.06%) were IUGR. On other hand women presenting very late during 27-36 weeks gestation delivered 38 (65.51%) full term, 12(20.68%) preterm and 8(13.79%) IUGR babies.

Conclusions: By empowerment of women, proper family planning, involving husbands and parents in pregnancy care, female education, increasing health facilities and availability of proper transport facilities may decrease the high chances of delayed antenatal care in Pakistan.

Keywords: Pregnant women, new born, antenatal visit

INTRODUCTION

In developing countries there may be many factors which may affect directly on the mother and newborn care. In Pakistan many pregnant women come very late for their first antenatal visit. It has been seen that improved antenatal care is important for early diagnosis and early treatment of the problems in pregnancy. Early antenatal visit may ensure good outcome of mother and baby¹.

Frequent education about the antenatal care can improve the neonatal care and outcome of mother and baby². Pregnant women who visit obstetrics OPD early in pregnancy very rarely develops bad obstetrics outcome than those pregnant women who seek antenatal care after first trimester^{3,4}.

Maternal education, maternal age, place of residence, maternal occupation, marital status, education of husband and history of abortions may influence the antenatal care and newborn care^{5,6,7,8}.

Low socioeconomic status also affects the antenatal visits and fetal outcome. Most of the pregnant women may not have money for transport or for expenses of antenatal visits^{9,10,11}.

This study may help to eliminate the modifiable

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reasons of delayed first antenatal visit among pregnant women and may change the outcome of pregnancy. Moreover this study may help in decreasing the neonatal problems.

MATERIALS AND METHODS

Total 156 pregnant women were selected for the study. All pregnant women came for first antenatal visit after 20 weeks of gestation. All the pregnant women were examined properly after history. During history and examination problems of pregnancy were also detected like diabetes mellitus, hypertension, anemia, intrauterine growth retardation, anomalous babies, molar pregnancy etc. Required investigations were done after history and examination. Whenever required, pregnant women were admitted and immediately treatment was started. Whenever needed, pregnant women were followed frequently and every time history and examination performed and required investigations were got accordingly. At term newborns were delivered by normal delivery or by caesarean section. Each newborn was examined by pediatrician and treatment was given accordingly if needed.

Descriptive statistics like mean or proportion was calculated for gestational weeks of pregnant women, reasons of delayed antenatal visit, need of treatment, outcome of newborn. Reasons of delayed antenatal visits in pregnant women and outcome of newborn was analyzed.

RESULTS

This study detected the reasons of delayed first antenatal visit among pregnant women. We also observed effects on newborn due to delayed first antenatal visit among pregnant women. 156 pregnant women were included in the study.

Forty two (26.92 %) pregnant women were 16-25 years old, 90 (57.69%) were 26-35 years old, and 24(15.38%) were from 36-45 years old age group (Table 1,7).

Most of the women were belonging to low socioeconomic status 138(88.46%) and only 18 (11.53%) women were from high socioeconomic status group (Table 2,7).

Most of the women 98(62.82%) visited first time for checkup during 21-26 weeks of gestation and 58 (37.17%) entered in hospital for first antenatal visit in 27-36 weeks of gestation (Table 3,7).

Regarding baby outcome, only one (1.02%) baby was anomalous. Women presenting first time in 21-26 weeks of gestation showed better results. 86(87.75%) newborns were delivered full term, 8(8.16%) were preterm and 3(3.06%) were IUGR. On other hand women presenting very late during 27-36 weeks gestation delivered 38 (65.51%) full term, 12 (20.68%) preterm and 08 (13.79%) IUGR babies (Table 4,7).

Women presenting first time in 21-26 weeks of gestation shows 96(97.95%) anemic women, 1(1.02%) diabetic, 4(4.08%) hypertension and 26(26.53%) were having small fetus. On the other hand women presenting in 27-36 weeks of gestation showed 53 (91.37%) anemic women , 05 (8.62%) hypertensive and 14 (24.13%) women were having small fetus (Table 5,7).

Most of the women came late for first antenatal visit due to lack of education 138(88.46%), affordability issues 124(79.48%) domestic overwork 116(74.35%) and transport problems 83 (53.26%). Moreover decision power due to male dominant society 32(20.51%),dai handling and counseling 56(35.89%), unplanned pregnancy 35 (22.42%) and attitude of doctors 05 (3.20%), were also great reasons of delayed first antenatal visit (Table 6,7).

Table 1: Age distribution (n=156)

Age in years	n
16-25	42(26.92%)
26-35	90(57.69%)
36-45	24(15.38%)

Table 2: Socioeconomic status (n=156)

Socioeconomic status	n
Low socioeconomic	138(88.64%)
High socioeconomic	18(11.53%)

Table 3: Gestational age at first presentation (n=156)

Gestational age	n
21-26 weeks	98(62.82%)
27-36 weeks	58(37.17%)

Table 4: Baby outcome (n=156)

Gestational age at first antenatal visit	21-26 weeks (n=98)	27-36 weeks (n=58)
Full term	86 (87.75%)	38(65.51%)
Preterm	08 (8.16%)	12(20.68%)
LUGR	03 (3.06%)	8(13.79%)
Anomalous baby	1(1.02%)	0

Table 5: Problems in pregnant women at presentation (n=156)

Gestational age at first antenatal visit	21-26 weeks (n=98)	27-36 weeks (n=58)
Anaemia	96(97.95%)	53(91.37%)
Diabetes mellitus	1(1.02%)	0
Hypertension	4(4.08%)	5(8.62%)
Small fetus	26(26.53%)	26(26.53%)
Anomalous baby	1(1.02%)	0

Table 6: Reasons of delayed first antenatal visit (n=156)

Reasons of delayed first antenatal visit	n
Lack of education	138(88.46%)
Affordability issues	124(79.48%)
Transport problem and long distance	83(53.20%)
Domestic overwork	116(74.35%)
Decision powers(male dominance)	32(20.51%)
Dai handling and counseling	56(36.89%)
Unplanned pregnancy	35(22.43%)
Attitude of doctors	05(3.20%)

DISCUSSION

In our study different reasons for delayed antenatal visit among pregnant women were studied. In our country there are many factors which are directly related to the government policies and traditions of our society. It is also seen that many reasons for delayed antenatal visit among pregnant women are same as in other developed or under-developed countries.

In our study many pregnant women were having anemia at the time of presentation. In a study in 2007 Dim and Colleague showed that prevalence of anemia in pregnant women at booking was 40.4%¹.

In our study most of pregnant women were uneducated and moreover they were not having basic knowledge of antenatal visit and newborn care. In 2011 Weiner and friends observed that improved antenatal education for expectant women improved newborn care². In our study maternal health was compromised due to delayed antenatal visits. Karlen and others in 2011 proved that maternal education decreases the maternal mortality among women giving birth in health care institutions⁹. In our study many pregnant women were from low socioeconomic status.

Trinh and Rubin in 2006 and Ali with colleagues in 2010 observed that women with low socioeconomic status may have more problems of pregnancy. This may be due to less money to pay for transport and basic expenses of antenatal visit^{10,11}.

Most of the reasons of delayed antenatal visits among pregnant women observed in the study can be solved or controlled with the help of our society and government institutions. Though poverty is common in our country which may be the basic reason of delayed antenatal visits among pregnant women but by giving special care to pregnant women in the society, we can easily overcome the problem. Government institutions, social workers, private institutions and individual should come forward to solve the reasons of delayed antenatal visits. This is mandatory to get healthy mother and healthy newborn.

Table 7: Summary (n=156)

Age distribution (n=156)	Age	16-25 years		26-35 years		36-45 years			
	No. Of pregnant women	42 (26.92%)		90 (57.69%)		24 (15.38%)			
Socioeconomic status (n=156)	Status	Low socioeconomic				High socioeconomic			
	No. Of pregnant women	138 (88.46%)				18 (11.53%)			
Gestational age of women at first antenatal visit(n=156)	Gestational age	21-26 weeks			27-37 weeks				
	No. Of pregnant women	98 (62.82%)			58 (37.17%)				
Baby outcome (n=156)	Baby outcome		Full term	Preterm	Intrauterine growth retardation)			Anomalous baby	
	Gestational age of women at presentation	21-26 weeks	86 (87.75%)	08 (8.16%)	03 (3.06%)			01 (1.02%)	
		27-37 weeks	38 (65.51%)	12 (20.68%)	08 (13.79%)			00 (00%)	
Problems in pregnant women at presentation (n=156)	Problems		Anemia	Diabetes mellitus		Hypertension	Small fetus	Anomalous baby	
	Gestational age of women at presentation	21-26 weeks	96 (97.95%)	01 (1.02%)		04 (4.08%)	26 (26.53%)	01 (1.02%)	
		27-37 weeks (n=58)	53 (91.37%)	00 (00%)		05 (8.62%)	14 (24.13%)	00 (00%)	
Reasons of delayed antenatal visit (n=156)	Reasons	Lack of education	Affordability issues	Transport problem and long distance	Domestic overwork	Decision powers(male dominance)	Dai handling and counseling	Unplanned pregnancy	Attitude of doctors
	No. Of pregnant women	138 (88.46%)	124 (79.48%)	83 (53.20%)	116 (74.35%)	32 (20.51%)	56 (35.89%)	35(22.43%)	5(3.20%)

CONCLUSIONS

By empowerment of women, proper family planning, involving husbands and parents in pregnancy care, female education, increasing health facilities and availability of proper transport facilities may decrease the high chances of delayed antenatal care in Pakistan.

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