

ASSESSMENT OF BIRTH PREPAREDNESS AND COMPLICATION READINESS AMONG THIRD TRIMESTER PREGNANT WOMEN

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Introduction

Maternal mortality is an issue of public health concern which is worse in developing countries like Nigeria; with more than 289,000 maternal deaths occurring worldwide in 2013, of which Sub-Saharan Africa region accounts for 62% of the estimated figure. About ninety-nine percent of the global maternal deaths occur annually in the developing countries, for which Nigeria accounts for 14% of global maternal deaths, which occurs majorly during labour and postpartum period. Hence, birth preparedness and complication readiness (BPCR) is a necessary strategy in anticipation of unpredictable onset of labour and obstetric complication.

Aim And Objectives

The aim of this study was to assess the level of BPCR among third trimester pregnant women attending antenatal clinic. The primary objectives were to determine the awareness, knowledge, attitude and practice regarding BPCR among third trimester pregnant women attending antenatal clinic.

Design And Method

A cross-sectional descriptive study conducted from June to December, 2020 in Ahmadu Bello University Teaching Hospital, Zaria, using interviewer pretested questionnaires adopted from John Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO). The questionnaires were administered to 250 consenting pregnant women in their third trimester via convenience sampling method. Data on socio-demographic characteristics, obstetric history, knowledge, attitude and practice regarding BPCR were collected and analyzed using Statistical Package for Social Sciences (SPSS) version 23. Likert scale was used to score the respondent's attitude regarding BPCR. A descriptive analysis was done using frequencies and percentages. Chi-square was used as a test for association and the significance level was established at $P < 0.05$.

Results

The mean age and gestational age of the respondents were 29.87 ± 6.138 years and 38 ± 5.5 weeks respectively.

Table 1: Awareness of BPCR

Variable	Frequency(n)	(%)
Are you aware of BPCR ?		
Yes	202	19.2
No	48	80.8
TOTAL	250	100
What is the source of your information ?		
Media	28	11.2
Health care workers	160	64
Family	7	2.8
Friends	5	2
Traditional birth attendant	2	0.8
TOTAL	202	80.8



Figure 1: Respondents knowledge of obstetrics danger signs.

Table 2: Practice of BPCR (Grading score)

Variable	Frequency(n)	(%)
Well prepared	169	67.6
Not prepared	81	32.4
Total	250	100

■ Positive attitude ■ Negative attitude

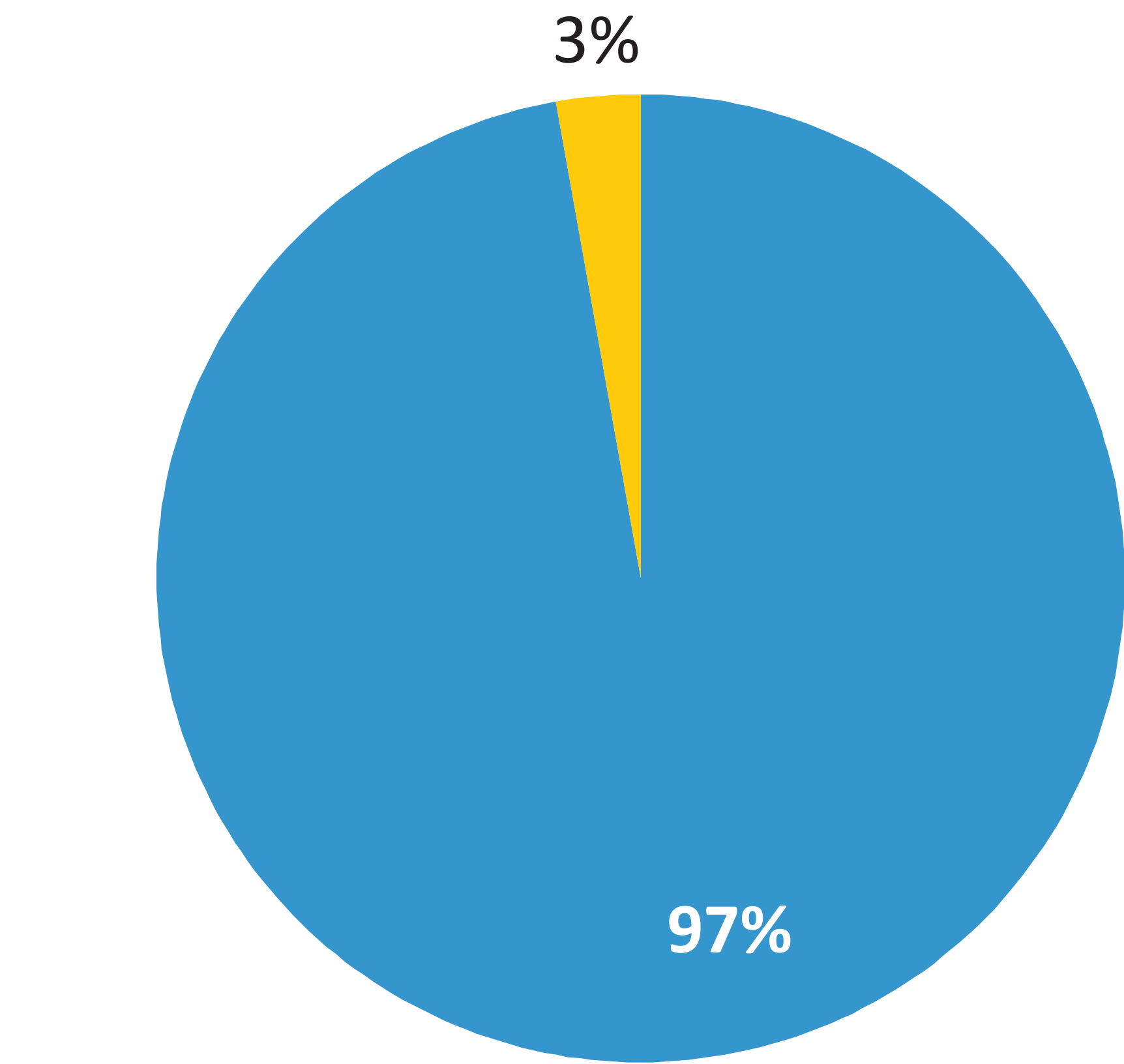


Figure 2: Attitude of respondents towards BPCR by Likert scale

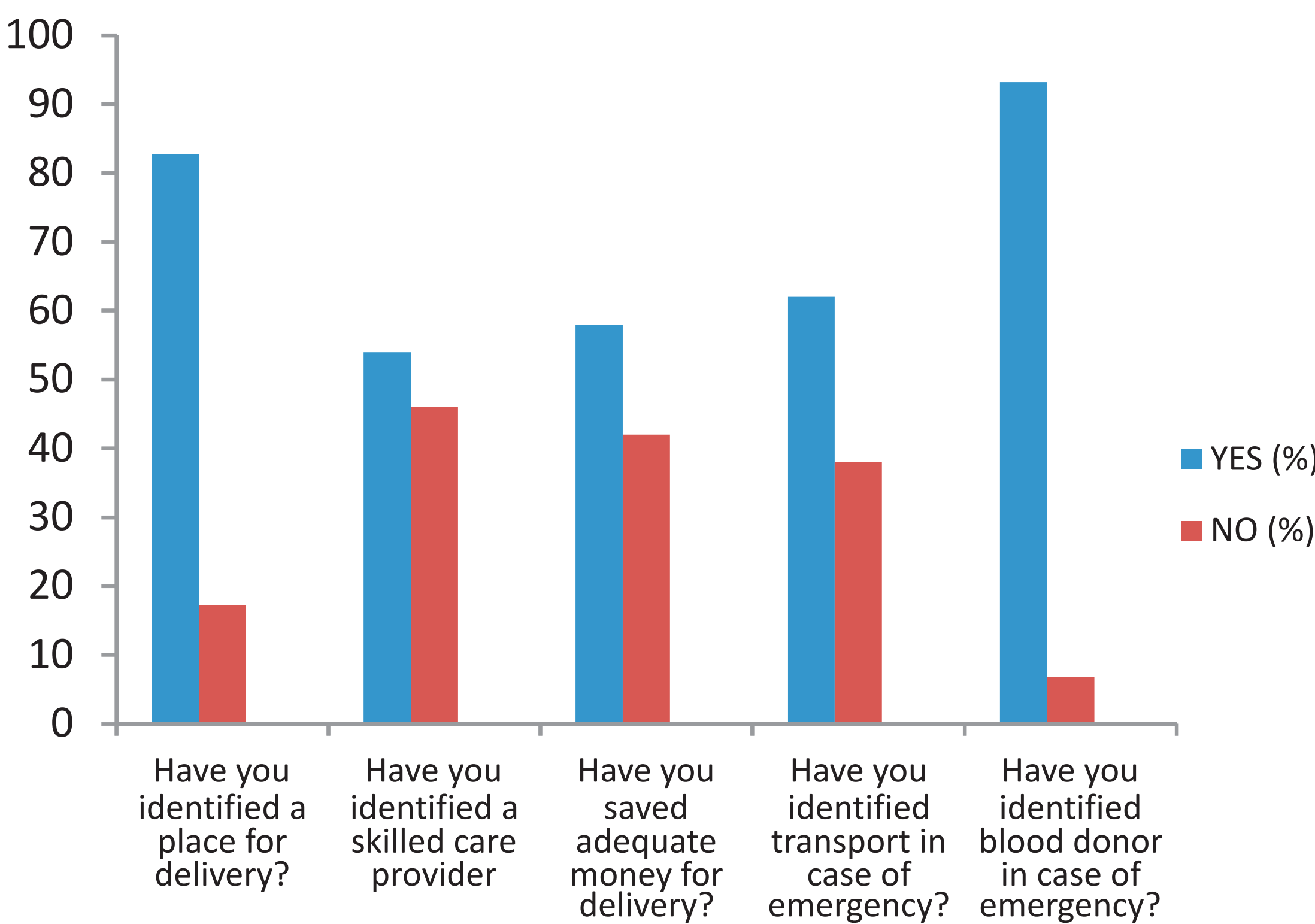


Figure 3: Respondent's Practice of Birth Preparedness and Complication Readiness.

Discussion

Findings from our study is consistent with report by Rabi et al., from Kano, Northwestern Nigeria, Rodrigo and Kumarapeli in Sri Lanka, Kiataphiwasu in Thailand. It is however at variance with the result of Anikwe et al., in Abakaliki, South-Eastern Nigeria.

Conclusion

This study revealed a high knowledge and attitude of BPCR among women in the study environment. However, there is still need to translate the high knowledge and attitude to a corresponding practice. Involvement of husbands, policy makers and health management officers are needed to achieve this goal.

Recommendation

- There is need for community enlightenment on the concept of birth preparedness and complication readiness as this will go a long way to reduce the burden of obstetrics complication which mostly occurs at the community level.
- There is need for support at all levels of government and the political will to ensure successful implementation of the concept at all levels of our health care.

References

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