

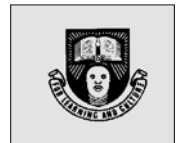
Birth Preparedness and Complication Readiness among Pregnant Women in a Resource Limited Setting

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- The Authors and Presenter do not have any Conflict of Interest



Pregnancy – A Beautiful but Risky Experience

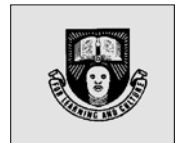
“SERENA
WILLIAMS”

Copied from Vanity
Fair



Introduction

- Pregnancy is a normal physiological process.
- Every pregnancy faces risks
- Every minute of every day, somewhere in the world, a woman dies as a result of complications arising during pregnancy and childbirth.
- Majority of these deaths are avoidable by accessing quality maternal health service

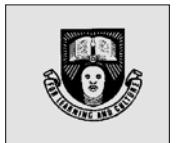


Maternal Mortality (MM)

- Maternal mortality (MM) is a major public health issue and the main causes are
 - Hypertensive disorders
 - Hemorrhage
 - Infections,
 - Prolonged labor and
 - Unsafe abortion
- Most of these conditions are preventable.

Three Delays That Could Result in Maternal Death

- Decision in seeking care,
- Accessing care, and
- Receiving care.



Factors Affecting Decision in Seeking Care

- Failure to recognize signs of complications,
- Failure to perceive severity of illness,
- Cost considerations,
- Previous negative experiences with the healthcare system
- Transportation difficulties

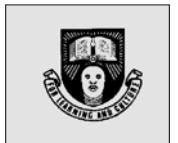
Factors Affecting Accessing Care

- The lengthy distance to a facility or provider,
- The condition of roads, and
- Lack of available transportation.

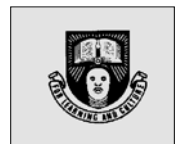


Factors Affecting Receiving Care

- Non-availability of skilled birth provider,
- Poor skills of healthcare providers,
- Incivility and poor attitudes of care providers,
- Shortage of supplies and basic equipment,

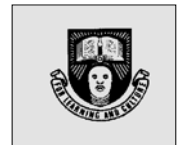


Nigeria



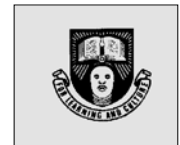
Description of Nigeria

- Nigeria is located in West Africa on the Gulf of Guinea and has a total area of 923,768 km² (356,669 m²), making it the world's 32nd-largest country.
- It is comparable in size to Venezuela, and is about twice the size of California.



Description of Nigeria

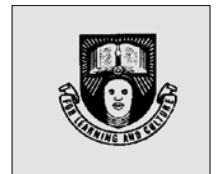
- Estimated population – 182 million
- Health care system-three tiers i.e. primary health care reaching the people at grass root level, secondary health facilities (general hospitals, private hospitals and specialist hospitals) and tertiary facilities which include the teaching hospitals.



Nigeria Reproductive Data

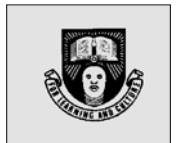
- 61% receive antenatal care from a skilled birth attendant.
- 51% reported attending four (4) ANC during pregnancy.
- 36% deliver in the health facility.
- 38% are attended by skilled birth attendant at delivery.

NPC & ICF (2014)



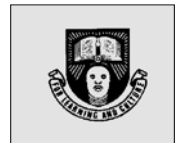
Maternal Mortality Records in Nigeria

- It is characterised with a very high MM that is second only to India.
- Nigeria contributes 2% of the world population but accounts for 19% of the MM
- MMR- 576 per 100,000 live births
- Life time risk of maternal death is 1 in 30 pregnant women



Birth Preparedness & Complication Readiness

- Birth Preparedness and Complication Readiness (BP/CR) is a process of planning for birth and anticipating actions to take in case of obstetric complications (JHPIEGO , 2004)
- It promotes active preparation and decision making for delivery by pregnant women and their families



Components of BP/CR

- Taking a decision on place of birth.
- Selection of preferred skilled birth attendant.
- Having funds for any expenses, supplies and materials to bring to the facility.
- Identifying a labour and birth companion.
- Getting a support person to look after other children at home.

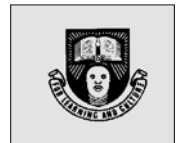
Components of BP/CR

- Identify transport to a facility for birth or in case of complications.
- Identification of compatible blood donors if needed .



Birth Preparedness and Complication Readiness (BP/CR)

- It is assumed that BP/CR will reduce the delays in seeking for and accessing care.
- Nigeria adopted the BP/CR in 2005. Twelve years after implementation, its practice and determinants have not been well studied.
- This served as motivation for the study;



Objectives of Study

- Assess the pregnant women's level of preparedness of BP/CR.
- Evaluate the level of knowledge of pregnant women on CR.
- Assess the influence of age, educational level, employment status, average monthly income, parity and level of awareness on BP on the pregnant women's level of BP.



Methodology

- Design- A descriptive cross sectional research design
- Study area; The study was conducted in Ile Ife, a sub urban town in Southwest Nigeria which is known for its rich culture and acclaimed as the origin of Yoruba race.



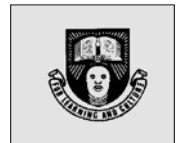
Study setting

- The largest Primary Health Care centre (PHC) in the indigenous area of the town was used for the study site. The PHC had five (5) nurse midwives who had also been trained as public health nurses, ten (10) community health officers, fifteen (15) community health extension workers and a medical doctor.



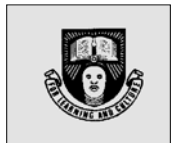
Methods

- Sample size- 220
- Sampling technique- Systematic sampling method.
- Instrument- adapted from the Safe Motherhood questionnaire developed by the Maternal Neonatal Program of JHPIEGO. Translated to Yoruba and back translated to English



Methods

- Data analysis: data was analyzed using SPSS version 20 for mean scores, frequencies, and Chi square.
- Ethical Consideration- Ethical permission from Local Government Authority, PHC and informed consents from the respondents

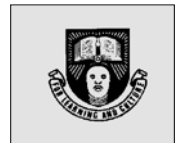
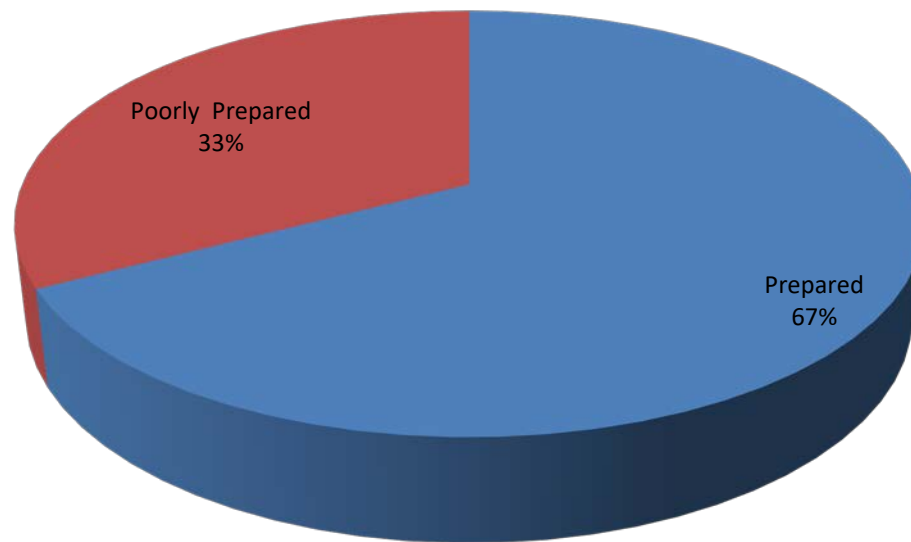


Result- Socio Demographic Profile

- Ages- ranged from 16-40 years with a mean of 26 ± 4.1 .
- Education- 59.1% had secondary education (grade 12)
- Marital Status- 85.5% were married.
- Seventy eight percent were employed
- Income- 47.3% earned below US \$65.40 per month



Proportion of Women By Level of Birth Preparedness



Result- Birth Preparedness

- 96.8% had decided their place of delivery but 15.9% of these, planned to deliver in mission houses or at home.
- Over 92% had identified someone to accompany them to health facility for delivery,

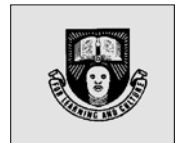
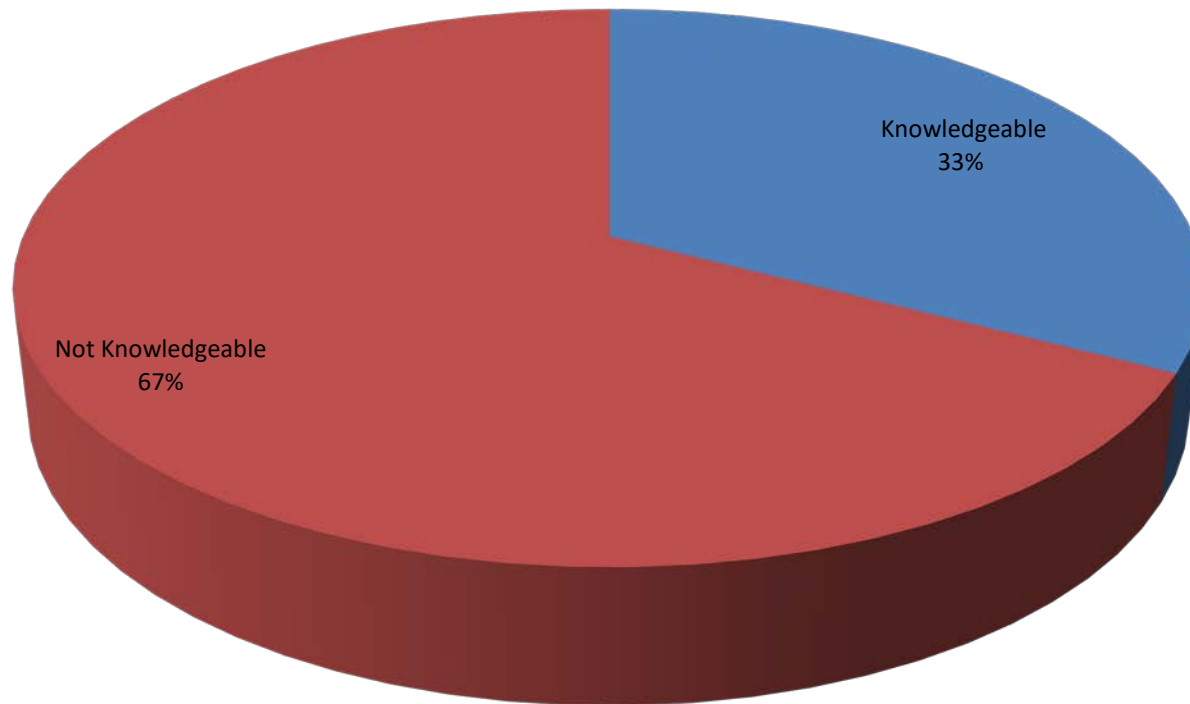


Result- Birth Preparedness

- 88.6% had made arrangements for transportation
- 59.1% had saved money for delivery
- 26.4% had identified a potential blood donor



Proportion of Women By Level of Knowledge on Key Danger Signs



Key Danger Signs During Pregnancy

- Severe vaginal bleeding **54.1%**
- Swollen hands and face 34.1 %
- Blurred vision 38.6 %



Key Danger Signs During Labor and Childbirth

- Severe vaginal bleeding 45.5%
- Prolonged labor **47.7%**
- Convulsion 40.5%
- Retained placenta 37.3%



Key Danger Signs During Postpartum Period

- Severe vaginal bleeding **50.9%**
- Foul lochia **41.8%**
- High fever **40.9%**



Key Danger Signs in Newborn

- Convulsions/spasms/rigidity 48.6%
- Difficulty/fast breathing **64.1%**
- Very small baby 33.6%
- Lethargy/unconsciousness 28.2%



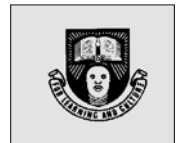
Results

- At $p=0.01$, the level of awareness on birth preparedness and the average monthly income of the respondents had very significant relationship with their level of birth preparedness.
- At $p \geq 0.05$, the age, educational level, marital status, parity and employment status did not have any significant relationship with the level of birth preparedness.



Discussion

- The high level of respondents who were prepared for birth was also reported by Sabegheh, Adeoye, Adeomi, Sabegheh, & Adejimi (2017).
- At ANC, the women are usually taught on the importance of preparing for their birth, saving money for childbirth, identifying a means of transport and ensuring they deliver in health facilities.



Discussion

- Very few respondents had gotten a donor for blood transfusion and could identify key danger signs.
- Cultural and religious beliefs does not encourage the discussions of critical situations .



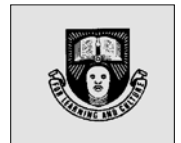
Discussion

- Knowledge of danger signs will assist in early recognition of potentially life-threatening complications and the pregnant women may seeking healthcare promptly.
- This will reduce maternal mortality and morbidity.



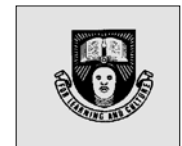
Conclusion

- The study revealed that the proportion of women who knew about obstetrical complications was low.
- Recommended that Nurse Midwives should provide community based and culturally friendly education on importance of BP/CR with greater emphasis on complication readiness.



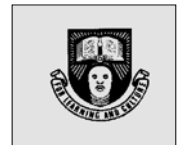
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**THANK YOU
AND
GOD BLESS**

