

Antenatal and Intra-Natal Care Practices in urban Slums of Lucknow City, UP

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Abstract: Objectives: To study the Antenatal and Intra-Natal Care Practices in urban slums of Lucknow city, UP. **Methods:** A cross-sectional study in Urban slums of Lucknow city, UP included 524 women who had a live birth during last one year preceding data collection. The data was tabulated on Microsoft Excel sheet and analyzed using the software SPSS 10.0 for Windows. **Results:** Study findings showed that Majority (71%) of the mothers received ANC. Out of those who received ANC, 32.5 percent of them received 2 ANC and 25.3 percent received 3 ANC. The tetanus toxoid (TT) vaccination was received by 80.4 percent mothers. Out of those who received tetanus toxoid, 67.9 percent received two doses of tetanus toxoid and 18.7 percent one dose of tetanus toxoid. The study findings shows that about half (51.7%) of the deliveries took place at home followed by govt. health facility (28.4%). Only 19.8 percent of the deliveries took place at private health facility. Majority (73.4%) of the deliveries were conducted by trained birth attendant. Only 19.6 percent and 7 percent deliveries were conducted by relatives and untrained birth attendant respectively. **Conclusion:** In majority of cases correct Antenatal and Intra-natal care practices were lacking among mothers and this should be promoted through improved coverage with existing health services. [Gupta P et al NJIRM 2012; 3(4) : 15-18]

Key words: Antenatal, Intra-natal, Practices, Urban Slums

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Introduction: Maternal health during pregnancy can affect the health of unborn child in many ways. Maternal mortality also affects child health. Antenatal care aims to reduce maternal and infant mortality and morbidity through health workers providing a variety of pregnancy related care and information.

In most developing country settings, pregnancy and childbirth are accepted as normal events of life and it is not surprising that problems associated with pregnancy are also accepted without much ado. A new approach to measuring maternal mortality indicates that there are about 585,000 maternal deaths annually worldwide, 99 per cent of them in developing countries¹. Peri-natal care has a tremendous impact on the health of the mother and child^{2,3,4,5}. However, good quality peri-natal care is not uniformly distributed in society.⁶ Advancements in technology have made sophisticated tertiary care available to those who can pay. At the same time, the gap between the rich communities and the poor, marginalized, and underserved communities is increasing.^{7,8} Even after reproductive and child health - 2 (RCH-2), it has not been possible to reach a large segment of the marginalized population through

the organized health sector.⁶ Rapid urban development is outstripping the meager resources at the local municipality level. Even where facilities exist, socio-economic and cultural barriers prevent their optimum utilization by the women who need them most,^{9,10} consequently resulting in hazardous health practices.

OBJECTIVE: To study the Antenatal and Intra-Natal Care Practices in urban slums of Lucknow city, UP.

Material And Methods: Study Population: The present study was carried out among mothers who gave birth to a live born within the last one year in urban slums of Lucknow city.

Sampling: Sample size was calculated on the basis of percent distribution of children who were fed colostrum. According to NFHS, UP (1998-1999)¹¹ percentage of children who were fed colostrum was 25 percent. An absolute permissible error of 4 percent was taken to calculate the sample size. Considering a 10 percent of non response, the sample size came out to be 517, however in the present study 524 children were covered.

Sampling Technique: There are eight Maternal and Child health centre (Bal Mahila Chikitsalaya) in Lucknow city. For sampling purpose at first stage, one maternity centre was selected randomly which was Aliganj, Maternal and Child Health Centre. This centre covers a total of 33 slums covering a population of about 40,000. Considering an average family size of 5.6 for the slums of Lucknow, there would be about 7,142 households and 1,100 children below one year of age. In order to cover desired sample size of 524 Systematic random sampling was used and every second household was surveyed. It is right that 3571 household was surveyed but Only those household were considered in which eligible women (women who have delivered live birth in last one year) were found. So after Calculation about 524 children were found in total 3571 Households..

Analysis and Interpretation of Data: The data was tabulated on Microsoft Excel sheet and analyzed using the software SPSS 10.0 for Windows.

Results : A total of 524 families were surveyed. There were 29.4 percent Muslims and 70.6 percent Hindus families. Amongst Hindus 33.6 percent belonged to OBC, 26.3 percent belonged to SC/ST and 10.7 percent belonged to general caste. The majority (70%) of the families were nuclear type. More than half (59.5%) of the mothers were illiterate. About one third (33.2%) of the mothers had education level upto junior/high school level (Table-1).

Majority (71%) of the mothers received ANC. Out of those who received ANC, 32.5 percent of them received 2 ANC and 25.3 percent received 3 ANC. About one fifth received 4 and above (21.5%) and one ANC (20.7%). More than one third (43.5%) of the mothers received ANC at home. However, 34.4 percent mothers received ANC from Nurses. 29 percent mothers did not have any antenatal check-ups. The tetanus toxoid (TT) vaccination was received by 80.4 percent mothers. Out of those who received tetanus toxoid, 67.9 percent received two doses of tetanus toxoid and 18.7 percent one dose of tetanus toxoid. Only 13.4

Table 1: Socio-demographic characteristics of the study population(N=524)

Characteristics		No.	Percent
Religion and caste	Muslim	154	29.4
	Hindu	370	70.6
	Gen	56	10.7
	OBC	176	33.6
	SC/ST	138	26.3
Type of family	Nuclear	367	70.0
	Joint	157	30.0
Socio-economic status	I	0	0.0
	II	40	7.6
	III	35	6.7
	IV	66	12.6
	V	351	67.0
Family size	<5	195	37.2
	5-6	192	36.6
	>6	137	26.1
Mother's Education	Illiterate	312	59.5
	Up to High	174	33.2
	Intermediate	38	7.2

percent received 3 or more tetanus toxoid vaccination. More than half (65.6%) consumed IFA during pregnancy (Table 2).

The study findings shows that about half (51.7%) of the deliveries took place at home followed by govt. health facility (28.4%). Only 19.8 percent of the deliveries took place at private health facility (Table 4.5).Majority (73.4%) of the deliveries were conducted by trained birth attendant. Only 19.6 percent and 7 percent deliveries were conducted by relatives and untrained birth attendant respectively (Table 3).

In majority (90.4%) of the deliveries, cleaned new blade was used to cut the cord. The new thread was used in 79.7 percent deliveries in tying the cord. In 41.7 percent deliveries, nothing was applied on the cord. However, 41.3 percent mother applied used oil/ghee and only 4.4 percent applied antiseptic. Majority of the birth attendant washed their hand before conducting the delivery (Table 4).

Table-2: Antenatal Care Received by Mothers of Children(N=524)

Antenatal care		No.	Percentage
Antenatal visits (N=524)	No	152	29.0
	Yes	372	71.0
	One	77	20.7
	Two	121	32.5
	Three	94	25.3
	4 & +	80	21.5
Place of ANC (N=372)	Govt. hospital	117	31.5
	Private clinics	93	25.0
	Home	162	43.5
By whom (N=372)	*Govt. doctor	73	19.6
	*Private doctor	82	22.0
	**Other Pvt. Practitioner	128	34.4
	Health worker	89	23.9
Tetanus toxoid (N=372)	No	73	19.6
	Yes	299	80.4
	One	56	18.7
	Two	203	67.9
	Three & +	40	13.4
Consumption of IFA (Any) (N=372)	Yes	128	34.4
	No	244	65.6

*Qualified doctor; **Unqualified doctor

Table-3: Place of Delivery (N=524)

Place of delivery	No.	Percentage
Home	271	51.7
Govt. health facility	149	28.4
Private health facility	104	19.8

Discussion: In the present study, an attempt was made to find out how many mothers had received antenatal care as well as number of visits. In this study 71 percent of the mothers received any ANC. However, the NFHS-2 (1998-99)¹² reported 65 percent at national level which is nearer to our study and 34.6 percent of the state level which is less than the present study. In the present study about one third (25.3%) of the mothers received three antenatal check-ups which was more than at national level (14.3%) according to NFHS-2 (1998-99).¹²In the present study at least one tetanus-

toxoid was received by 80.4 percent of the mothers which was 51.4 percent in NFHS-2 (1998-99)^{11,12} for the state level and 66.8 percent for the national level. The findings of this study were almost similar as reported in the NFHS-2 (1998-99)¹² in the consumption of IFA. After the antenatal care the next step towards reducing neonatal death and having a healthy baby, is the care during the natal period.

Table-4: Delivery Practices in those Delivering at Home (N=271)

Indicators		No.	%
Delivered by	Trained birth attendant	199	73.4
	Untrained birth attendant	19	7.0
	Relatives	53	19.6
Instrument used to cut the cord	Cleaned new blade	245	90.4
	Used blade	4	1.4
	Scissors	2	0.7
	Don't remember	20	7.4
Materials used in tying the cord	New thread	216	79.7
	Any thread from home	9	3.3
	Others	13	4.8
	Don't remember	33	12.2
Application on the cord	Nothing	113	41.7
	Oil / Ghee	112	41.3
	Antesepctic	12	4.4
	Don't remember	34	12.5
Cleanliness of room used for delivery	Clean room	215	79.3
	Unclean room	36	13.3
	Don't known	20	7.4
Washing of hand before delivery	Yes	248	91.5
	No	23	8.5

In the present study it was observed that about half (51.7%) of the deliveries were conducted at home followed by Govt. health facility (28.4%) and 19.8 percent mothers delivered at private health facility. In contrast to our study, Singh (2002),¹³ in their study in a rural area of Ghaziabad (UP)

observed that the 73 percent neonates were born at home and 6.3 percent were born at subcentre/ PHC. The remaining 20.7 percent neonates were born in private hospital/ nursing home. According to NFHS-2, UP (1998-99)¹¹ only 15 percent of births took place in health facilities, 74 percent took place in the women's own home and 10 percent took place in their parent's home. According to Rapid house hold survey under RCH programme only 16 percent births took place at health facilities.

Percentage of institutional deliveries were much higher in the present study as for as reason seems was urban infrastructure, awareness among people for institutional deliveries and also the availability of nearby hospitals/ health centres in present study. In this study majority (73.4%) of the deliveries which took place at home were conducted by the trained birth attendants, only 16.9 percent and 7 percent of the deliveries were conducted by relatives and untrained birth attendant respectively.

In majority of the deliveries clean surface, washing hands and use of new blade for cutting the cord had been practiced on the other hand negative findings were use of ghee or mustard oil by 41.3 percent of mothers was also observed. 41.7 percent of mothers did not apply anything to the stump i. e. cord was left as such without applying anything to cord, which is a correct practice. Similarly Singh (2002) in a rural area of Ghaziabad also observed that washing hands, clean surface, use of new blade for delivery were practiced and use of unboiled thread by 24 percent and only 4 percent left the cord free while majority (57%) applied ghee and 13 percent mustard oil to the stump.

Conclusion: In majority of cases correct Antenatal and Intra-natal care practices were lacking among mothers and this should be promoted through improved coverage with existing health services.

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