



CODEN [USA]: IAJ PBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2589458>Available online at: <http://www.iajps.com>

Research Article

**AN ASSESSMENT OF THE AWARENESS AND TREND OF
BIRTHPLACE AMONG PREGNANT WOMEN IN THE
PERSPECTIVE OF ASSOCIATED OBSTACLES AND
DECISION-MAKING FACTORS**¹Dr. Aiza Khalid, ²Dr. Maria Risalat, ³Dr. Muhammad Shahroze Hassan Khan¹Federal Govt Polyclinic Hospital, Islamabad, ²Pakistan institute of Medical Sciences, ³Pims Hospital**Article Received:** December 2018**Accepted:** February 2019**Published:** March 2019**Abstract:**

Objective: To conclude the inclination of pregnant women choosing tertiary care Hospital or home for birthplace. To determine the obstacles influencing in making the decision in selection of birthplace.

Methodology: We conducted this expressive research at Sir Ganga Ram Hospital, Lahore from February to August 2017. During this research we observed (912 pregnant women) visiting prenatal clinics, to acquire data regarding socio-demographic profile. Pregnant women opinions about their first choice for home delivery and hospital care were assessed. Through planned surveys and interviews this data was recorded and evaluated by using SPSS, and which then shown in the form of percentages & frequencies.

Results: The number of participants who preferred Hospital birth are 553 (60.63%), out of which 260 (47%) participants core reason for choosing hospital as a birthplaces were safety and good care, 138 (25%) women choose hospitals for better hygiene and 70 (12%) women because of medical advice & services. The number of participants who preferred a home as a birthplace is 359 (39.36%) due to support form relatives like friend or family. A total of 141 (40%) for good care and privacy at home, 135 (38%) due to cost they can save, 44 (12.25%) due to the elders taking care of the newborn at home and 17 (4%) women because of hygiene at their homes.

Conclusion: The results showed a significant inclination of participants towards hospital birth because of hygiene, safety, and providing good care. Few percentages of women appeared wishing giving birth at home because of Social pressure, good handling of a newborn at home and cost.

Keywords: Homebirth, Birth at Hospitals, Women maternal care choices.

Corresponding author:**Dr. Aiza Khalid,**

Federal Govt Polyclinic Hospital, Islamabad.

QR code



Please cite this article in press Aiza Khalid et al., *An Assessment Of The Awareness And Trend Of Birthplace Among Pregnant Women In The Perspective Of Associated Obstacles And Decision-Making Factors.*, Indo Am. J. P. Sci, 2019; 06(03).

INTRODUCTION:

While deciding birthplace a woman has to go through a series of vital feeling in her mind [1, 2]. Although the evidence associate to the option of preferred homebirth as a non-dangerous choice for women with normal and not complicated pregnancies the situation is still divisive in the majority of the countries having a lot of resources [3]. The understanding of birth in a society is also the main reason how the women think and decide between home and Hospitals as a birthplace [2]. To this day the argument between the safety between home and hospital for delivery still not came to any conclusion [4]. Few other studies also declared homebirth a good option in place of those females which have low-risk pregnancies [5]. Due to finest hygiene standards, complication chances are less, Relief during pain using medication keeping in view the health of the child, Availability of surgery equipment's in case of emergency and handling of a newborn, hospitals have been considered as an only good and safe option since 1940 [6]. In developing countries, women still have no or limited options due to lack of resources in hospitals, privacy at home, comfortable home environment and low cost play a key role for the women preferring a home as a birthplace [6]. Indian government started to take maternal care problem seriously to reduce mortality rate [6]. To reduce the mortality rate between Perinatal & Maternal can only be possible when the majority of the women consider delivering under skill attendants which can provide (EmOC) emergency Obstetric Care if needed [6 – 8]. the situation in Pakistan is still worse because 80% of births are occurring at home. In various countries, the rates of Hospital and Home deliveries and women inclination between home and hospital with different scopes shown in the studies and to ensure skill caregiver must be available at maternity care to make the system fully productive and it will also help in motivating the women in to deliver under maternity care institution. Keeping in view the safety of the mother, homebirth must have the latest hospital system and a trained caretaker there are nominal studies held at the domestic level to address the hospital vs homebirths issue [9 – 10]. In this research women choices regarding homebirth vs hospital birth addressed in a very specific way, more can be done if the study was done on a larger scale.

METHODOLOGY:

We conducted this expressive research at Sir Ganga Ram Hospital, Lahore from February to August 2017. Where 912 pregnant women were inquired through planned forms. All agreed pregnant women participated and were fulfilling the factors of traditional duct birth in present pregnancy were inquired disregarding of equivalence, whereas women with a medical disorder, complications like placenta pravia, women who already delivered after doing Caesarean section and women with gynaecological disorders were excluded. While asking the women about their preferences on delivery whether it's Hospital or Home, we also inquired about socio-demographic and motives for preferred suitable birthplace, we also discovered some other reasons like comfort, handling of newborn babies, hygienic environment socioeconomics barriers, curious about the after effects or complications either at home or hospital. With the help of SPSS, the result is evaluated which is shown in frequencies and percentages.

RESULTS:

This research is based on interviews total of nine hundred and twelve participants. The mean age of pregnant participants was (34.54 ± 5.08) years. Out of 912 pregnant women 572 (63%) were those who had not received any formal education whereas the women having primary education were 212 (23.25%), those who had secondary education were 118 (13%) and those who had university level of education 10 (1%). 412 (45%) of the women came from a very low earnings group with average income monthly < 5000 PKR. 525 (45%) of the women were having their first pregnancy. The result shows that 553 (60.63%) of the women selected hospital as a birthplace whereas those who have selected home as a birthplace are 359 (39.4%). Home as a birthplace presented in. The combined understanding of homebirth in competition with birth at the hospital, we have also considered the factors like proper look after, satisfaction level at home or tertiary Hospital, the factor of cost, standard hygiene and anxiety of health care provider and handling of the newborn. Detailed outcomes are available in Table – I, II and III.

Table – I: Demographics Characteristics

Characteristics		Number	Percentage
Age	15 – 20 Years	84	9.21
	20 – 30 Years	513	56.25
	> 35 Years	315	34.54

Educational Status	No Education	572	63.00
	Primary	212	23.00
	Secondary	118	13.00
	Graduate	10	1.00
Monthly Income	< 5000 PKR	412	45.00
	5000 – 10,000 PKR	355	39.00
	> 10,000 PKR	145	16.00
Gravidity	Primigravida	525	58.00
	Multigravida	208	23.00
	Grand Multigravida	179	19.00

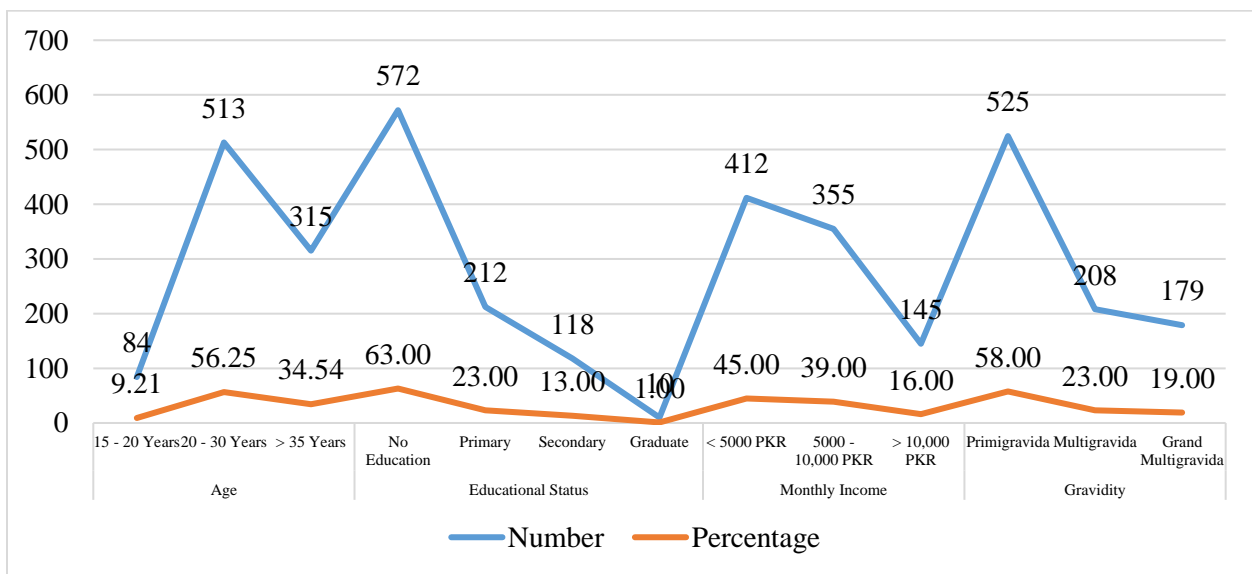


Table – II: Women Preference Frequency

Preference	Number
Interviewed Women	912
Hospital	553
Home	359

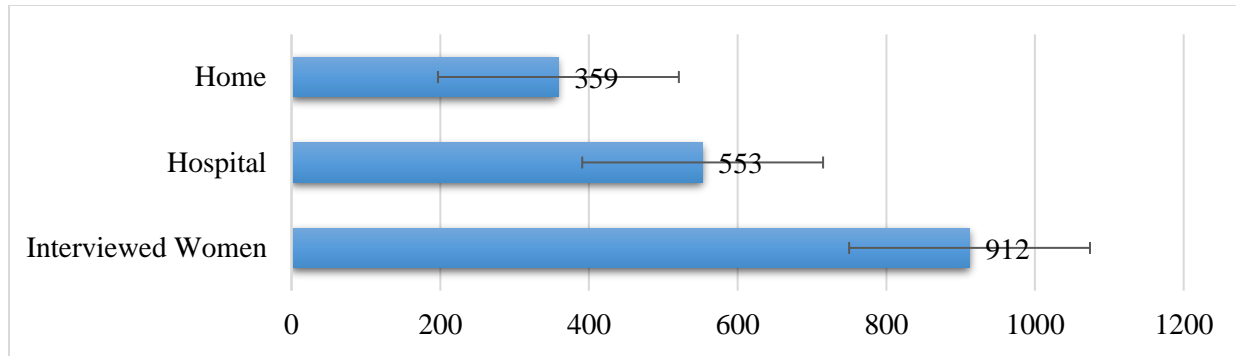
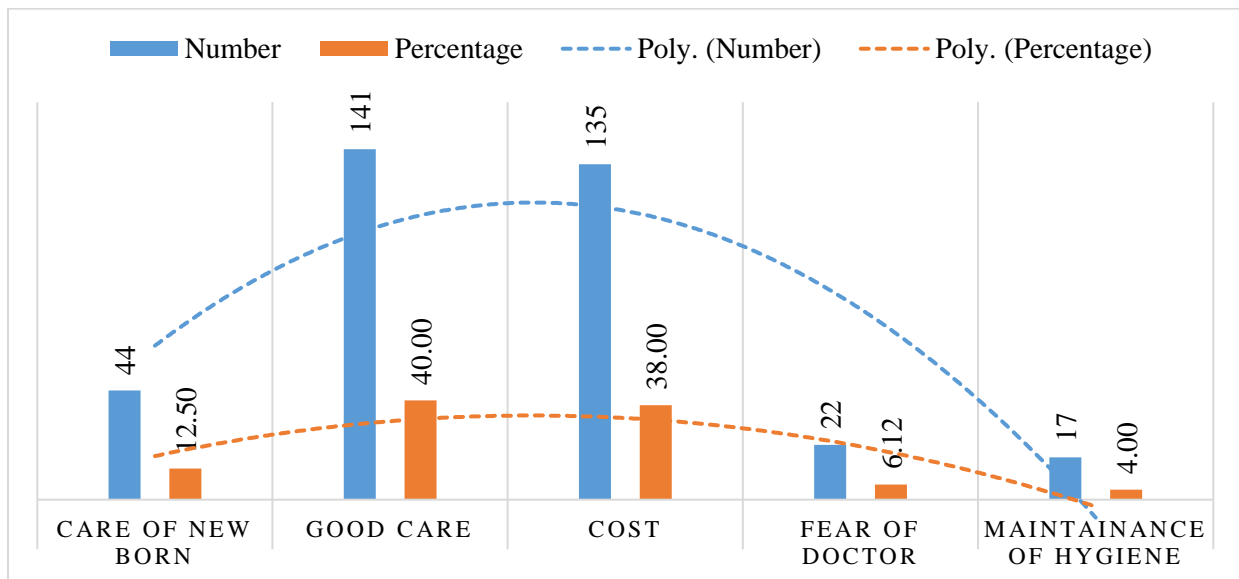


Table – III: Variables Frequency

Variables	Number	Percentage
Care of New Born	44	12.50
Good Care	141	40.00
Cost	135	38.00
Fear of Doctor	22	6.12
Maintenance of Hygiene	17	4.00



DISCUSSION:

The women of the 21st century are well aware and want good choices for their maternity care and this is why the graph of birth happening at homes dropped by less than (1%) [11 – 12]. For better clarification Hospital delivery is considered as a birth happened under Government foundation like (Sub-Clinics, Main Health care hubs, and Dist. Hospitals), hospitals running under any individual or health provider license, Private Health providing clinics in rural areas and in Home by doctors & nurses [6]. Though birth at

home is defined as the care of particular pregnant women by experienced care providers within a system that if necessary can provide hospitalization [6]. During delivery, the existence of a skilled assistant plays very vital role observing the success of MDG (Millennium Development Goal) from corner to corner of countries which is (Improve Maternal Health) means to make sure that the mother and child undeniably get professional health care [11 – 13]. It will simply come true if the females start to choose hospitals as a birthplace. This research has exposed

that (60.63%) of pregnant females chosen the birthplace at the hospital. Similar research was also held in Bangladesh and the same results have been reported according to this research the percentage of pregnant women giving birth in hospitals was (13%) back in 2004 and increased to (96.6%) in 2009 [11 – 13]. Women choice can be influenced if the health system reactivity and apparent technical quality. Good maternal and neonatal care premium standard of hygiene availability of skilled staff and equipment is only possible in hospitals. And Good care and proper handling of the newborn is the reason behind preference of hospital birth which is 260 (47%), good hygiene standards 138 (25%), satisfaction over the Health caregiver 70 (12.26%) and handling of newborn 25 (5%). Maternal health care facilities are key factors in influencing women to decide hospitals as a birthplace this is studied at South Eastern Nigeria [14]. Majority of the women consider extremely dangerous to deliver other than hospitals with skilled consultant unit [15]. It is stated by Syria, Lebanon and nearby countries the thinking of safety is the key factor why women choice is hospital and not home [16 – 20]. Statistics of Pakistan and Nepal are very comparable, in Pakistan (80%) of women give birth at home and according to the research of Nepal (81%) of Nepali women give birth at home the reason is lack of transportation, being distance to hospitals, lack of knowledge of maternal care and lack of money [21 – 22]. According to our study, a smaller number of pregnant women (39.36%) appeared as chosen home as a birthplace, yet this is in contradiction of the research figures of Pakistan. This study also unfolds the social pressure on 135 (38%) of the pregnant women, 141 (40%) wants to give birth in a more comfortable environment like home, 44 (12.25%) decent handling of newborn in homes, 22 (6.12%) afraid of the staff providing health care services in hospital are the main barriers of preferring home as a birthplace.

CONCLUSION:

This study concludes that minority of women (39.36%) appeared as in approval of giving birth at home, whereas the statistics of Pakistan are different which shows (80%) women give birth in the home, Same like with the research done in Nepal somewhere (81%) women give birth at their homes. Contradiction in our studies happened because this study held in a hospital the data which is acquired by the pregnant women are those who had presented to Hospital. For better clarification in sorting out the result, a large community base study requires a large section of women. Few percentages of women appeared wishing giving birth at home because of Social pressure, good

handling of the newborn at home and cost. If a majority of the women starts to give birth at hospitals the rate of Maternal and perinatal mortality is likely to decrease. By empowering health care organization at all health centre levels and it can only be done by proper legislation of Government personnel's, in deep rural areas training more traditional birth assistants so more women can have health care facilities.

REFERENCE:

1. Yasmin N, Alam K, Lahiry S, Faruquee MH, Ahmed T. Knowledge, attitude and practice regarding Hospital delivery among Rural married women in Northern Bangladesh. *Ibrahim Med Coll J* 2009; 3:17-20.
2. Murphy PA, Fullerton J. Outcomes of intended home births in nurse-midwifery practice: A prospective descriptive study. *Obstet Gynecol* 1998; 92:461-70.
3. Onah HE, Ikeako LC, Iioabachie GC. Factors associated with the use of maternity services in Enugu, Southeastern Nigeria. *Soc Sci Med* 2006; 63:1870-8.
4. Improving maternity services in Australia: The report of the Maternity Services Review. Canberra (Australia): Australian Government Department of Health and Ageing. Available: www.health.gov.au/internet/main/publishing/nsf/content/MSR-report (accessed 2009 July).
5. Mahdi SS, Habib OS. A study on preference and practices of women regarding the place of delivery. *East Mediterr Health J*. 2010; 16:874-8.
6. Dhakal S, Teijlingen EV, Raja EA, Dhakal KB. Skilled Care at Birth among Rural Women in Nepal: Practice and Challenges. *J Health Popul Nutr* 2011; 29: 371-78.
7. Shah N, Rohra DK, Shams H, Khan NH. Home deliveries: reasons and adverse outcomes in women presenting to a tertiary care hospital. *JPMA*; 2010 60:555.
8. Kruk ME, Paczkowski M, Mbaruku G, Pinho H, Galer S. Women's preference for place of delivery in Rural Tanzania: A population-based discrete choice experiment. *AMJ of Public Health* 2009; 99:1666-72.
9. Gabrysch S, Cousens S, Cox J, Campbell OMR. The Influence of Distance and Level of Care on Delivery Place in Rural Zambia: A Study of Linked National Data in Geographic Information System. *PLoS Med* 2011;8(1) e1000394.doi:10.1371/journal.pmed.1000394.
10. Margaret Mboho, Ukeme Eyo, A. Agbaje. Services of the Traditional Birth Attendants: How relevant in achieving Millennium development

- goal 5. Academic Research International. 2012; 2:711-12.
11. Pakistan Demographic and Health survey 2006-07. Tracking the millennium development goals. In: USAID task order # GHS – 1 – 07-0003.
 12. Hanif S. Why do Mother die. *Annals* 2007; 13:220-23.
 13. Nisar N, Sahoo N, Memon A. Knowledge, attitude and Preference of pregnant women towards a mode of delivery. *JLUMHS* 2009; 8:228-33.
 14. Islam MA, Chowdhury RI, Akhter HH. Complications during pregnancy, delivery, and postnatal stages and place of delivery in Rural Bangladesh. *Health care women Int* 2006; 27:807-21.
 15. Campbell R, Mac Farlane A. Where to be born? The debate and the evidence. Oxford: National Perinatal Epidemiology Unit, 1987.
 16. Taylor A. Maternity Services: The consumer's view. *JR Coll Gen Pract* 1986; 36:157-60.
 17. Ford C, Iliffe S, Franklin O. Outcome of planned home birth in an inner city Practice. *BMJ* 1991; 303:1517-19.
 18. Fordham S. Women's views of the place of confinement. *Br J Gen Pract* 1997; 47:77-81.
 19. Johnson KC, Daviss BA. Outcomes of planned home births with certified Professional midwives: a large prospective study in North America. *BMJ* 2005; 330:1416-17.
 20. Kent A. Home Deliveries and Risk. *Rev Obstet Gynecol.* 2011; 4: 32.
 21. Mclachlan H, Forster D. The safety of home birth: Is the evidence good enough? *CMAJ* 2009; 181:359–60.
 22. Janssen PA, Saxell L, Lesley PA, Klein MC, Liston RM. Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician. *CMAJ* 2009; 181:377-83.