

Utilization of Antenatal Care in Primary Health Centers in Mosul City

Thanoon Mohammed Thanoon*

ABSTRACT

Background and aim: most women enter pregnancy period in apparent good health and achieve a normal pregnancy, and birth without complications. For a few women, however, suffer in the course of the pregnancy for reasons that are usually unclear antenatal care aims at preventing complications. The study aims to utilize health care services for pregnant women in primary health centers.

Materials and method: a cross sectional study was conducted and adopted in Al - Quds and Al - Hadbaa' primary health care centers, the data started to be gathered from 1st of Jan 2010 - 10th March 2011. To achieve the objectives of the study, Accidentally sample consist from (400) pregnant women were selected, the data were collected through using constructed checklist which consist from four parts, the first is dealing with the pregnant information registration that include (5 item), the second part is related to laboratory test which consist of (12 item), while the third part is about health education which include (13 items) and finally the last part is dealing with high risk problem that consist of (8 items). The validity and reliability test was done to ensure the consistency of study tool which the correlation coefficient is (86.4) with standard deviation about (0.43).

Results: the results of the study indicated the health services that introduce to pregnant women who attending to primary health care centers is applied in these centers, the implementation of chart is highly performance with some variance of some result that related to investigation property and availability, finally the differences between two centers show significance by the health education in dealing with risk factor.

Conclusion: the present study concluded that there is a good implementing almost all aspects of the pregnant women health services management.

Recommendation: the researcher can conclude that the utilization of the pregnant women chart and application in strict way had the high impact on preventing pre and antenatal problem in pregnancy and training practice on it.

Keywords: pregnant women, health services, primary health care centers

INTRODUCTION

Most women enter pregnancy period in apparent good health and achieve a normal pregnancy, and birth without complications. For few women, however, suffer at the course of the pregnancy for reasons that are usually unclear, unexpected deviation or complications from the course of normal pregnancy when occurs (Edele man, 1999). Every year, approximately 200 million women become pregnant in developing countries or world, in (1999) W.H.O. and U.N.I.C.E.F. estimated that 585000 of pregnant women die each year from problems associated with the pregnancy and childbirth (Lucas, 2003). In addition to seven million of prenatal deaths occur as a result of maternal health problems, by strengthening maternal and newborn health care services and supporting the upgrading of midwifery skills on this the countries can respond to this situation (WHO, 1999). In developing countries many cases of maternal and antenatal are the major causes of morbidity and mortality, in most of these countries; the resources available for health care are very

limited and with a deteriorating economic situation, are likely to remain so (WHO, 1991). The mean duration of the pregnancy is very close to or the maximum duration to 280 days or 40 weeks and it is calculated from the first day of the Last Menstrual Period (L.M.P.) (Cunning hemat, 2001). At the first visit an extensive medical history, a complete physical - examination, including pelvic examination and blood, urine specimens for laboratory work are obtained not in first the health education about the pregnancy (Nolan, 1997). Any women benefits from the support and the skill of a professional -nurse who helps her work or do her tasks through the pregnancy period accepts it and prepares to become a mother (Sheelagh, 1994). The support and skill of a professional - nurse are essential to women who besides the usual tasks of the pregnancy must take special care to ensure the continuation of the pregnancy (Edele man, 1999). Antenatal care aims at preventing complications where as possible and to detecting early and treating appropriately to ensuring of pregnancy, thus, essential obstetric

* Assist. Lecturer / College of Nursing / University of Mosul .

care must ensure, essential care for high risk pregnancies and complications must made available to all women who need it (W.H.O. 1994). One of the most important functions of antenatal care is offer the women an advice and information about the appropriate diet during pregnancy and place of delivery given her own particular circumstance and health status (W.H.O. 1994). The study aims to utilize health care services for pregnant women in primary health centers in Mosul city, and to signify the strength as well as the weakness points program application in these centers.

MATERIALS AND METHOD

A cross sectional study was conducted and adopted for the period from the 1st of January 2010 till the 10th of March 2011. The sample of the study consisted of (400) pregnant women recruited from AL – Quds primary health center (which sited in the left side of Mosul city), and the second one is AL– Hadbaa primary health center (which sited in the right side of Mosul city). The sample was selected

accidentally in the primary health care centers. In order to collect the data, a special checklist was constructed through reviewing all necessary documents related to the subject of the study. The checklist consists of (38) of question, each question contain few items, the checklist divided into four parts and distributed as the following, the first part is about the first visit of the pregnant woman to the health center (registration), which consist of five questions. The second part of the checklist is about the health services and laboratory investigations, which consist of twelve questions. The third part is about the health education, which consists of thirteen questions. Finally, the forth part is about the high-risk problems during pregnancy period, which consist of eight questions. The data was collected through the utilization of the study checklist and the employment of the interview technique. Data were analyzed as frequency and percentage. Chi – square was computed to determine the association between study variables.

RESULTS

Table (1): Assessment of the health care services for the pregnant women in the first visit (registration)

No	Items	NO YES	No.	Percentage
1	Biographical data	NO	1	0.2 %
		Yes	399	99.8 %
2	Past history in childhood	NO	62	15.5 %
		Yes	338	84.5 %
3	Past history of blood, heart diseases, diabetes mellitus, urinary tract infection, pneumonia, convulsion	NO	4	1 %
		Yes	396	99 %
4	Past history of previous surgery or admission to hospital	NO	27	6.8 %
		Yes	373	93.2 %
5	Past history of blood sensitivity or blood transfusion	NO	56	14 %
		Yes	344	86 %
6	Past history of smoking, alcohol and drugs	NO	72	18 %
		Yes	328	82 %
7	Organized menstrual cycle or not	NO	4	1 %
		Yes	396	99 %
8	Duration of menstrual cycle (in days)	NO	3	8 %
		Yes	397	99.2 %
9	Complications during menstrual cycle	NO	50	12.5 %
		Yes	350	87.5 %
10	Last menstrual period and expected day delivery	NO	28	7 %
		Yes	372	93 %
11	Contraception used before conception and which type	NO	51	12.8 %
		Yes	349	87.2 %
12	Family history of diabetes mellitus, heart diseases, blood pressure	NO	8	2 %
		Yes	392	98 %
13	Family history of congenital anomaly or mental	NO	72	18 %

	retardation	Yes	328	82 %
14	Family history of twin pregnancy	NO	46	11.5 %
		Yes	354	88.5 %
15	Age of previous pregnancies	NO	28	7 %
		Yes	372	93 %
16	How many getting pregnant	NO	29	7.2 %
		Yes	371	92.8 %
17	Presence of infertility period before the first pregnant	NO	66	16.5 %
		Yes	334	83.5 %
18	Presence of twin delivery in the family	NO	52	13 %
		Yes	348	87 %
19	Complications presented in the previous pregnancies	NO	58	14.5 %
		Yes	342	85.5 %
10	History of pregnancy, delivery and abortion time	NO	62	15.5 %
		Yes	338	84.5 %
11	History of delivery type	NO	41	10.2 %
		Yes	359	89.8 %

Table (2): Assessment of the health services and investigations for the pregnant women

No	Items	NO YES	No.	Percentage
1	Providing for Iron tablets at visiting the health center.	NO	6	1.5 %
		Yes	394	98.5 %
2	Measuring the height and weight at visiting the health center .	NO	3	0.8 %
		Yes	397	99.2 %
3	Anemia investigated by the blood sample .	NO	7	1.8 %
		Yes	393	98.2 %
4	Anemia investigated by tongue .	NO	172	43 %
		Yes	228	57 %
5	Anemia investigated by lips .	NO	180	45 %
		Yes	220	55 %
6	Anemia investigated by nails .	NO	133	33.2 %
		Yes	267	66.8 %
7	Anemia investigated by the eye conjunctivas .	NO	74	18.5 %
		Yes	326	81.5 %
8	Edema examination for the pregnant women's body .	NO	56	14 %
		Yes	344	86 %
9	Investigating for jaundice .	NO	67	16.8 %
		Yes	333	83.2 %
10	Breast examination .	NO	187	46.8 %
		Yes	213	53.2 %
11	Hemoglobin percentage test .	NO	24	6 %
		Yes	376	94 %
12	Urine test to detecting urinary tract infection .	NO	38	9.5 %
		Yes	362	90.5 %
13	Providing anti – tetanus vaccine in pregnancy period	NO	28	7 %
		Yes	372	93 %
14	Assessing fetus health condition through abdominal examination .	NO	51	12.8 %
		Yes	349	87.2 %
15	Detecting for twin pregnancy through abdominal examination .	NO	65	16.3 %
		Yes	335	83.7 %
16	Providing ultrasonography service for pregnant women .	NO	283	70.8 %
		Yes	117	29.2 %

Table (3): Assessment of the health education for the pregnant women

No	Items	NO YES	No.	Percentage
1	Advising light exercises for avoiding congesting blood vessels	NO	89	22.3 %
		Yes	311	77.7 %
2	Advising about diabetes mellitus problems and it's avoidance	NO	34	8.5 %
		Yes	366	91.5 %
3	Advising anemic pregnant women about rich – Iron and protein sources with current medical counseling	NO	24	6 %
		Yes	376	94 %
4	Educating about risks of urinary tract infection and guidance to avoid it	NO	47	11.8 %
		Yes	353	88.2 %
5	Educating about signs and symptoms resulting from unstable blood pressure with checking for the blood pressure continuously	NO	72	18 %
		Yes	328	82 %
6	Educating about avoiding smoking and be far from who smoke	NO	117	29.2 %
		Yes	283	70.8 %
7	Educating about problems of pregnancy and delivery by educational scientific movies	NO	344	86 %
		Yes	56	14 %
8	Advising about family planning	NO	77	19.3 %
		Yes	323	80.7 %
9	Organized visits advised to pregnant women for good health care	NO	81	20.2 %
		Yes	319	79.8 %
10	Educating pregnant women about good nutrition and it's sources	NO	36	9 %
		Yes	364	91 %
11	Educating pregnant women how the breast – feeding is important for both baby and mother	NO	6	1.5 %
		Yes	394	98.5 %
12	Delivery's signs and symptoms educated to pregnant women besides the time when the delivery is necessary at hospital	NO	21	5.2 %
		Yes	379	94.8 %
13	Educating about some signs and symptoms occurs during pregnant period such as edemic – legs	NO	103	25.8 %
		Yes	297	74.2 %

Table (4): Assessment of the risk problems during pregnancy period

No	Items	NO YES	No.	Percentage
51	Educating about side – effects of the drugs that lead to congenital anomaly to the fetus	NO	47	11.8 %
		Yes	353	88.2 %
52	Educating about the risks of the first pregnant	NO	150	37.5 %
		Yes	250	62.5 %
53	Educating about the risks of the sexual diseases	NO	273	68.2 %
		Yes	127	31.8 %
54	Educating about the risk signs such as heavy headache, confused vision elevating in blood pressure	NO	49	12.2 %
		Yes	351	87.8 %
55	Educating about the risk signs such as abdominal pain, fever more than (degree centigrade 38.5)	NO	51	12.8 %
		Yes	349	87.2 %
56	Educating about the risks of bleeding in the early stage of pregnancy and the necessity to hospital referring	NO	48	12 %
		Yes	352	88 %
57	Educating about the risks of bleeding in the late stage of pregnancy	NO	50	12.5 %
		Yes	350	87.5 %
58	Educating about the risks which resulting from chronic diseases such as anemia, blood pressure, diabetes mellitus, urinary tract infection	NO	50	12.5 %
		Yes	350	87.5 %

Table (5): Comparison of the health care services for the pregnant women in the first visit (registration) between the right and left side in Mosul city .

No	Items	NO	Right side		Left side		P – value
		YES	No.	%	No.	%	
1	Biographical data	NO			1	0.5 %	N.S. 1.0
		Yes	200	100 %	199	99.5 %	
2	Past history in childhood	NO	7	3.5 %	55	27.5 %	S. 0.001
		Yes	193	96.5 %	145	72.5 %	
3	Past history of blood, heart diseases, diabetes mellitus, urinary tract infection, pneumonia , convulsion	NO	1	0.5 %	3	1.5 %	N. S. 0.623
		Yes	199	99.5 %	197	98.5 %	
4	Past history of previous surgery or admission to hospital	NO	4	2 %	23	11.5 %	S. 0.001
		Yes	196	98 %	177	88.5 %	
5	Past history of blood sensitivity or blood transfusion	NO	4	2 %	52	26 %	S. 0.001
		Yes	196	98 %	148	74 %	
6	Past history of smoking, alcohol and drugs	NO	10	5 %	62	31 %	S. 0.001
		Yes	190	95 %	138	69 %	
7	Organized menstrual cycle or not	NO	2	1 %	2	1 %	N. S. 1.0
		Yes	198	99 %	198	99 %	
8	Duration of menstrual cycle (in days)	NO	1	0.5 %	2	1 %	N. S. 1.0
		Yes	199	99.5 %	198	99 %	
9	Complications during menstrual cycle	NO	5	2.5 %	45	22.5 %	S. 0.001
		Yes	195	97.5 %	155	77.5 %	
10	Last menstrual period and expected day delivery	NO	2	1 %	26	13 %	S. 0.001
		Yes	198	99 %	174	87 %	
11	Contraception used before conception and which type	NO	5	2.5 %	46	23 %	S. 0.001
		Yes	195	97.5 %	154	77 %	
12	Family history of diabetes mellitus, heart diseases	NO			8	4 %	N. S. 0.007
		Yes	200	100 %	192	96 %	
13	Family history of congenital anomaly or mental retardation	NO	4	2 %	68	34 %	S. 0.001
		Yes	196	98 %	132	66 %	
14	History of twin pregnancy	NO	8	4 %	38	19 %	S. 0.001
		Yes	192	96 %	162	81 %	
15	Age of previous pregnancies	NO	1	0.5 %	27	13.5 %	S. 0.001
		Yes	199	99.5 %	173	86.5 %	
16	How many getting pregnant	NO	1	0.5 %	28	14 %	S. 0.001
		Yes	199	99.5 %	172	86 %	
17	Presence of infertility period before the first pregnant	NO	13	6.5 %	53	26.5 %	S. 0.001
		Yes	187	93.5 %	147	73.5 %	
18	Presence of twin delivery in the family	NO	8	4 %	44	22 %	S. 0.001
		Yes	192	96 %	156	78 %	
19	Complications presented in the previous pregnancies	NO	4	2 %	54	27 %	S. 0.001
		Yes	196	98 %	146	73 %	
20	History of pregnancy, delivery and abortion time	NO	7	3.5 %	55	27.5 %	S. 0.001
		Yes	193	96.5 %	145	72.5 %	
21	History of delivery type	NO	2	1 %	39	19.5 %	S. 0.001
		Yes	198	99 %	161	80.5 %	

DISCUSSION

Table (1) reveals a highly implementation of all aspects of the health care services for the pregnant women in the first visit , also show lack implementation in these services such as (past history , complications during menstrual cycle , presence of infertility period before the first pregnant) as the percentage 89 % in the

implementation of all services. Table (2) shows a good implementation of the health services provided for the pregnant women, also show lack implementation of investigations during pregnancy period for women such as anemia investigation. Table(3) shows a good implementation for the health educational activities which implemented only in 72 %.

Table (4) appears a good implementation for the risk problems during pregnancy, also show the lack educating about the risks of the sexual diseases. Table (5) reveals a significant difference in the past history and other services among the right and left side of Mosul city, as the right side percentage 97 % and the left side percentage 80 % .

The results of analysis show the a highly implementation of all aspects of the health care services for the pregnant woman in the first visit, also indicated lack implementation in these service such as (past history, complications during menstrual cycle, presence of infertility period before the first pregnancy) as the percentage 89% in the implementation of all services. also shows a good implementation of the health services provided for the pregnant woman (Table 1 and 2).The results reveals the health education for the pregnant woman is good implementation of the health educational activities (Table 3).The results of analysis indicates the risk problems during pregnancy period. Also show the lack educating about the risks of the sexual disease (Table 4). The previous study showed that woman in the high and service risk groups had shorter birth interval and risk will reflect its adverse effect on their pregnancy outcome. The woman of high severe risk groups exhibited high parity and this risk variable had another bad effect on pregnancy outcome as proved by a study done in Portugal which stated that, the probability of maternal death at the fifth delivery is three times the probability at second delivery (Zuhair, 2004). WHO reported that 14% of maternal death was caused by abortion and its complication (WHO, 1994).The results of analysis show the a significant difference between the right and left side in Mosul city as the right side percentage 97% and the left side percentage 80% (Table5).The results reveals the significant difference between of the health services and investigations for the pregnant woman between the right and left side in Mosul city (Table 6). It is worth nothing in this previous study that the fraction of abortion in the high and severe risk group woman(103.3%, 293.3%) was higher compared with the risk group(35.7%) regarding caesarean section which plays another risk for pregnancy, although, it is sometimes regarded as a life saving measure but a woman who had previous caesarean section can carry many risks in her future pregnancy. Table (7 and 8) reveals that there was a significant difference between

the implementation of all aspects of the health education program. The results are in agreement with the study by Zuhair (2004) who found that the educational health for pregnant woman reveal significant results.

CONCLUSION

Based on the interpretation and due to the results of the present study, the investigator concluded that present study showed marked good in implementing almost all aspects of the pregnant women health services management. It also concluded there is a difference between the left side services that is provided in and the right side in benefit of left.

RECOMMENDATIONS

In view of the importance of maintaining a good health for this important age group the investigate recommend to establish in special unit in each center modern equipments such as sonar (ultrasonography). The special nurse should be involved as a member of team facilitate learning by providing care and treatment for the pregnant women .

REFERENCES

- ADETokunBo O . & HERBERM. (2003). Public Health, Medicine for the Tropics. Family Health. P.p. 319 – 337.
- Edele Man & Mandle. (2003). Glossary. P.p.769
- Edele man, mandle. (2002).The Family from a Systems Perspective, Health Promotion Throughout the Lifespan. P.p. 171 – 175.
- LADEWiG. (2000). Exercise and Pregnancy. (6th Ed.). Maternal newborn nursing family and community, Based approach. P.p. 254 – 298.
- MARCiA Stanhope & RuTH. (2001). Community Health Nursing Practice. Standard of care. P.p. 37.
- W.H.O. (1995). Maternal Anthropometry and Pregnancy Outcome. W.H.O. Collaborative study. Gevea. 73 (supple). 71 – 98.
- W.H.O. (1997). International Digest of Health Legislation. Franc, Granchmprol. 48, No.1, 23.
- W.H.O.,Unicef and ICCIDD. (1993). Global Prevalence of Iodine Deficiency Disorder. Micronutrient deficiency information system. W.H.O. P.p. 1: 30.
- Zuhair Yamama A. (2004). Introduction, Effectiveness of an Educational Program on Nurse Knowledge in Antenatal Care. MSc Thesis. P.p.1