



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 8.4
IJAR 2021; 7(6): 83-85
www.allresearchjournal.com
Received: 14-04-2021
Accepted: 21-05-2021

G Sathiyabama

Assistant Professor,
Department of Obstetrics and
Gynaecological Nursing,
Saveetha College of Nursing,
SIMATS, Chennai, Tamil
Nadu, India

Manusha G

B.Sc. Nursing, Department of
Obstetrics and Gynaecological
Nursing, Saveetha College of
Nursing, SIMATS, Chennai,
Tamil Nadu, India

Corresponding Author:

Manusha G

B.Sc. Nursing, Department of
Obstetrics and Gynaecological
Nursing, Saveetha College of
Nursing, SIMATS, Chennai,
Tamil Nadu, India

Utilization of antenatal care services during COVID-19 among antenatal women: An descriptive study

G Sathiyabama and Manusha G

Abstract

The novel coronavirus (COVID-19) is an infectious disease caused by a newly discovered coronavirus. COVID-19 pandemic has had a disastrous impact at the health care delivery system, of particularly pregnancy associated healthcare. This study aims to assess the utilization of the antenatal care services during COVID-19. This is a cross-sectional study conducted among 60 antenatal women. A quantitative descriptive research design was used in this study. A simple random technique was used self-structured questionnaire the data was collected. The results of the survey showed that approximately the above table 2 shows that 30 (50%) had moderately utilized, 21 (35%) were inadequate utilized and 9 (15%) were adequate utilized antenatal care services. The demographic variable $P < 0.05$, was statistically significant correlation, at the level of knowledge about utilization level. The influencing variables are not statistically significant. This is related to the level of utilization of antenatal care services during COVID-19 among antenatal mothers.

Keywords: Antenatal care, utilization, coronavirus disease, antenatal mother

Introduction

The novel coronavirus may be a virus inflicting disease, usually referred to as COVID-19 1st noted in December month 2019 in Wuhan, China, and has since then unfold to countries within the world [1]. The corona virus, that causes coronavirus illness (COVID-19), has unfold apace since rising in late 2019, and additionally the who declared the illness a world-wide pandemic on march 11, 2020 [2]. More than 818k confirmed cases and 797k recovered and 12,122 deaths and were reported globally as of January 2021 in Tamil Nadu. Totals in India total cases 10.3m and recovered 9.88m and deaths 149k [3]. the world health organization classifies maternal health services into antepartum care (ANC), delivery services and postpartum care, as essential health services to continue throughout the COVID-19 pandemics [4, 5]. Post-natal care is additionally referred to as antenatal care, is a form of preventive health care. Traditional prenatal care in high - earnings nations normally is composed of; month-to-month visits at some point of the primary trimesters (from the first week to the 28 week) fortnightly visits from the 28th week to the 36th week of pregnancy [6, 7] studies conducted in numerous countries according that maternal age, variety of living kids, instructional standing, place of residence, occupation, religion, socio economic standing, and former medicine history were factors considerably related to the utilization of antepartum care service [8].

Timing of ANC visits

1st visits/registration - Timing of ANC visits first visits/enlistment - the principal visit or enrollment of a pregnant lady for ANC should happen when the pregnancy is suspected. Each lady in the regenerative age gathering ought to be urge to visit her wellbeing supplier on the off chance that she accepts she is pregnant. Preferably, the principal visit should happen inside 12 weeks second visit - somewhere in the range of 14 and 26 weeks third visit - somewhere in the range of 14 and 26 weeks [9].

Major goals of ANC square measure to

- Promote and maintain the physical, mental, social health of mother and baby by providing education on nutrition, personal hygiene, and organic process.

- Detect and manage complications throughout maternity, whether or not medical, surgical, or obstetrical.
- Develop birth readiness and complication readiness plan.
- Help prepare mother to give with success, expertise traditional period, and take excellent care of the kid physically, psychologically, and socially [10]. A few investigations have shown that ladies who began ANC participation early and went to regularly were bound to be helped during labour by a gifted participation contrasted with the individuals who started ANC late and went to just couple of visits [11, 12]. Late or no ANC has been represented to be connected with vulnerable outcomes for mother and undeveloped organism like less than ideal birth, really birth [13] low birth weight, and extended troubles during pregnancy and labour [14].

Methods and Material

A cross-sectional study was conducted at the selected community area in thirumazhisai using quantitative methods of descriptive research design. A simple random technique is used to select 60 samples. The aim of the study is to assess the utilization of antenatal care services during COVID-19 in antenatal mothers. The data collection period was carried out with prior permission of the village head and obtained ethical approval (SIMAT) from the agency. Determine the purpose of the sample survey and obtain written informed consent for the sample. A self-structured survey questionnaire was used. The characteristics of the sample are described by frequency and percentage. Chi-square test is used to assess the level of utilization with selected demographic variables.

Results and Discussion

$P < 0.05$, S -is significant, NS is not significant. <0.05 , there is a statistically significant correlation, at the level of knowledge about utilization level p , level and the other demographic variables had not shown statistically significantly correlation. The main purposes of the study to assess the utilization of antenatal care services during COVID-19. A total of 60 samples were selected through a simple random technique. Compared with antenatal mother with adequately and inadequately utilized, it has been observed that moderately utilized has a greater antenatal care services during COVID-19 than antenatal mothers.

Table 1: Shows that 30 (50%) had moderately utilized, 21 (35%) were inadequate utilized and 9 (15%) were adequate utilized antenatal care services

Level of knowledge	No.	%
Inadequately Utilized (<50%)	21	35.0
Moderately Utilized (50 - 75%)	30	50.0
Adequately Utilized (>75%)	9	15.0

The present study shows that 30 (50%) had moderately utilized, 21 (35%) were inadequate utilized and 9 (15%) were adequate utilized antenatal care services.

Table 2: The mean score of knowledge about utilization of antenatal care services was 8.53 with standard deviation 2.53 with minimum score of 4.0 and maximum score of 13.0

Knowledge	Mean
Minimum Score	4.00
Maximum Score	13.00
Mean	8.53
Standard Deviation	2.53

The present study depicts that the mean score of knowledge about utilization of antenatal care services was 8.53 with standard deviation 2.53 with minimum score of 4.0 and maximum score of 13.0

Conclusion

The findings of the present study revealed that, during this COVID-19 pandemic the pregnant women were moderately utilized the antenatal care services. Encouraging the mother to come for regular antenatal check-up and encouraging women’s educational status and improving the quality of ANC should be emphasised more.

References

1. Rasmussen SA, Smulian JC, Lednický JA, Wen TS, Jamieson DJ. Coronavirus Disease 2019 (COVID-19) and Pregnancy: What obstetricians need to know. American journal of obstetrics and gynecology 2020, 415-426.
2. Riley T, Sully E, Ahmed Z, Biddlecom A. Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low-and middle-income countries. Int Perspect Sex Reprod Health 2020;46:46. doi:10.1363/46e9020
3. Worldometer. Coronavirus update COVID-19 21 June 2020? WHO/Regional office 2020. Available from: <https://www.afro.who.int/news/update-COVID-19-21-june-2020>
4. Tolu LB, Jeldu WG. Guidelines and best practice recommendations on reproductive health services provision amid COVID-19 pandemic: Scoping review. Available on <https://www.researchsquare.com/article/rs-25322/v1> Accessed: 23 Sept 2020.
5. Dashraath P, Jeslyn WJ, Karen LM, Min LL, Sarah L, Biswas A *et al.* Coronavirus disease 2019 (COVID-19) pandemic and pregnancy. American journal of obstetrics and gynecology 2020. Doi: 10.1016/j.ajog.2020.03.021. pmid:32217113
6. Prenatal Care US National Library of Medicine 2012.
7. Definition of Prenatal care. Medicine Net, Inc 2011.
8. Erkihun Tadesse Antenatal Care Service Utilization of Pregnant Women Attending Antenatal Care in Public Hospitals During the COVID-19 Pandemic Period. Int J Womens Health 2020;12:1181-1188. Published online 2020 Dec 8. doi: 10.2147/IJWH.S287534.
10. Guidelines for antenatal care and skilled attendance at birth by ANMs/IHVs/SNS.
11. Merkatz IR, Tharpson JE, Walsh LV. History of prenatal care, in New Perspectives on Prenatal Care, I. R. Merkatz and J. E. Tharpson, Eds., Elsevier, New York, NY, USA 1990, 9-30.
12. Gross K, Alba S, Glass TR, Schellenberg JA, Obrist B. Timing of antenatal care for adolescent and adult pregnant women in south-eastern Tanzania. BMC Pregnancy Childbirth 2012;12(1):16. doi:10.1186/1471-2393-12-16.
13. Beeckman K, Louckx F, Masuy-Stroobant G, Downe S, Putman K. The development and application of a new tool to assess the adequacy of the content and timing of antenatal care. BMC Health Serv Res 2011;11(1):213. doi:10.1186/1472-6963-11-21.
14. Beauclair R, Petro G, Myer L. The association between timing of initiation of antenatal care and stillbirths: a retrospective cohort study of pregnant women in Cape

- Town, South Africa. *BMC Pregnancy Childbirth* 2014;14(1):204. doi:10.1186/1471-2393-14-20.
15. Heaman M, Newburn-Cook C, Green C, Elliott L, Helewa M. Inadequate prenatal care and its association with adverse pregnancy outcomes: a comparison of indices. *BMC Pregnancy Childbirth* 2008;8(1):15. doi:10.1186/1471-2393-8-15.