

# A Descriptive Study was Undertaken to Gain Insight into the Knowledge Base of Expectant Mother's Attending Antenatal OPD at a Selected Hospital in the State of Uttar Pradesh

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**Abstract:-** An important first step in protecting mother and child health is prenatal care. When it is widely available, efficient, and accessible, antenatal care is a critical component in determining health since it is highly connected with favorable mother and newborn outcomes. However, it must always be the appropriate dosage—neither too much nor too little—for care to be effective. Perinatal outcomes vary between and within countries, raising questions regarding practices, the use of the best data in clinical decisions, and the accessibility of clear, current guidance. The purpose of the study was to gauge pregnant women who were visiting the prenatal OPD at a chosen hospital in Greater Noida's understanding of antenatal care. The study's goals were to determine the degree of prenatal care knowledge among expectant mothers and the correlations between antenatal care knowledge among expectant mothers and particular demographic factors. The survey was non-experimental and descriptive. The research included 124 mothers in total. Using structured knowledge questionnaires to gather data, the study was carried out among expectant women who visited the prenatal OPD at a chosen hospital in Greater Noida. The SPSS16 program was used to conduct descriptive and inferential statistical analysis on the collected data. The majority of expectant moms (47.6%), according to the study's findings, were between the ages of 24 and 29. The majority of expectant mothers (65.3%) Age range for marriage: 21 to 26. The majority of expectant mothers (29.8%) had husbands with a graduate degree at most. Mothers had a 10th-grade education or above, and more than (50%) of them had LMP between August and October. Additionally, more than (37.1%) of them experienced EDD between September and November. exceeding 55.6% Mother lived in a semi-urban location,

worked as a housewife, and her family's annual income was between \$10,000 and \$50,000. Most mothers had access to healthcare through a private hospital, with the majority of pregnant women (40.3%) having a gestational age between 4 and 13 weeks. 39.5% of moms were in their first trimester, with 43.5% of them using their own means of transportation to go to the hospital. Pregnant women who had prior knowledge of prenatal care made up 58.4% of the population. The research's findings indicate that only 35.4% of expectant women had great understanding of prenatal care, 38.7% had moderate knowledge, and 25.8% had inadequate knowledge. The demographic parameters (wife's education, mother's education, LMP, EDD residence area, gestation week, healthcare institution, and trimester) and awareness of prenatal care were significantly correlated. The only demographic characteristics that did not link with awareness of prenatal care were age in year, age at marriage, method of transportation, and the source of prior information.

**Keywords:** Antenatal care, knowledge and antenatal mother

## ➤ Objective

- To determine how well-informed pregnant women are about prenatal care.
- To ascertain the relationship between pregnant women's awareness of prenatal care and certain demographic factors.

## I. INTRODUCTION

Prenatal healthcare is continual medical attention that begins before conception and continues through the delivery of the baby and the postpartum period. Delivering a single, healthy child at term (38 to 42 weeks) when the fetus weighs 2.5 kg, or more is the main goal of prenatal treatment. Prenatal care has a significant role in the reduction of maternal and prenatal morbidity and mortality as well as the avoidance of complications.<sup>1</sup>

When it is widely available, efficient, and accessible, antenatal care is a critical component in determining health since it is highly connected with favorable mother and newborn outcomes. However, it must always be the appropriate dosage—neither too much nor too little—for care to be effective. Perinatal outcomes vary between and within countries, raising questions regarding practices, the use of the best data in clinical decisions, and the accessibility of clear, current guidance.<sup>2</sup>

Getting the finest treatment possible throughout the prenatal and postnatal periods of life is a life cycle stage that may be a good factor of health elsewhere on the continuum. A seamless transition from the prenatal to the postnatal period requires early illness identification, optimum treatment and prevention, health promotion, birth preparation, and complication readiness. Women, their babies, and their families need appropriate evidence-based care prior to, during, and after childbirth in accordance with their human rights and sense of dignity. In this study, we provide a broad overview of the prenatal and postnatal care components necessary to provide women with a relaxing and culturally sensitive experience during pregnancy and childbirth. It is challenging to identify the crucial components of prenatal and postnatal care and to provide evidence to back them up without unnecessarily musicalizing practice.<sup>3</sup>

From the views of both the mother and the infant, health literacy has a direct influence on pregnancy.<sup>4</sup> An essential component of a woman's overall health is her understanding of oral health during pregnancy. It may negatively impact pregnancy outcomes and the general health of the unborn

child.<sup>5</sup> Continuous prenatal care services should be offered even in emergency situations like COVID-19 pandemics since antenatal care is essential to preventing maternal, fetal morbidity, and death.<sup>6</sup>

## II. MATERIALS AND METHODS

It is Quantitative For this investigation; a non-experimental descriptive survey methodology was employed. The prenatal OPD, Sharda Hospital, and Greater Noida are where the study was carried out. The approach of convenient sampling was utilized. 124 people made up the sample size. To gauge people's understanding about prenatal care, a systematic knowledge quiz was created. The instrument was split into two sections: Section A: It had seven demographic factors, including age in years and age at marriage. education of the husband, occupation of the mother, family income in LMP and EDD, residence, gestational period in weeks, healthcare facility, and transportation facility origin of prior knowledge Section B: It has 24 questions to gauge pregnant women's understanding of prenatal care.

## III. RESULT AND DISCUSSION

The majority of expectant moms in the current research (47.6%) were between the ages of 24 and 29. The majority of expectant mothers (65.3%) Age range for marriage: 21 to 26. The majority of expectant mothers (29.8%) had husbands with a graduate degree at most. Mothers had a 10th-grade education or above, and more than (50%) of them had LMP between August and October. Additionally, more than (37.1%) of them experienced EDD between September and November. exceeding 55.6% Mother lived in a semi-urban location, worked as a housewife, and her family's annual income varied from \$10,000 to \$50,000. The majority of moms had access to medical treatment through a private hospital, and the majority of pregnant women (40.3%) were between 4 and 13 weeks along. 43.5% of patients, or 76.6%, use their own vehicles to go to the hospital.39.5% of moms were in the first trimester, which lasted from one to three months. 58.4% of expectant mothers had prior awareness of prenatal care.

➤ *Frequency Percentage Table*

**Table 1: Frequency and percentage distribution of socio demographic characteristics of pregnant women**  
N=124

Variables	Options	Frequency (f)	Percentage (%)
Age in Years	18 – 23	29	23.4%
	24 – 29	59	47.6%
	30 – 35	28	22.6%
	35 - 40	8	6.5%
Age at marriage	15 – 20	35	28.2%
	21 – 26	81	65.3%
	27 - 32	8	6.5%
	10 <sup>th</sup> pass	25	20.2%
	12 <sup>th</sup> pass	25	20.2%

<b>Husband's education</b>	Graduate	57	46%
	PG	17	13.75
<b>Mother's education</b>	No formal education	31	25%
	10 <sup>th</sup> pass	37	29.8%
	12 <sup>th</sup> pass	27	21.8%
	Graduate	29	23.4%
<b>Mother's occupation</b>	Housewife	106	85.5%
	Government	13	10.5%
	Private	2	1.6%
	Business	3	2.4%
<b>Family Income</b>	10,000 – 50,000	112	90.3%
	50,001 – 1,00,000	7	5.6%
	1,00,001 – 1,50,000	1	0.8%
	1,50,001 – 2,00,000	4	3.2%
<b>LMP</b>	August – October	62	50%
	November – January	57	46%
	February – April	5	4%
<b>EDD</b>	March – April	29	23.4%
	May – June	19	15.3%
	July – August	30	24.2%
	September - November	46	37.1%
<b>Residential area</b>	Urban	26	21%
	Semi-urban	69	55.6%
	Rural	29	23.4%
<b>Gestation in weeks</b>	4 – 13 weeks	50	40.3%
	14 – 22 weeks	24	19.4%
	23 – 32 weeks	23	18.5%
	33 – 41 weeks	27	21.8%
<b>Health care facility</b>	Government	5	4%
	Private	95	76.6%
	PHC	17	13.7%
	Clinical facility	7	5.6%
<b>Trimester</b>	1 – 3	49	39.5%
	4 – 6	38	30.6%
	7 - 9	37	29.8%
<b>Transportation facility</b>	Self	54	43.5%
	Public	51	41.1%
	Government	19	15.3%
<b>Source of previous knowledge</b>	Yes	68	54.8%
	No	56	45.2%

➤ *Association*

Knowledge of prenatal care significantly correlated with demographic variables such wife's and mother's educational levels, LMP, EDD residential area, gestation week, healthcare facility, and trimester. The only demographic parameters that did not associated with awareness of prenatal care were age at marriage, method of transportation, and source of prior information.  
N=124

**Table 2: Chi Square values showing the association of knowledge regarding antenatal care among pregnant mother with selected demographic variables.**

Variables	Options	Good Knowledge	Average Knowledge	Poor Knowledge	df	X <sup>2</sup>
Age in Years	18 – 23	8	12	9	6	0.48% (S)
	24 – 29	23	19	17		
	30 – 35	10	12	6		
	36 - 40	3	5	0		
Age at marriage	15 – 20	14	16	5	4	0.07% (S)
	21 – 26	25	29	27		
	27 - 32	5	3	0		
Husband's education	10 <sup>th</sup> pass	3	11	11	6	0.00% (NS)
	12 <sup>th</sup> pass	12	7	6		
	Graduate	16	28	13		
	PG	13	2	2		
Mother's education	No formal education	1	13	17	6	0.00% (NS)
	10 <sup>th</sup> pass	13	13	11		
	12 <sup>th</sup> pass	13	12	2		
	Graduate	17	10	2		
Mother's occupation	Housewife	35	42	29	6	0.77% (S)
	Government	6	4	3		
	Private	1	1	0		
	Business	2	1	0		
Family Income	10,000 – 50,000	35	46	31	6	0.08% (S)
	50,001 – 1,00,000	6	1	0		
	1,00,001 – 1,50,000	1	0	0		
	1,50,001 – 2,00,000	2	1	1		
LMP	August – October	33	17	12	4	0.00% (NS)
	November – January	11	30	16		
	February - April	0	1	4		
EDD	March – April	20	5	4	6	0.00% (NS)
	May – June	9	7	3		
	July – August	8	13	9		
	September - November	7	23	16		
Residential area	Urban	11	5	10	4	0.001% (NS)
	Semi – Urban	23	37	9		
	Rural	10	6	13		
Gestation in weeks	4 -13 weeks	11	26	13	6	0.00% (NS)
	14 – 22 weeks	6	11	7		
	23 – 32 weeks	6	7	10		
Variables	Options	Good Knowledge	Average Knowledge	Poor Knowledge	df	X <sup>2</sup>
Health care facility	33 – 41 weeks	21	4	2	6	0.00% (NS)
	Government	2	2	1		
	Private	42	37	16		
	PHC	0	5	12		
	Clinic Facility	0	4	3		
Trimester	1 – 3	15	28	6	4	0.00%
	4 – 6	9	14	15		

	7 - 9	20	6	11		(NS)
Transportation facility	Self	21	20	13	4	0.32% (S)
	Public	22	19	10		
	Government	1	9	9		
Source of previous knowledge	Yes	25	28	15	2	0.57% (S)
	No	19	20	17		

<0.005 level of significance

**TABLE – 3: Frequency and percentage distribution of knowledge of Pregnant mothers regarding antenatal care.**

Level of knowledge	Frequency (f)	Percentage (%)
Excellent knowledge	44	35.4%
Average knowledge	48	38.7%
Poor knowledge	32	25.8%

According to the study's findings, only 35.4% of pregnant women had excellent knowledge of antenatal care, 38.7% had average knowledge, and 25.8% had poor knowledge.

#### IV. CONCLUSION

Only 35.4% of expecting mothers had great understanding of prenatal care, 38.7% had moderate knowledge, and 25.8% had poor knowledge, according to the study's findings. The only demographic factors that did not correlate with knowledge of antenatal care were age in year, age of marriage, mode of transportation, and source of prior information. There was a significant correlation between knowledge of antenatal care and the demographic factors (wife's education, mother's education, LMP, EDD residential area, gestation week, healthcare institution, and trimester). According to the survey, 97 moms had the greatest understanding of prenatal care (78.2%), 81 mothers had the greatest understanding of the significance of antenatal checkups (65.3%), and 101 mothers had the greatest understanding of supplements throughout pregnancy (81.5%). Thirty women know less about weight growth during pregnancy (24.2%) than 16 mothers do about injection tetanus toxoid (12.9%). Thus, it is concluded that pregnant women need to pay particular attention to prenatal care information.

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