

Current Scenario of Birth Preparedness and Complication Readiness

Poonam Ekka

Assistant Professor, Dept. of Obstetrics and Gynecology Nursing, Govt. Nursing College, Kabirdham, India

Abstract: This paper summarizes the current scenario of maternal mortality and morbidity in India, and the value of birth preparedness a complication readiness in reducing maternal mortality and morbidity.

Keywords: Birth preparedness, complication readiness, maternal morbidity, and mortality.

1. Introduction

Pregnancy, and childbirth is a normal physiological process and it should be uneventful. Every mother is psychologically prepared for her newborn and happily plans the future. But due to lack of knowledge, resources, guidance, understanding of the normal physiological changes during pregnancy, low economic status, and rarely because of taboos and social practices, mother omits other important aspects of birth as the decision regarding the birthplace and the questions like were to have birth, who will be assisting, accompanying and treating her, how to reach, arrangement of money, compatible blood etc. Birth preparedness covers complete pregnancy antenatal, intranatal and postnatal period. Any unexpected adverse events, as complications or emergencies, that may occur during pregnancy, childbirth or the immediate postnatal should be alerted and treated on time. Lack of awareness about the warning sign is one the major cause of the obstetrical emergency, many times women don't recognize the warning signs and they don't seek medical help and when they come it's already late, this leads to fetal compromisation.

2. Aim of birth preparedness and complication readiness

To assist women and their families to be adequately prepared for childbirth by making necessary arrangements and how to act in case of complications or unexpected opposing events happen to the woman and/or the baby at any time during pregnancy, childbirth or the early postnatal period. According to UNICEF September 2019 online publication Maternal mortality declined by 38 per cent between 2000 and 2017, but still its needed to be improved.

3. Who consideration

A birth plan/emergency preparedness plan has identified elements:

- The desired place of birth

- Preferred birth attendant
- The most approaching appropriate care facility
- Funds for birth-related and emergency expenses
- Birth companion
- Transport to a health facility for the birth; transport in the case of an obstetric emergency
- Arrangement compatible blood donors in case of emergency
- knowledge about the expected date of delivery.

4. UNICEF Report

According to UNICEF -Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth; 20% of these women are from India. Annually, it is estimated that 44,000 women die due to preventable pregnancy-related causes in India

According to the UNICEF report of 2016, 51% of women in India between the age of 15-49 years suffer from anemia, as pregnancy is already an Iron deficient state due to haemodilution. Decreased level of iron decreases the oxygen-binding capacity of the blood, all these causes adverse consequences of utero-placental insufficiency and intrauterine growth retardation in the fetus.

According to the UNICEF report birth registration in India was 80% in 2016. Antenatal care shows inequity distribution among the rich and poor communities. Antenatal visits of obligatory minimum 4+ visits are 75% among rich and 25% in poor. availability of skilled birth attended is 96% in rich communities and 67% in poor. postnatal care received by rich are 80% and poor 49%, there are other disparities among the two different economic background. women belonging to lower economical section are more detached from the health care facilities.

Table 1
Major Causes of Maternal Death

Cause of death	percentage
Haemorrhage	30%
Hypertension	10%
Sepsis	14%
Abortion	6%
Embolic	2%
Indirect cause	29%
direct	8%
Other	1%

5. NITI Aayog report 2019

Table 2
No. institutional delivery

total	urban	rural
78.9	88.7	75.1

Birth rate	20.4% (2016)
Infant mortality rate	34% (2016)
Maternal mortality ration	93/1000000 live birth (2014-16)

6. Complication readiness

Complication readiness or recognition of warning sign is another important aspect to reduce complicated cases. In Indian rural areas sub centers and PHC are not equipped to deal with complicated cases, and referral can lead to wastage of the crucial time, due to illiteracy and lack of knowledge many women are unable to identify warning signs.

Danger sign during the course of Pregnancy are:

Antenatal Period

- Anemia, breathlessness, excessive nausea and vomiting, high fever, headache, blurring vision, dizziness, convulsion, swelling all over the body, increased frequency of urination.
- Foul smelling discharge with or without labour pain.
- Bleeding from vagina and abnormal discharge.
- Loss of fetal movement for 24 hrs.

Intranatal Period

- Bursting of water bag without labour pain, bleeding from vagina.
- Convulsion, labour pain for more than 12 hours, retained placenta.

Postnatal Period

- Excessive bleeding
- Fever and abdominal pain, difficulty in breathing and breast feeding, foul smelling lochia, breast engorgement, cracked nipple, perineal swelling and infection
- Inability to pass urine, burning micturition,

postpartum mood swing.

7. Health care initiatives

Indian government has launched numerous programs to alleviate maternal health and to reduce maternal mortality rate and ratio.

- Mother and Child Tracking System (MCTS)
- Pradhan Mantri Matritva Vandana Yojana
- Mahatari Jatan Yojana (C.G state)
- 102 Mahatari Express
- Janani suraksh yojna
- Prasav sangini

These are few state wise many programs as been postulated. International agencies like WHO, UNICEF, CARE, FIGO, white ribbon alliances and to name a few there are various health agencies working with government and independently.

8. Conclusion

Though in time maternal mortality and morbidity has reduces still there is significant statistically data of maternal deaths. The gap in knowledge and inequitable distribution of facility is one of the major causes. More elaborate planning and reaching is required to achieve optimal maternal and child health. Birth preparedness and complication readiness of expecting mother can diminish the maternal mortality and morbidity extensively. Especially warning signs should be explained to the mother during antenatal visits and every abnormal event should be notified to the health provider.

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