Evaluation of the Prenatal Care Usage of Mothers Giving Birth at the Ministry of Health, Ankara Etlik Training and Research Hospital of Obstetrics and Gynecology

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Abstract

Objective: The aim of this study was to determine the prenatal care usage of mothers giving birth at the Ministry of Health, Ankara Etlik Training and Research Hospital of Obstetrics and Gynecology, the influencing factors and the mother's knowledge level regarding breastfeeding.

Methods: All mothers giving birth during a 3-month period (n=502) were included in this sectional study. The responses provided to a questionnaire were evaluated with chi-square and t-tests for statistical analysis.

Results: The percentage living in the city center or towns was 96.4% and 53.9% were primary school graduates with 87.1% not working. The rate of consanguineous marriage was 16.3% and this rate was higher in the group of mothers who were primary school graduates or illiterate than high school graduates ($p<0.05$). The number of pregnancies, births and living children was higher in the group with consanguineous marriages ($p<0.05$). When monitoring during the final pregnancy was checked, 95.6% had gone to a physician for a check-up at least once with 53.8% going for 6 or more follow-ups. The mother's breastfeeding knowledge was also evaluated and 95.8 % knew that breastfeeding should start after birth.

Conclusion: In conclusion, it is encouraging that a high percentage of mothers have gone for follow-ups at a health institution at least once during pregnancy. Because only half had an adequate number of follow-ups more emphasis on prenatal care is still needed. The high rate of birth and low educational level in the consanguineous marriage group indicates more should be done for training these women.

Keywords: Prenatal care, consanguineous marriage, breast milk.

Sağlık Bakanlığı Ankara Etlik Doğumevi ve Kadın Hastalıkları Eğitim ve Araştırma Hastanesinde doğum yapan annelerin antenatal bakım hizmetlerinden yararlanma durumunun değerlendirilmesi

Amaç: Bu araştırma, Sağlık Bakanlığı Ankara Etlik Doğumevi ve Kadın Hastalıkları Eğitim ve Araştırma Hastanesinde doğum yapan annelerin doğum öncesi bakım hizmetlerinden yararlanma durumları, bunu etkileyen faktörler ve anne sütü ile beslenme konusundaki bilgilerinin belirlenmesi amacıyla yapılmıştır.

Yöntem: Kesitsel nitelikteki bu çalışmada, üç aylık süre içersinde doğum yapan tüm anneler (n=502) çalışmaya alınmıştır. Annelerin anket formundaki sorulara verdikleri yanıtlar değerlendirmeye alınarak istatistiksel değerlendirmede ki-kare ve student's t-testi kullanılmıştır.

Bulgular: Annelerin % 96.4'ü il merkezi ve ilçelerde yaşamakta olup % 53.9'u ilkokul mezunu ve % 87.1'i çalışmamaktaydı. Akraba evliliği oranı % 16.3 olarak bulundu ve okur yazar olmayan veya 8 yıl altında eğitim alan annelerin akraba evliliği oranı, 8 yıl ve üzerinde eğitim alanlara göre daha fazla idi ($p<0.05$). Ayrıca, akraba evliliği olan annelerin grubunda gebelik sayısı, doğum sayısı ve yaşayan çocuk sayısı daha fazlaydı ($p<0.05$). Son gebelik sırasındaki izlemlerine bakıldığında; % 95.6'sı kontrol amacıyla en az bir kez doktora başvururken, 6 veya üstünde izlemi olanların oranı % 53.8 idi. Annelerin bebek beslenmesi konusundaki bilgileri değerlendirildiğinde; % 95.8'i doğumdan hemen sonra süt vermeye başlanması gerektiğini biliyordu.

Sonuç: Annelerin gebelik sırasında en az bir kez de olsa sağlık kuruluşuna başvurma oranının yüksek olması dikkat çekicidir. Ancak sadece yarısının yeterli sayıda izleminin olması; doğum öncesi izlemin sürdürülmesi için daha çok çaba gösterilmesi gerektiğini düşündürmektedir. Ayrıca, akraba evliliği olan grupta doğurganlık oranının yüksekliği ve eğitim düzeyinin düşüklüğü bu grupta, eğitimle ilgili daha çok çalışma yapılması gerektiğini de düşündürmektedir.

Anahtar Sözcükler: Doğum öncesi bakım, akraba evliliği, anne sütü.

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Introduction

Raising healthy generations is possible by only benefiting enough from healthcare services and that is related to becoming conscious of the community about health. Because the healthcare services' effectiveness is appreciated by the employability of the services that are offered, at first it is necessary that the healthcare services must be employable for everybody.

Existence of the healthcare services and the incidence of usage are decisive in determining the level and the quality of maternity&children welfare services in community.[1]

As the indexes of maternity&children welfare in a country reflect the maternity&children welfare level in the community, they also reflect the country's environmental conditions and the development status very well. That's why the indexes of maternity&children welfare show parallelism with the development status of the countries. Being able to speak of communities' real economic and social developments and composing a healthy society, health problems of the mothers and the children who are the most effected by the risk factors shall be taken in hand firstly and be healed.[1,2]

Because the health situations are not in the desired levels, as many developing countries, maternity&children welfare form one of the important and indispensable subjects of general health problems in our country too." Mother death rate" which is one of the data in reflecting this level, changes from country to country and our country with the rate of 46.7 in one hundred, gets very behind about maternity&children welfare services. The first three reasons of mother deaths; bleedings (30.3%), pregnancy and puerperium toxemias (15.5%) and infections (9.6%) are among the preventable causes by the well-qualified follow-up of the pregnants in prenatal and postnatal periods.[3,4]

Antenatal care (ANC) in the first trimester and continuing with regular periods until the last of pregnancy, appreciating the mother and the fetus' health situations and abrogating the health problems, reduces perinatal, maternal mortality and morbidity. Also with screening tests in the predefined terms, possible pregnancy complications can be determined and can take precautions. Thereby it is provided for mother passing a healthy pregnancy period and having a healthy baby. The babies who are delivered following a healthy pregnancy period and taking care in optimal conditions during the delivery are the basis of the community.[5]

Social structure of the community, the social values relating to found a family which is the smallest unit in community also concern society health closely. For example, when a family is founded, choosing the partner from the same blood relation shipped indivuals, that means inbreeding (consanguineus marriage) is still occurs as an important problem in our country. Consanguineus marriage, increases the incidence of especially the genetic diseases in community and therefore it has to be appreciated as an important factor which effects the society health.[6]

As a conclusion of these realities, at Ankara's province center, in the hospital which the deliveries in Ankara are given by second frequently, this research has planned and applied in the purpose of following-up the mothers' situation of using prenatal care cervices, the factors which effect that, relative marriage incidence and the effect on taking ANC and also discover their information about breastmilk.

Methods

In this cross-sectional qualified research, 502 mothers who have given birth in The Ministry of Health Ankara Training and Research Hospital of Obstetrics and Gynecology since last three months period are included. Questions figured in the predefined polls were asked to these mothers just after births and they were wanted to answer these questions with the face to face questionnaire technic. The questionnaire sample is at the end of this article.

By the questions in this poll, mothers' sociodemographic data, obstetric information and their knowledge about breastmilk are evaluated and beside their situation of benefiting from healthcare services related to their last pregnancy, by examining our hospital's files, information about their follow-up is gathered. While analyzing the data, SPSS 10.0 package software has been used. Comparisons has been done with square and the student's t tests and p value has been accepted as <0.05 for the statistical significance.

Results

Sociodemographic features of the mothers (n= 502) who are taken into the research are shown in Table 1. Their ages vary between 16 and 41, and the average pregnancy number was 2.1+1.4 (interval: 1-10), average delivery number was 1.7+0.9 (interval: 1-10).

The data belong to mothers' second pregnancy are shown in Table 2. 95.4% of the mothers (n= 480) are at least one time, 71.3% of them (n= 358) are 4 times or more and 53.8% of them (n= 270) are 6 times or more than taken medical examination during their pregnancy. Also 94.4% of the mothers have at least one time ultrasonography and 91.4% of them has been found normal. Triple screening tests has been applied to 30.2% of the mothers and risky results have been gained in the 0.6%. Hepatitis B surface antigen (Hbs Ag) examination has done to 574% of the mothers and antigen positiveness has been stated in the 0.6%.

In 25 (5%) of the mothers who don't have any problems before pregnancy, gestational diabetes has been stated and in 38 of them (7.6%), hypertension has been stated.

Relative marriage incidence was 16.3%. The comparison of making a relative marriage (n= 82) and not making a relative marriage (n= 420) are shown in Table 3.

- A statistical significant relation has been stated between the education level of mother and making a relative marriage. While the relative marriage incidence is 19.7% in the group who are uneducated and have taken education under 8 years, this incidence is 10.4% among the ones who have taken 8 years and more education and this difference was significant (p=0.004).
- In the group which has made relative marriages, the average pregnancy number was 2.4+1.4, the delivery number was 2.0+1.9 and the living children number were 1.7+0.9, in the ones who did not make relative marriages the average pregnancy number was 2.0+1.3, the delivery number was 1.7+0.8 and the living children number were 1.5+0.8 and the difference between the groups was significant (in turn; p=0.027, p=0.008, p=0.043).
- There has not been found a statistical difference according to mothers' age, state of business, settling area, the time has passed since the last pregnancy and the follow-up number during the last pregnancy (p=0.043).

When the information of the mothers about the babies' nutrition was investigated, it has been found that the 95.8% knew it has to be started to

Table 1. The sociodemographic features of mothers.

Özellikler	Number	Percent
Age		
• 18 and under	31	6.2
• 19-24	201	40.0
• 25-29	161	32.1
• 30-34	81	16.1
• 35 and above	28	5.6
Marriage term		
• 0-5 years	319	63.6
• 6-10 years	121	24.1
• 11-15 years	48	9.5
• 16-20 years	12	2.4
• 21 years and more	2	0.4
Education level		
• Not literate	9	1.8
• Under 8 years educated	311	61.9
• More than 8 years educated or high school graduate	155	30.9
• Bachelor degree	27	5.4
Mother's state of business		
• Not working	437	87.1
• Unskilled worker	28	5.6
• Technician	9	1.8
• Licence owner	28	5.6
Father's occupation		
• Not working	16	3.1
• Unskilled worker	359	71.5
• Teknisyen	87	17.4
• Licence owner	40	8.0
Settling area		
• Province center	262	52.2
• District	222	44.2
• Village	18	3.6
Time has passed since the last pregnancy		
• Under 2 years	61	22.5
• Above 2 years	211	77.5
• First pregnancy	230	45.8
Living children number	1.6+0.8	(average:1-6)

Table 2. The follow-ups during the last pregnancy.

Follow-up number	n	%
• 0	22	4.4
• 1-5	210	41.8
• 6 or more	270	53.8
Having USG during the pregnancy	474	94.4
Appling screening tests (triple screening test)	152	30.2
Looking up for HBs Ag	288	57.4
Way of giving delivery		
• Normal spontaneous delivery	351	69.9
• Cesarean section (C/S)	151	30.1

Table 3. Comparison between the ones made consanguineous marriage (CM) and did not make CM.

Age		Not make CM (n:420)	Make CM (n:82)	p
• 24 and under	(n:232)	190	42	0.451
• 25-29	(n:161)	140	21	
• 30 and above	(n:109)	90	19	
Education level				
• Uneducated or under 8 years	(n:320)	257	63	**0.004**
• 8 years and more	(n:182)	163	19	
State of business				
• Not working	(n:437)	366	71	0.255
• Working	(n:65)	54	11	
Settling area				
• Province Center	(n:262)	220	42	0.427
• District or village	(n:240)	200	40	
Time has passed since the last pregnancy				
• Under 2 years	(n:61)	49	12	0.129
• Above 2 years	(n:211)	170	41	
• First Pregnancy	(n:230)	201	29	
Follow-up numbers during last pregnancy				
• 0	(n:22)	19	3	0.517
• 1-5	(n:210)	167	41	
• 6 or more	(n:270)	232	38	
Pregnancy number		2.0+1.3	2.4+1.4	**0.027**
Delivery number		1.7+ 0.8	2.0+0.9	**0.008**
Living children number		1.5+0.8	1.7+0.9	**0.043**

nurse just after the delivery and 94% of them knew that giving brestmilk is necessary at least for 4-6 months.

Discussion

Each year, almost 520 thousand women die from problems based on pregnancy. These deaths can occur in prenatal, during delivery or postnatal terms and most of them are preventable reasons. Because of that in addition to the prenatal care, giving delivery in suitable conditions and postnatal care are important too.[5,7,8]

Although pregnancy is a physiological period, because of the pathological circumstances can develop easily, it is important to follow-up in regular periods. ANC is the follow-up of mother and fetus during the whole pregnancy term in regular periods with medical examination and recommendations by educated health personnel. Quality and number of prenatal care follow-up is highly important. World Health Organisation announces that in developing countries, antenatal follow-up 4 times is enough for pregnants who have not any risk factors.[9] In our studies, 71.3% of mothers have gotten antenatal care 4 or more times. The ministry of health made at least 6 times of antenatal follow-up necessary, made arrangements about giving delivery with the help of a health personnel and in healthy conditions and also recommended at least 3 times of follow up during the puerperal period.[10]

It is stated that the 95.4% of mothers who joined our studies have consulted to a hospital at least once during the pregnancy. This percentage is more than the other percentages which have been stated from our country. For example; in last 5 years, incidence of women which gave delivery consulted to a health personnel at least once is found as 81%, depends on Turkey's Population and Health Research data.[11] In a study like this made in Gaziantep, this percentage is reported as 75.9%.[12]

American Academy of Pediatrics and ACOG 1992 (American College of Obstetricians & Gynecologist) recommends at least 6 times of prenatal follow-ups.[7] In our studies percentage of pregnants who had 6 times or more follow-ups has been found as % 53.8.It's seen that this incidence

is also more than the others belong to the previous studies. For example, in a study made in Erzurum, it is stated that the incidence of pregnants who had 6 or more times follow-ups during their pregnancy is 18.7%.[13]

Antenatal care varies from country to country and while this rate is 98% in developed countries it decreases until 68% in developing countries.[14] The region that lived plays an important role in reaching the prenatal care. In Turkey while women living in cities are taking ANC at least one time, this rate is decreases to 65% in women living in rural area.[11] Furthermore, it is reported that there is differences in benefiting from prenatal care according to demographic characteristics. It is determined young mothers are more desirous in taking prenatal care than mothers at 35 age or above. As number of deliveries increases care taking rate decreases. Benefiting from prenatal care increases also with the increase in mother's educational level.[11] But, in our studies, it could not be set a relation between rate of prenatal care and this factors. 80% of mothers included in our study are below 30 years of age therefore, our study group is constituted from young mothers who are having a few number of children. It is considered that this condition can cause that.

Early diagnosing of pregnancies at risk and giving the appropriate care reduces morbidity and mortality of both mother and baby. Blood pressure monitorization, blood and urine analysis are quite important in determining diseases that risking pregnancy and baby such as preeclampsia and gestationel diabetes. It is recommended to make gestational diabetes screening between 24th-28th pregnancy weeks to all of the pregnants.[7,9,14] In our study, gestational diabetes is determined in 5% and hypertension in 7.6% of our patients. It is reported that gestational diabetes incidence varies from 1.2% to 6.5% and hypertension is seen in 5% to 10% of pregnancies in studies performed in different regions of our country.[15, 16]

Ultrasonography is quite important in evaluating the fetus morphology.[7,9] According to data from Turkey's Population and Health Investigation 2003 it is reported that ultrasonography is made at least one time in 91% of mothers taking ANC.[11] It is seen in our study that ultrasonography is made at least for one time during pregnancy period in 94.4% of mothers. It is frequently applied to ultrasonography in higher rates than other diagnose or scan aimed investigations. The reasons for preference of ultrasonographic investigation in higher rates are; family considers ultrasonography as the most important investigation among the others, willingness to learn the sex of baby, doctor's prefer to comfort his patient, feeling himself in confidence and besides those also doctor's aiming to earn money.

In our study, HBs antigen positivity rate is found 1.04% (screening is made on 288 pregnant). This rate is found as 7.3% in a study made previously in Sanlıurfa.[17] Our country takes place in a medium endemic region about Hepatitis B infection. Hepatitis B has a more risk in developing chronicity when taken in the earlier period of life. All pregnant women must be screened routinely because of that reason and passive Hepatitis B Immunoglobuline must be injected and active immunization (Hepatitis B vaccine) must be applicated to newborn delivered from Hbs Ag (+) mothers.[7,9,17]

According to data from Turkey's Population and Health Investigation 2003 average number of live deliveries is 3.5 in women who are at the end of fertility period.[11] In our study average number of children is found (1.6+0.8) and it is lower than the Turkey average. The reason for that lower value can be mothers included in our study were younger and didn't come to the end of fertility period yet.

Rate of consanguineous marriage is above 20%. For example, in our two big cities, in Konya and Istanbul these rates are determined as 23.2% and 24.8% respectively.[6,18] This rate is found lower (16.3%) in our study and it is indicative that consanguineous marriage rates are high in mothers having low education level. Consanguineous marriage is quite important because of linkage of genetic diseases from generation to generation and increase in the number of diseased individuals. Similar rates are preserved in spite of regional differences, consanguineous marriage is related to education and it is seen in high rates in mothers having low education level. Furthermore, in our study, it is seen that fertility rates are higher in consanguineous marriage group in spite of that there is no difference between age averages of two groups. Increased number of delivery, effects directly the health of the mother, in the other side every child added to family will effect the health of the other children indirectly because of his or her effect on distribution of income. Supporting of education of girls who will become mothers in the

future, will show a parallel relationship with the reducing in consanguineous marriages and will be a great step in having a healthy community.

Breastfeeding is the first choice in baby nutrition and can meet all the needs of the baby. Nutrition with mother milk is ideal for babies especially in first months because it ensures adequate growing and important in protection from infections. American Academy of Pediatrics offers breastfeeding up to one year, moreover, offers as longer as breastfeeding as how low is the mother's social and economical level.[19] In the study of Dallar et al it is determined that 90% of mothers are knowing that breastfeeding is a must in first 4 – 6 months.[19] This rate is found high (94%) similarly in our study. Furthermore, it is understood that again in a high rate (95.8%) mothers are having information about the requirement of immediate starting of breastfeeding after delivery. This rate is found 42% in a study made by Cin et al[20] Being high of these rates can be related to fact that mothers are informed about mother milk in our hospital and this continues uninterrupted.

In conclusion, high application rates of mothers to the health institution at least one time during pregnancy is attracting attention. But, it indicates that more effort have to be spent when we consider that only half of the women have adequate followings, benefiting from health services because of social security and majority are residing in city or peripheral towns where hospital are found. Because, decreasing of perinatal and maternal mortality and morbidity can be possible with growing healthy generation; existence of a social security system covering all of the health expenses, giving the easy and easy-reachable health service, increasing the education level and improving the ANC. Additionally, informing the mothers about mother milk and causing them to use is very important in order to make breastfeeding become widespread and continuous.

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Questionnaire Form

A SURVEY ON MOTHERS AND CHILDREN REGARDING MOTHER & CHILD HEALTH

1) No: .....

2) Mother's age : .....

1) 18 years or less 2) 19-24 years 3) 25-29 years 4) 30-34 years 5) 35 years and older

3) Mother's level of education:

1) Illiterate 2) Able to reads and write 3) Primary School 4) Secondary School 5) High School 6) College

4) Place of residence (city/district/village): .....

5) Baby's gender:

1) Girl 2) Boy

6) Mother's profession:

1) Housewife 2) Unqualified employee 3) Technician 4) Employee, holder of bachelor's degree

7) Father's profession:

1) Unemployed 2) Unqualified employee 3) Technician 4) Employee, holder of bachelor's degree

8) Duration of marriage: ..... years

1) 0-5 years 2) 6-10 years 3) 11-15 years 4) 16-20 years 5) 21 years and longer

9) Number of pregnancies: .....

10) Number of deliveries: .....

11) Interval with the last pregnancy: .....

1) First pregnancy 2) Less than 2 years 3) 2 years and longer

12) Number of miscarriages?:.....

13) Number of children?: .....

14) How many times have you been checked during the pregnancy?: .....

1) Never 2) Once 3) 2-3 times 4) 4-5 times 5) 6 times and more

15) Have you been subject to ultrasound examination?:

1) Yes, and the result is normal 2) Yes, and the result is not normal 3) No.

16) Have you been subject to triple test?:

1) Yes, and the result is positive 2) Yes, and the result is negative 3) No

17) Have you develop diabetes mellitus?:

1) Yes 2) No

18) Have you developed hypertension?:

1) Yes 2) No

19) Has HbsAg been examined?:

1) Yes, and the result is positive 2) Yes, and the result is negative 3) No

20) Type of delivery:

1) Normal 2) C/S Weight at delivery : .....gr

21) When should you start breast feeding?: .....

22) For how long should you continue breast feeding?: .....