



International Journal of Multidisciplinary Research and Growth Evaluation



International Journal of Multidisciplinary Research and Growth Evaluation

ISSN: 2582-7138

Received: 28-07-2021; Accepted: 14-08-2021

www.allmultidisciplinaryjournal.com

Volume 2; Issue 4; July-August 2021; Page No. 844-845

Study to assess effectiveness of healthcare on pregnant mothers during Covid-19

G Sathiyabama ¹, Gopika lekshmi ², Manisha ³

Assistant Professor, Saveetha College of Nursing Simaats, Chennai, Tamil Nadu, India

Student, DAV Public School, Chennai, Tamil Nadu, India

Student, Sri Chaitanya School Chennai, Tamil Nadu, India

Corresponding Author: G Sathiyabama

Abstract

We are in an UNFORTUNATE and UNFORGETTABLE part of timeline of world. The novel coronavirus (COVID-19) is an infectious disease caused by a newly discovered coronavirus. COVID-19 pandemic has had a disastrous impact on the maternal delivery system, 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, and a self-structured questionnaire was used to collect the

data. The results of the survey showed that approximately 30 women (50%) had moderately utilized antenatal care services, 21 women (35%) had inadequately utilized antenatal care services and 9 women (15%) had adequately 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: effectiveness, Covid-19, pregnant, healthcare

Introduction

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The novel coronavirus may be a virus inflicting disease, usually referred to as COVID-19. First noted in the December month of 2019 in Wuhan, China, and has since then spread to countries throughout the world ^[1]. The coronavirus, that causes coronavirus illness (COVID-19), has unfolded since rising in late 2019, and additionally those WHO declared the illness a worldwide 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 delivery services, as essential health services to continue throughout the COVID-19 pandemics ^[4, 5]. Post-natal care is additionally referred to as antenatal care. It is a form of preventive health care. Traditional prenatal care in high - earning nations is normally 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 showed 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].

ANC Visits

First Visit/Registration

Timing of ANC visits

1. First visit/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 urged to visit her well-being supplier on the off chance that she accepts she is pregnant. Preferably, the principal visit should happen before 12 weeks of pregnancy
2. Second visit- somewhere in the range of 14 and 26 weeks.

Third visit should also be somewhere in the range of 14 and 26 weeks ^[9].

Our Aim and Objective

- To measure, promote and maintain the physical, mental, social health of mother and baby by providing education on nutrition, personal hygiene, and the organic process.
- Detect and manage complications throughout maternity, whether or not medical, surgical, or obstetrical.
- Develop a birth readiness and complication readiness plan.
- Help prepare the mother to give a successful, expert 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 a 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].

Results

$P < 0.05$, 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 40 (had moderately utilized, 21 (35%) were inadequate utilized and 9 (15%) were adequate utilized antenatal care services

Level of knowledge	Number	%
Inadequately Utilized (<50%)	21	35
Moderately Utilized (50 - 75%)	30	50
50.0 Adequately Utilized (<75%)	9	15

Conclusion

During this undesirable course of prevailing pandemic, the health care of covid affected patients as well covid unaffected patients seems to be challenging, especially when it comes to the case of pregnant women who is waiting to deliver new life safely during this situation, her physical as well as mental health is strongly deviated from a normal pregnant women 2 years ago. According to the studies conducted, it has been concluded that women who use ANC moderately are most likely to utilize the same ANC during the prevailing COVID 19 period. Encouraging the mother to come for regular antenatal check-up and encouraging women's educational status and improving the quality of ANC should be emphasized 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 COVID19 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. 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.
4. 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.
5. 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>
6. 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.
7. 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.
8. 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.
9. 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
10. Prenatal Care US National Library of Medicine, 2012.
11. Merkatz IR, Tharpson JE, Walsh LV. History of prenatal care, in *New Perspectives on Prenatal Care* IR. Merkatz and JE. Tharpson Eds., Elsevier, New York, NY, USA, 1990, 9-30.
12. Guidelines for antenatal care and skilled attendance at birth by ANMs/IHVs/SNS. • Definition of Prenatal care. Medicine Net, Inc 2011.
13. Erkihun Tadesse. Antenatal Care Service Utilization of Pregnant Women Attending Antenatal Care in Public Hospitals during the COVID-19 Pandemic Period.
14. *Int J Womens Health*. 2020; 12:1181-1188. Published online 2020 Dec 8. Doi: 10.2147/IJWH.S287534.