

UTILIZATION OF POSTNATAL CARE SERVICES IN PRIMARY HEALTH CARE CENTERS IN BAGHDAD, 2024

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Abstract

Background: Early Post-Natal Care Services are defined as the care Given to the mother and the newborn baby after childbirth and the first few Weeks after. This time is the most life-threatening time since most maternal and neonatal mortality takes place.

Method and material: A cross-sectional study was conducted, using a systematic random sampling technique. The study population within each PHC will involve all married women of childbearing age who are available at the time of the data collection and have delivered live babies during the last year and have agreed to participate. A questionnaire was developed with closed-ended questions filled through the researcher's interviews with women who attended the PHCs. And it covers all the causes of the visits and the services that are provided to them.

Result: The current study included 400 women who were surveyed for postnatal care visits. The average age of the study group was 27.5 ± 6.8 years. More than half of the included women did, not attend the postnatal care services, most women who attended the postnatal healthcare services (82.2%) had only one visit, and only 11 (5.6%) had three or more visits.

Conclusion: Women's utilization of postnatal care services was relatively low, and the main determinants were the place of receiving antenatal care (especially PHCCs) in addition to women's awareness about PNC services.

Key Words : Post-Natal Care, cross-sectional study, health facility, obstetrical history, Primary healthcare centers.

Introduction: post-natal care (PNC) is defined as care given to the mother and her newborn baby immediately after the birth of the placenta and for the first 42 days of life.

women who give birth in a health facility could be encouraged to stay for at least 24 hours before discharge, this allows the health facility staff to observe the mother and the newborn to ascertain whether the preferred feeding option is established and to make sure any maternal or neonatal complications are detected and managed.

Pregnancy is a crucial time to promote health thus good antenatal care can promote mother and newborn health & link the mother with a formal health system with an increasing chance of using a skilled attendant at birth while inadequate care during this time increases mortality & morbidity of the mother & newborn ⁽¹⁾. If specific risk factors are identified in the baby, the mother and baby should be kept for another two days to enable feeding, warmth, and care for complications. Before discharge, mothers should be advised to bring their newborns back if they notice any danger signs.

Some families have poor access to these services of formal health care systems, PNC should be provided via community providers making routine home visits. Health workers, such as nurse midwives, traditional birth attendants, and community health workers, could be trained to provide PNC during routine home visits to newborns and mothers ⁽²⁾.

Method: The study will be conducted in a random sample of PHCs in Baghdad City using a systematic

random sampling technique. The study population within each PHC involved all married women of childbearing age who are available at the time of the data collection and had delivered live babies during the last year who agreed to participate. The data will be collected by direct interview using a structured pretested questionnaire constructed by the researcher after reviewing available published relevant literature. The supervisor and many experts revised the tool.

Results: The current study included 400 women who were surveyed for postnatal care visits. The average age of the study group was 27.5 ± 6.8 years; 46.3% were in the age group from 20 to 29 years, 37% were in their 4th decade, and only 3.3% were aged 40 years or above. Most of the participants (93.3%) were currently married. Urban residents comprised 79% of the surveyed women, and the education level of a similar percentage was lower than that of college. Housewives comprised 61.3% of the population, while 17% and 15.5% were governmental and private employees. On the other hand, 48.5% of their husbands had completed their college or higher education degrees, and only 7% of the participants' spouses did not work.

The average monthly income was not enough for 60.3% of the women, and the crowding index showed that 70.2% of the women were of moderate socioeconomic and 27.5% were of low socioeconomic families. Table 1

Table 1: Sociodemographic characteristics of the family

| Variables | | N (400) | Percent |
|------------------------|---------------------|---------|---------|
| Age groups | <20 years | 54 | 13.5 |
| | 20 - 29 years | 185 | 46.3 |
| | 30 - 39 years | 148 | 37.0 |
| | >=40 years | 13 | 3.3 |
| Marital status | Married | 373 | 93.3 |
| | Divorced/Widowed | 27 | 6.8 |
| Residency | Urban | 316 | 79.0 |
| | Rural | 84 | 21.0 |
| Education for mother | Less than primary | 36 | 9.0 |
| | Primary school | 97 | 24.3 |
| | Intermediate school | 101 | 25.3 |
| | Secondary school | 80 | 20.0 |
| | College and above | 86 | 21.5 |
| Occupation for mother | Government employed | 68 | 17.0 |
| | Private employed | 25 | 6.3 |
| | Daily laborer | 62 | 15.5 |
| | Housewife | 245 | 61.3 |
| Education for husband | Less than primary | 23 | 5.8 |
| | Primary school | 49 | 12.3 |
| | Intermediate school | 45 | 11.3 |
| | Secondary school | 89 | 22.3 |
| | College and above | 194 | 48.5 |
| Occupation for husband | Government employed | 114 | 28.5 |
| | Private employed | 73 | 18.3 |
| | Daily laborer | 185 | 46.3 |
| | Not working | 28 | 7.0 |

| Variables | | N (400) | Percent |
|------------------------|--------------|---------|---------|
| Average monthly income | Adequate | 159 | 39.8 |
| | Not adequate | 241 | 60.3 |
| Crowding index | <1 | 9 | 2.3 |
| | 1-2 | 281 | 70.2 |
| | >2 | 110 | 27.5 |

The obstetrical history of the surveyed women showed that 60% were multipara, and only 9.5% were grand multipara. More than half of the women stated that their last pregnancy was planned with spouse support, and 33.2% reported that despite their pregnancy being unplanned, there was family support. Antenatal care has been received by 86.5% of the women; 62.5% had four or more visits during their last pregnancy. Private clinics were the most frequent place for antenatal care visits 57.5%, while 35.5% depended on primary healthcare centers to get antenatal care services. The most frequent answer about the mode of delivery for the last pregnancy was cesarean sections (54.0%), assisted delivery in 36.0%, and only 10.0% had expected vaginal delivery. Home delivery was reported in 20.8%, and the complications before or during delivery were recalled by 40.3% of the women; 30.4% of them had excessive bleeding, 23% had infection, and 21.7% had pre-eclampsia. The newborns were males in 60.2%, and the outcome of delivery showed that 2.5% were stillbirths. Table 2.

Table 2: Obstetric characteristics and prenatal history of the woman, N=400

| Variables | | Frequency | Percent |
|---|-------------------------|-----------|---------|
| Parity | Primipara (1) | 122 | 30.5 |
| | Multipara (2 – 4) | 240 | 60.0 |
| | Grand multipara (5+) | 38 | 9.5 |
| Nature of the last pregnancy | Planned and supported | 223 | 55.8 |
| | Unplanned but supported | 133 | 33.2 |
| | Unplanned unsupported | 44 | 11.0 |
| Antenatal care (ANC) | Yes | 346 | 86.5 |
| | No | 54 | 13.5 |
| Number of ANC visit | <4 visits | 130 | 37.5 |
| | >= 4 visits | 216 | 62.5 |
| Where was the ANC | Hospital | 24 | 6.9 |
| | PHC | 123 | 35.5 |
| | Privet clinic | 199 | 57.5 |
| Mode of delivery | Normal vaginal | 40 | 10.0 |
| | Instrumental | 144 | 36.0 |
| | Cesarean section | 216 | 54.0 |
| Place of delivery | Home | 83 | 20.8 |
| | Health institutes | 317 | 79.2 |
| Complications before or during delivery | Yes | 161 | 40.3 |
| | No | 239 | 59.8 |
| Complication type | Excessive bleeding | 49 | 30.4 |
| | Infection | 37 | 23.0 |
| | Pre-eclampsia | 35 | 21.7 |

| Variables | | Frequency | Percent |
|--------------------|------------|-----------|---------|
| Newborn gender | Others | 40 | 24.8 |
| | Male | 241 | 60.2 |
| | Female | 159 | 39.8 |
| Outcome of newborn | Alive | 390 | 97.5 |
| | Stillbirth | 10 | 2.5 |

PHC: Primary healthcare centers

The current study showed that 249 (62.3%) participants were aware of postnatal care services; 61.4% had information from healthcare workers, 27.3% from their families or friends, and 4% from TV and social media. More than half of the included women did, not attend the postnatal care services, and the leading reported cause was a lack of advice to attend the postnatal healthcare service, followed by family refusal at 23.2%, then getting busy with baby and housework at 12.8%. On the other hand, out of 197 women who previously attended postnatal healthcare services, the primary healthcare centers attended by 164 (83.2%), and 23 (11.7%) participated at the private clinics; 116 (58.9%) of the attendees received the service within the first week after delivery; and 70 (35.5%) postponed it to the second week. Most women who attended the postnatal healthcare services (82.2%) had only one visit, and only 11 (5.6%) had three or more visits. Table 3

Table 3: Postnatal history of the study group

| Variables | | N (400). | Percent |
|--|--|-------------|---------|
| Aware of the PNC | Yes | 249 | 62.3 |
| | No | 151 | 37.8 |
| IF YES, source of info. | Health workers | 153 | 61.4 |
| | Family and friends | 68 | 27.3 |
| | TV and social media | 10 | 4.0 |
| | Others | 18 | 7.2 |
| Attend PNC | Yes | 197 | 49.3 |
| | No | 203 | 50.7 |
| Causes of not attending PNC (N=203) | Not being advised to visit PNC | 70 | 34.5 |
| | Husband/other family members refused. | 47 | 23.2 |
| | Busy | 26 | 12.8 |
| | Misconception about PNC | 22 | 10.8 |
| | Sanitation and hygiene levels at the health center are bad | 16 | 7.9 |
| | Long waiting time | 7 | 3.4 |
| | Far PHC > 5 km | 6 | 3.0 |
| | Healthy baby | 3 | 1.5 |
| | Not enough privacy | 3 | 1.5 |
| | Uncooperative healthcare workers | 3 | 1.5 |
| Place of PNC attendance (N=197) | PHC | 164 | 83.2 |
| | Private clinic | 23 | 11.7 |
| | Private hospital | 6 | 3.0 |
| | Public hospital | 4 | 2.0 |

| Variables | | N (400). | Perce nt |
|--|-----------------|-------------|-------------|
| When she attends the PNC (N=197) | Within one week | 116 | 58.9 |
| | Second week | 70 | 35.5 |
| | After two weeks | 11 | 5.6 |
| Number of visits to the PNC (N=197) | 1 | 162 | 82.2 |
| | 2 | 24 | 12.2 |
| | 3 | 7 | 3.6 |
| | 4 | 4 | 2.0 |

Figure 1 illustrates the main reasons that led the women to attend postnatal healthcare: 120 (60.9%) of them came to vaccinate newborn babies, 42 (21.3%) for the removal of stitches, and 22 (11.2%) for a general check-up. In some cases, there are more than one reason for the visit.

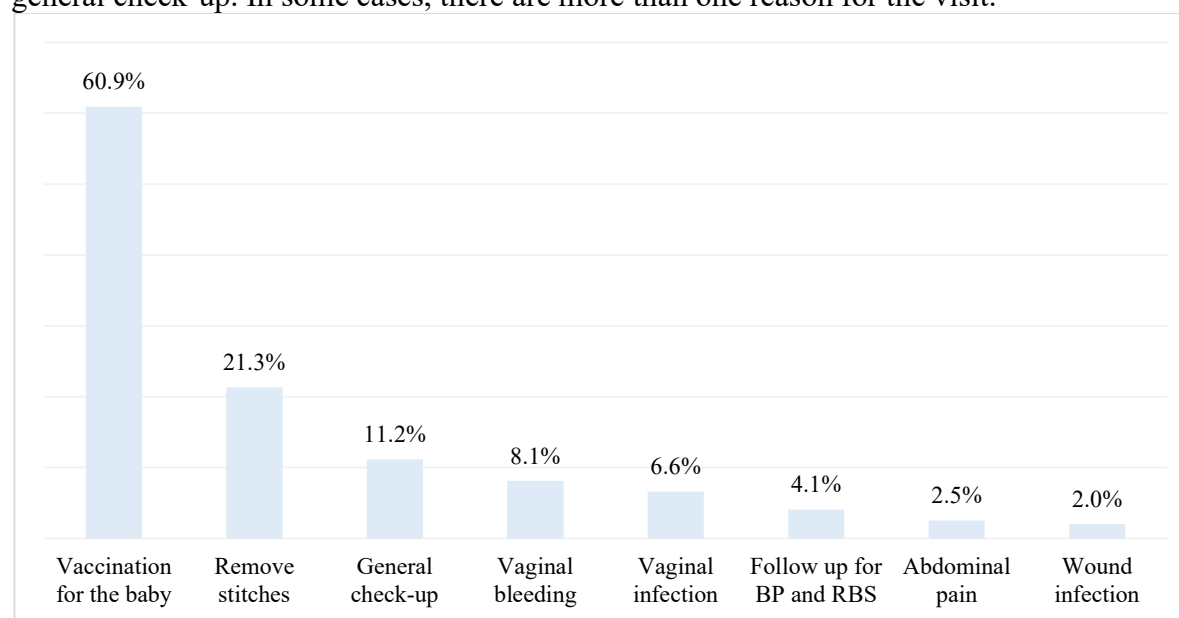


Figure 1:

Reasons for attending the PNC, N=197

Discussion

Utilization of PNC services is influenced by a wide range of variables, such as distance, accessibility, cost, and quality of care, as well as individual attitudes and socioeconomic traits. Furthermore, women may regard the postpartum period less seriously than the actual childbirth, so these variables are rarely ideal ⁽³⁾.

The utilization of PNC among the women in the recent study was 49.3% which is in concordance with a study conducted by Abdulrida et. al. among 228 women attending the primary healthcare centers in Al-Karkh district where less than 50% of them had utilized the postnatal care services ⁽⁴⁾, while a higher percentage of utilizers 65.7% were reported by a study which included 298 women visited another PHCCs in Al-Karkh during 2018. ⁽⁵⁾ In addition, a study conducted among 400 women who attended Six PHCCs in Al-Kufa district, showed that 89.75% of them had utilized the PNC. ⁽⁶⁾ Low PNC utilization was also reported in a study carried out among 328 women in Oman, where only 22% of them utilized the PNC services ⁽⁷⁾, and a study from Egypt, where 34.2% out of 600 women attending PHCs in the Nile Delta. ⁽⁸⁾ In a study recruited 321 women from Sana'a City, Yemen; 45.2% of them had utilized PNC services ⁽⁹⁾. The major reason for low PNC utilization was the unawareness of the

services and the perception that these services are either not important or not beneficial in addition to religious and cultural reasons in these communities.

The parity has been discussed thoroughly in many studies ^(5,6,8) and like the recent study, no significant association has been revealed.

The current study showed that women who had attended antenatal care, especially in the primary healthcare centers have more tendency to attend postnatal care services, this was in concordance with other studies from Iraq (85–87,96), Oman, ⁽⁷⁾ and Egypt ⁽⁸⁾. The attendance of the PHCCs might improve their attitudes toward the services and respond to the healthcare workers' advice about PNC and its importance which was clearly shown in the current study as the PNC utilization highly increased by women's awareness about the services.

Unawareness or lack of advice about PNC was the most frequent reason that women gave for not utilizing it, followed by husbands or other family members' refusal of women going out to the health facility, which is a social and cultural factor, especially in the rural areas in the developing countries. Similar reasons were also listed in studies from Iraq ^(4,6,10), Oman, ⁽⁷⁾, and Egypt. ⁽⁸⁾

In this study, vaccinating newborn babies, removal of cesarean or episiotomy stitches, and general check-ups, were the main reasons that led the women to attend postnatal healthcare. A study included 467 women from Abie state in Nigeria, reported similar reasons for their PNC service attendance, ⁽¹¹⁾ in addition to that several studies ^(8,12,13) highlighted the same reasons as they were the most requested services by the women attending PNC in the PHCCs.

Physical examination, health education and advice about breastfeeding, family planning, dangerous signs and symptoms for the mother and the baby, in addition to baby vaccination routines were the main services reported to be received by the women surveyed in the current study, during their attendance at PNC in PHCCs, which were also reported by other authors in them researches. ^(4,6,8,12,13)

Conclusions

- Women's utilization of postnatal care services was relatively low
- The main determinants were the place of receiving antenatal care (especially PHCCs) in addition to women's awareness about PNC services.
- Most of the barriers to PNC utilization were lack of advice, family and mainly husband refusal for attendance as well as distance, crowding, and sanitation of the health facilities and longtime of waiting to receive the service.

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