

**UTILIZATION OF MATERNAL HEALTH
CARE SERVICES AMONG WOMEN IN
EL-SHIEKH ZAID CITY**

Thesis
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Abstract

Introduction: Maternal health care encompasses the health of women in the childbearing years, including those in the pre-pregnancy period, those who are pregnant, and those who are caring for young children. Antenatal care (ANC) may be broadly defined as encompassing pregnancy- related services provided between conception and the onset of labor with the aim of improving pregnancy outcome and/or the health of the mother and child. **Aim of work:** To measure the utilization of maternal health care services among a sample of Egyptian women in EL-Sheikh Zaid city.

Methodology: Descriptive cross- sectional study was done in which 385 women came to receive service from the EL-Sheikh Zaid primary health care center and was pregnant within one year duration; those women were interviewed by a questionnaire about the following topics: A) Socio-demographic data like the age, work, education, husband's age, work and education, and number of children. B) Antenatal care services provided during the last pregnancy like number of visits, laboratory investigations, health education, clinical examination and problems occurred during pregnancy. C) Natal care services provided during the last labor like mode of delivery, complications and place of delivery. D) Postnatal care services provided. **Results:** Most of the mothers attended the unit for vaccination (65.5%). Most of mothers (81%) received adequate ANC. Only (24%) of mothers had their ANC in the private sector and (34.9%) had their ANC in the primary healthcare unit. Laboratory investigations were done only for (69.9%) of mothers. (80%) of mothers were immunized against Tetanus. The most common health problem occurred during pregnancy was premature contractions, (92.5%) of mothers delivered under supervision of skilled medical team. Only (45.7%) of mothers had postpartum medical counseling.

Key words: Maternal healthcare, Antenatal, postnatal, natal, family planning.

Conclusions:

List of Abbreviations

- 1- APH:** Ante Partum Hemorrhage
- 2-ANC:** Antenatal Care
- 3-BEOC:**Basic Essential Obstetric Care
- 4- B.W:** Body Weight
- 5-CBC:** Complete Blood Count
- 6- COCs:**Combined Oral Contraceptives
- 7-CPR:** ContraceptivePrevalence Rate
- 8- CPD:** Cephalo- Pelvic Disproportion
- 9- C.S:** Caesarean Section
- 10-DM:** Diabetes Mellitus
- 11-DIC:** Disseminated Intra Vascular Coagulation
- 12-DTP:**Diphtheria, Tetanus,Pertussis.
- 13-DVT:** Deep Venous Thrombosis.
- 14-EDHS:** EgyptianDemographic Health Survey

15-FP: Family Planning

16-FHR: Fetal Heart Rate

17-GDG: Guideline Development Group

18-Hb.: Hemoglobin

19- HTN: Hypertension.

20- IUD: Intra Uterine Device

21- IUGR.:Intra Uterine Growth Retardation

22- ICPD: International Conference on Populationand Development

23- I.V: Intra Venous.

24-ICU: IntensiveCare Unit

25-MHCC: Maternal Health Care Centre.

26- MDG:Millennium Development Goals

27-MOHP: Ministry of Health and Population

28- MMR:Measles, Mumps, and Rubella.

29- NICU: Neonatal Intensive Care Unit.

30- NICE:The National Institute for Health and Care Excellence.

31-OAC: Oral Anti-Coagulant drugs

32- Pbm: Peat Ber Minute

33- PIH.: Pregnancy Induced Hypertension

34- PHC: Primary Health Care

35- PPH: Post-Partum Hemorrhage

36-POP: .Progesterone Only Pills.

37- PHCU: Primary Health Care Unit.

38- Rh: Rhesus Factor.

39- ROM.: Rupture Of Membrane

40- STD's: Sexually Transmitted Diseases

41-TT: Tetanus Toxoid

42- Td: Tetanus, Diphtheria.

43- UNICEF: United Nations International Children's Emergency
Fund.

44- UTI: Urinary Tract Infection

45-VDRL: Venereal Disease Research Laboratory test.

46- WHO: World Health Organization.

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Introduction

Maternal health encompasses the health of women in the childbearing years, including those in the pre-pregnancy period, those who are pregnant, and those who are caring for young children (*Makenzei et al, 2005*).

The objective of the maternal care is prevention of maternal morbidity and mortality which can be achieved through healthcare for women before pregnancy, during pregnancy, during and after labor and inter pregnancy period (*Mohammed, 1998*).

Millennium Development Goals (MDG) are relevant to maternal health care. Goal five 5 is to reduce maternal mortality by three-quarters between 1990 and 2015. This is the goal towards which the least progress has been made so far (*Simwaka, 2005*).

The elements of maternal health services, including utilization of:

- Antenatal care;
- Skilled attendance at delivery;
- post natal care (*Tarekegn, 2014*).

The goal of **ANC** is to have healthy pregnancy, clean and safe delivery and to give birth to a full term healthy baby (*MOHP, 2007*).

One of the most important goals of prenatal care is recognizing which women have high-risk pregnancies and triaging these women to appropriate care (*Kontopoulos and Vintzileos, 2004*).

Component of antenatal care includes the following:

1. Registration and record keeping.
2. Periodic examination, including laboratory tests.
3. Risk detection and management.
4. Immunization.
5. Referral as needed.
6. Emotional and psychological support.
7. Health education.
8. Nutrition care.
9. Dental care.
10. Home visiting.
11. Social care. (*MOHP 2007*)

The **MOHP** put some indicators to evaluate the utilization of ANC services at any PHCU to find if there are any barriers or not. One of these indicators is "covering percentage of pregnant females" which must reach 80% and the other indicator is "Mean No. of visits of pregnant females" which must be equal or more than 4 visits. (*MOHP, 2007*)

It is recognized that in addition to a range of interventions before, during and after pregnancy, ensuring that all births are attended by a skilled health worker is a key strategy to reduce maternal deaths. On the basis of historical and observational evidence on the association between having a skilled health worker at delivery and reduced maternal mortality (*Graham et al., 2001*). The proportion of births attended by a skilled health worker, was selected as a proxy measure to monitor the progress towards the MDG 5 target of reducing maternal mortality.

There are sound medical reasons why governments should invest in skilled birth attendants, especially for the time of births. Most maternal and newborn deaths occur around the time of delivery or shortly thereafter. These deaths could be prevented or managed if women had access to a skilled attendant with necessary back-up and support. In fact, there is a reverse correlation between the percentage of births attended by skilled health personnel and maternal mortality ratio in countries of the Region (*Mostafa, 2010*).