



WHAT DO ANTENATAL CARE MEAN FOR A WOMAN WHO HAS HOME BIRTH WITH THE HELP OF UNTRAINED FAMILY MEMBERS?

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ABSTRACT

Antenatal care is essential to prevent both maternal and neonatal deaths. Nonetheless, there is a lack of evidence on antenatal care of women whose childbirths were carried out at home with the help of untrained family members. The purpose of this study was to explore antenatal visits of the women who had unassisted home births. This study used a qualitative research design. The study was conducted in Siak, Kampar and Pelalawan regencies of Riau Province, Indonesia. Around 23 respondents were recruited using purposive sampling. Data were analyzed manually using thematic analysis. The study findings showed that women who had unassisted home births sought antenatal care from private practice midwives. The women did antenatal visits once merely to obtain information about their birth due dates. This study findings give us an understanding of antenatal care of women with unassisted home births. These findings are essential for making appropriate and relevant health policies to improve antenatal coverage in Riau Province, Indonesia.

Keyword : Unassisted home birth, antenatal care, Indonesia

INTRODUCTION

Maternal and neonatal mortalities remain public health issues in most of the low and lower-middle-income countries. Every day in 2017 no less than 810 women died in pregnancy, during delivery, and after delivery [15]. An approximate of 7,000 new-born died every day in 2016, of whom mostly died in the first day and week [16]. One of the global strategies to prevent and reduce these mortalities is antenatal services [2, 6].

Antenatal care (ANC) refers to a set of quality interventions a pregnant woman should receive during pregnancy [12]. The care aims to ensure the mother's and baby's best health conditions and to reduce preventable maternal and perinatal morbidity and mortality. Through ANC a health provider detects and treats pregnancy-related and concurrent diseases, and pregnancy complications. The components of ANC include risk identification, concurrent and pregnancy-related disease prevention and management, and health education and promotion.

Intervention types of ANC include nutritional interventions, maternal and fetal assessment, preventive measures, interventions for common physiological symptoms, and health systems interventions to improve the utilization and quality of ANC. Developed in 1990, ANC used to be a four-visit focused ANC (FANC), however the policy was considered inadequate in facilitating contacts between pregnant woman and health provider. As such, a new health policy is made to encourage a pregnant woman to visit a healthcare provider at least eight ANC visits. They are one visit in the first trimester, two visits in the second trimester, and five visits in the third trimester.

Four-visit ANC policy in Indonesia has been implemented as a strategy to improve facility childbirth and to reduce maternal and neonatal deaths [8]. Since then, ANC and facility childbirth coverage have surpassed their national strategic plans. However, disparity takes place, especially in rural areas of Indonesia. A study carried out in Riau



Province of Indonesia revealed that unassisted homebirth transpired not only with the assistance of traditional birth attendants (TBA) but also with the help of their untrained family members, such as husbands and or parents-in-law [5]. However, little is known about ANC of such the women whose homebirth is with the assistance of untrained family members. This research, therefore, aims to portray the ANC of such women. This study is important to understand such health issues and to help health policymakers formulate a relevant and context-specific health policy critical to improving ANC coverage as well as maternal and neonatal deaths.

MATERIAL AND METHODS

This study was conducted in Kampar, Pelalawan, and Siak regencies of Riau Province, Indonesia. The province surpassed the 2019 targeted strategic plan of four antenatal visits (82.77% of 80%) and showed a continuous increase of postpartum visits (78.68). However, the province failed to achieve the strategic plan of neonatal visit coverage (86.37%) and showed an increased number of its maternal deaths [8].

The study used a qualitative research design using the phenomenology approach. A total of 23 respondents were recruited using purposive sampling. The respondents were eight women who had unassisted home births. For triangulation, we also recruited five husbands and four mothers-in-law who assisted their family members' baby deliveries at home, and six private practice midwives who provided the women with ANC. We excluded the women who sought ANC from TBA, locally called dukun bayi, or untrained relatives.

Before collecting the data, ethical approval was sought from the Ethics Committee of Nursing and Health Research, Faculty of Nursing, University of Riau, Riau Province,

Indonesia (Number 36/UN.19.5.1.8/KEPK.FKp/2020). Written informed-consents were given by all respondents who agreed to participate in the study. In-depth interviews were carried out at the women's houses and the midwives' offices for about 45 to 60 minutes and audio-recorded by the consent of each respondent. In-depth interviews used topic guides interview. A local language translator was brought to help us translate the interviews. All data were analyzed manually using thematic analysis.

RESULTS

Characteristics of respondents

Of eight women who had unassisted home births, two never had any education, four did not complete primary school education, and two completed primary school education. Of their five husbands, three did not complete primary school education, and two had primary school education. Of their four mothers-in-law who assisted their family members' baby deliveries at home, all never had any education. Women, husbands, and parents-in-law lived in the same wooden house in the three regencies. The total monthly family income was around USD 100 to 150 a month. None of the women had health insurance. Four women were primiparae and four women were multiparae. Six private practice midwives had been working for more than five years.

Our analysis showed several themes and subthemes.

Antenatal care

Our study findings showed that while few women did not seek antenatal care, most women we interviewed did it.

Place



All women who sought ANC did an antenatal visit at healthcare facilities. Of available healthcare facilities, the women preferred seeking ANC from private practice midwives. As reported by a woman,

“Before delivering my baby at home, I visited a private practice midwife” (Woman, Pelalawan).

Number of visits

Most women visited healthcare facilities once. Only two women never did an ANC visit. “I visited midwife only once. It was a month before the childbirth” (Woman, Pelalawan)

Reason for doing antenatal visit

Our study revealed that the women’s intention of visiting a midwife was to check a birth due date. The reason was that the women were not sure about their pregnancy months.

“We did not know when the due date was. We needed to check it to a midwife. Midwife could help tell us when my wife would deliver our baby” (Husband, Siak)

“If they came here, it was only to check when their due dates were. Since then, they never came back” (Private practice midwife, Pelalawan).

Other women came to healthcare facilities to check if they were already in the labor stage.

“One woman came to me with an onset of labor of having a regular painful uterine contraction. They came to make sure if they were already in a labor stage” (Private practice midwife, Kampar)

Reason for not complying with the recommended numbers of antenatal visits

Our study revealed that women did not seek antenatal care up to four visits because of the reasons below

Feeling Healthy

Women who did not visit a midwife stated that they were healthy, and thus did not need to check their pregnancies to a midwife.

“I was healthy and my pregnancy was okay. We had no issue. There was no urgency to go to a midwife” (Woman, Siak)

Access to healthcare facilities

The study finding showed that there were obstacles in seeking ANC in a healthcare facility. They were the distance from home to the nearby healthcare facility, transportation, and poor road condition. One mother-in-law stated,

“Health facility was too far from our home. No worries, I had a lot of experiences with my pregnancy and childbirth, I could assist my daughter-in-law with myself” (Mother-in-law, Siak)

“We did not have vehicles to go to a midwife’s office. Road to the office was also bad. It made us lazy to go out to seek a midwife” (Husband, Kampar)

Financial barrier



Our study revealed that the financial barrier was also an issue of seeking ANC from a healthcare provider.

“Seeking a midwife was costly. We had to pay transportation fee and pregnancy check fee. We could use the money for our other important needs” (Husband, Siak)

DISCUSSION

Our study aims to understand ANC among women who had childbirth assisted by untrained family members at home with the assistance of untrained family members, such as husbands and parents-in-law. Our study shows that most women in the community we studied sought antenatal care services from midwives.

Our study reveals that the women seek ANC at a health care facility even though they choose to deliver their babies at home with the help of their untrained family members. One of the reasons for birthing at home with their family members' help was because they trusted their family members more than they did to a TBA [5]. While they had to make contact with someone outside of their family members to talk about their pregnancy and childbirth, they preferred doing it with a midwife. This study is aligned with a study carried out in West Sumatra, Indonesia [1]. The study asserted that women had a preference for their pregnancy check providers. Women who preferred a TBA chose a TBA to check their pregnancy. Our study finding is in contrast to a study carried out by Titaley [10] that asserted to check their pregnancy, women in rural areas in developing countries preferred TBA.

Our study shows that women have only one ANC visit to a healthcare facility. The visit usually transpires when the woman is already in her last trimester. The only reason to visit a

midwife is to get information about the birth due date or labor stage. The women use this information to have childbirth at home with the help of their family members. This study finding is similar to that in Ethiopia where the women started having ANC in their third trimester (16). Also, our study finding supports studies that showed that women who did not receive frequent ANC were less likely to have assisted childbirth at a healthcare facility [3, 4]. Further, another study stated that lack of facility childbirth planning took place because the health care provider failed to communicate consistently with the women about the importance of facility childbirth and postpartum care [11]. As such, this study finding suggests that a midwife should be able to take advantage of contact with women to encourage them to at least come back to visit a midwife immediately after childbirth.

Our study also reveals that feeling healthy, access to healthcare facilities, and financial barriers are reasons for not having more than one ANC visit. All the women we study live in remote rural areas where poor road and transportation exist. All of them have a total monthly family income of around USD 100-150 and none of them have health insurance. This study finding is supported by a study in Tanzania. The study revealed that women who came from rural areas, were poor households, and had low education generally did infrequent ANC [7,9]. Similarly, a study in Ethiopia also showed that proximity to healthcare institutions was a factor that influenced ANC visits (16). Our study finding is also relevant to a study in West Sumatra, Indonesia that stated when accessing ANC, poor women had to walk to a healthcare center and used national health insurance for the poor [1]. The study also stated that most women did not know about pregnancy and its complications. For example, pregnant women who had high blood pressure considered headache as a normal health condition. Similarly, a study in Jordan also found that women's education level plays an important role in affecting ANC utilization [6]. This



study finding suggests that health promotion and education are critical to improving women's knowledge of pregnancy and its possible complications.

Our study has a limit. The study was qualitative research conducted in only three regencies in one of the provinces in Indonesia. As such, the study findings were not generalizable to different contexts and cultures across the country and wider communities.

CONCLUSION

Even though the women in the community we studied had childbirth at home without the assistance of SBA, they sought ANC from SBA at health facilities at least once each. The reason for visiting a midwife during pregnancy was to know due dates. The study findings give us a better understanding of ANC among the women who had homebirth without SBA assistance. This study finding is essential to formulate a relevant health policy that will improve the ANC coverage of women who had unassisted homebirth.

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