

Childbirth: Is Pregnant Woman Prepared in India?

Abra Pearl CT ¹, Nanthini Subbiah²

Abstract

Pregnancy and child birth is a great event in the life of every woman for which she awaits eagerly. But when faced with the reality of labour and child birth, are women able to cope? Are they prepared to face this exciting event in their life? Preparation for child birth should take place in the antenatal period itself. Systematic child birth education helps the woman to integrate herself physically, mentally and emotionally and enables her face childbirth with confidence and come out with a happy child birth experience. Midwives and maternity nurses play a vital role in helping pregnant women to overcome their fears and anxieties about labour and childbirth. Though the Government of India has outlined guidelines and protocols on birth preparedness and complication readiness, are all women really prepared? Does this information and education reach all the pregnant women? Lack of human resource and consistent education materials contribute to this challenge. Placement of well-trained child birth educators and dissemination of standardised educational materials can address this challenge and enable the women in India to be prepared and confidently face child birth.

Child birth is God's gift to mankind. In India, 51 children are born every minute and 73, 787 are born every day (India Population Clock, 2020). Pregnancy and child birth is a great event in the life of every woman for which she aspires with great expectation. She has fantasies about pregnancy and motherhood. But, when confronted with reality, many of them doubt their ability to cope with this great event of life. Child birth is a natural and universal phenomenon. Yet the knowledge of it among average women is haphazard, incomplete or distorted. Women generally have a vague notion that child birth is unbearable pain. This is a result of the tales heard during adolescence or later in life. The information she gets from gossip, media or fiction draws a picture of passive pain to which a woman has to submit in helplessness. A negative attitude during labour causes her entire body to tense up with fear and each contraction becomes a signal of pain and therefore will result in pain. On the other hand, a well-informed, trained woman can have a positive attitude towards birth leading to a smooth and easy labour.

The Ministry of Health and Family Welfare, Government of India (GoI) has formulated various evidence-based guidelines with the focus on the implementation of the best practices to achieve

the SDGs. These guidelines including preparation of pregnant woman for child birth have been disseminated in the public sector health facilities from the primary level (sub centres) to the tertiary level (teaching hospitals) for implementation (Maternal Health Division, 2020). In this article, based on published national and international literature, an attempt has been made to discuss and analyse the current status of preparation of pregnant woman for child birth, and the extent to which the guidelines of Government of India are issued and followed in child birth preparation.

Methodology

A desk review of the published guidelines of the Ministry of Health & Family Welfare, Government of India related to maternal health from the year 2010 to 2020 was conducted. This included the Guidelines for Antenatal Care and Skilled Attendance at Birth, My Safe Motherhood Booklet, Mother and Child Protection Card, Daksh and Dakshata modules, Laqshya guidelines etc. A review of literature related to childbirth preparation in books and published journal articles were done. A total of 8 books and 15 articles were reviewed. Through the review it was found that childbirth education classes positively contribute to the pregnancy, labour and post-partum process. Participation in childbirth preparation classes was associated with successful normal vaginal delivery.

The authors are: 1. Technical Officer, Indian Nursing Council, New Delhi and 2. Professor, Department of CHA, National Institute of Health & Family Welfare, New Delhi.

Child Birth Preparation

Child birth preparation is the provision of information and support to a woman and her partner/family in order to facilitate child birth and enhance their ability to develop and perform their parental role well. Preparation for child birth provides the expectant couple with the means to cope effectively with the stress brought about by the last weeks of pregnancy and the birth of the baby. The objective of child birth education reduces anxiety and fear through the dissemination of accurate information. The methods of child birth preparation involve physical, social and psychological aspects of the woman's health.

Various methods of child birth preparation are outlined in Fig 1. The Bradley method is based on the premise that child birth is a joyful natural process. It stresses the important role of the women's partner support during pregnancy and labour. During pregnancy the woman performs muscle-toning exercises and limits or omits foods that are hazardous. Pain is reduced in labour by abdominal breathing (Bradley, 1996).

The psychosexual method was developed by Sheila Kitzinger. It includes a programme of conscious relaxation and levels of progressive breathing that encourages the woman to flow with rather than struggle against contractions. The Dick-Read method (2012) is based on the premise that fear leads to tension which leads to pain. Breaking the chain can reduce the pain of contractions. The woman achieves relaxation by focusing on abdominal breathing during contractions.

The Lamez method of prepared child birth is

based on gate control theory of pain relief. It focuses on reducing the perception of pain in labour by the use of the mind. Conscious relaxation is taught to deliberately relax the body to relieve tension, muscle strain and fatigue during labour. Controlled breathing at specific rates provides distraction and prevents the diaphragm from descending fully and putting pressure on the expanding uterus. Effleurage, which is light abdominal strokes in a circular motion decreases transmission of sensory stimuli from the abdominal wall, thereby helping to limit local discomfort (Adele, 2009).

Components of Childbirth Preparation

The sessions on child birth preparation helps the pregnant woman to care for herself during the last trimester, the important period for preparation for labour. She has to be educated on nutrition, clothing, travel, rest, physical activity, antenatal visit and foetal monitoring (MoHFW, 2010). In the ninth month, it is essential to educate her on preparation of a separate kit needed for labour which includes clothing for the mother and the baby, items for hygienic care, records and reports of the previous visits and the necessary amount of money that is expected to be spent at the time of delivery. Labour pains may start at any time after the 9th month. Preparing a kit beforehand makes it easier for the mother to seek the health care facility without delay.

She needs to be prepared for delivery imparting the basic facts of how labour starts, progresses and leads to the delivery of the baby. The woman is taught about the nature of labour pains and how to manage it by practicing abdominal breathing, ambulation, back massage, effleurage, music therapy

Bradley method	Psychosexual method	Dick-read method	Lamez method
• (Robert Bradley 1981) • Child birth is a joyful natural process • The women's partner support during pregnancy and labour. • Both the partners should be educated.	• (Sheila Kitzinger 1980) • Teach <i>conscious relaxation</i> and levels of <i>progressive breathing</i>. Encourages the woman to flow with rather than struggle against contractions.	• (Dick-Read 1987) • Fear leads to tension which leads to pain. • Breaking the chain can reduce the pain • Woman achieves relaxation by focusing on <i>abdominal breathing</i> during contractions.	• (Lamez 1950) • Based on gate control theory of pain relief, reduces the perception of pain. • Techniques - <i>birth companion, conscious relaxation, controlled breathing and effleurage</i>

Fig 1: Different methods of child birth education.

etc. (Konar, 2019). The woman needs to be informed to choose a birth companion who would support her during the labor process. The birth companion is also to be encouraged to take part in the child birth preparation classes. The presence of a well-prepared birth companion makes a huge difference in the psychological well-being of the woman in labour and enhances the process of delivery (Berlington, et al, 2020).

Benefits of Child Birth Preparation

Pain during labour is considered to be the most unbearable, excruciating form of pain. In reality, it is a severe pain, its perception can be reduced by performing certain exercises during labour such as controlled breathing, effleurage and focussed imagery taught during the sessions for child birth preparation so that the woman will familiarise with it and perform it during labour. A pregnant woman who is well prepared will be able to face child birth with confidence and many of the preventable complications can be identified early and can be prevented.

The benefit of child birth education is that the woman learns to integrate the physical, emotional and mental dimensions to remain focused and in control during labour (Fig 2). This enables her to concentrate well so that the physical aspect of pain

does not overwhelm her and thus have a happy and satisfied child birth experience. On the other hand, if the mother is not well prepared, during labour she will not be able to integrate herself and hence the physical aspect of pain over takes and she will have a painful, unhappy and fearful experience. Child birth preparation thus helps to reduce anxiety and adverse pregnancy outcome such as caesarean sections due to anxiety in nulliparous women.

Child birth Preparation in India

Government of India initiative to promote physical, social and psychological aspects of the woman's health, early registration of every pregnant woman is emphasised. Every pregnant woman receives an individual Mother and Child Protection (MCP) card, which is tracked. The health volunteer, ASHA in each village is trained to be a liaison between the woman and the health care system.

Every pregnant woman is advised to pay at least 4 visits to the antenatal clinic. During each such visit, along with the routine assessment, investigations and care, the woman is given antenatal counselling according to the trimester to which she belongs. In the antenatal waiting area, information posters are displayed in the regional language. Educational videos are broadcasted in the antenatal waiting area so that the women

and their relatives are given relevant information. In the last trimester, the pregnant woman is educated on birth preparedness and complication readiness. A micro birth plan is made which includes the identification of place of birth and a skilled birth attendant, identification and arrangement for transport, identification of support people and blood donors if required. The woman is taught to recognise the signs of onset of labour and to come to the health facility if she has any of the signs. The woman and the family are taught about recognition of the danger signs. If she has any danger signs such as bleeding, severe headache with blurred vision, convulsions, decreased or absent foetal movements, severe continuous abdominal pain, epigastric pain she is asked to come to the nearest first referral unit immediately. The ASHA accompanies the woman to the health facility.

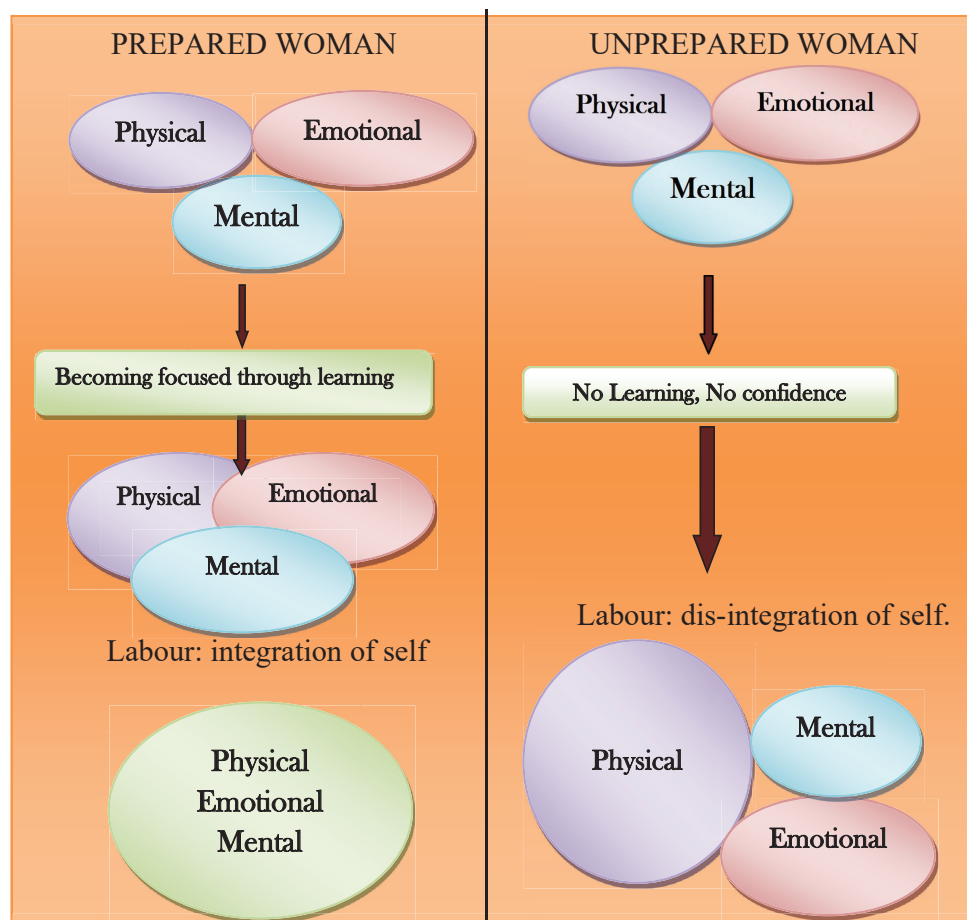


Fig 2: Result of child birth preparation.

As per the policy, during labour the woman is advised to be accompanied by a birth companion of her choice. The role of the birth companion is to psychologically support the woman during labour. If the labour room is a shared one, only female companions are encouraged to be with the woman. The Guidelines on midwifery services in India (2018) emphasise midwives to provide respectful maternity care for women and promote physiological birthing. Laqshya initiative (2017) emphasizes the standardisation and improving the quality of the labor rooms in India (National Health Mission, 2017).

Results

Women are given basic information during their antenatal visits. Posters with regard to birth preparedness are displayed. But the extent to which this information are retained and practiced by women is uncertain. Due to lack of human resource in the health facility, all women and their families are not given adequate time for one-to-one antenatal counselling. The information about birth preparedness and complication readiness is passed on and a micro birth plan is also made. But the mother is not taught what to expect during labour, the pain management techniques, partner support, physical care and psychological preparation for labour. In reality, the woman is not confident and goes through a difficult labour process (Hassanzadeh et al, 2019). Thus child birth, which ought to be a joyful experience, becomes a painful one for women.

Discussion

Preparation of a pregnant woman for child birth is an important component of maternity care. David Yohai, Debi Alharar, Ruthi Cohen et al conducted a cross sectional study to identify the effectiveness of attending parental childbirth preparedness course on labour duration and outcome. They used the state-trait anxiety inventory score to diagnose anxiety which was significantly lower in women who had participated in the childbirth preparation course compared with the control group. The first stage and the entire duration of the labour were also significantly shorter. They concluded that the knowledge acquired during the child birth preparation classes has a positive labour outcome (Yohai et al, 2015). A case control study to evaluate the impact of childbirth education classes on adaptation to pregnancy process was conducted by Gul Pinar, Filiz Avsar and Filiz Aslantekin in Turkey with a sample size of 132 primiparous women. They found that the women in the experimental group had lower concerns about birth, faster adaptation to pregnancy, higher knowledge and were also able to give a positive feedback about the labour pain. They concluded that childbirth education classes positively contribute to the pregnancy, labour and post-partum process (Pinar

et al, 2018). In a retrospective study by Ohad Gluck et al, who reviewed the medical records of nulliparous women, found that participation in childbirth preparation classes was associated with successful normal vaginal delivery and has a positive pregnancy outcome (Ohad et al, 2020).

Though few systematic birth preparation classes available in the private sector in India, the vast majority of child bearing women are devoid of this facility. The NFHS-4 (2015-2016) data show that only 79% antenatal women in India have at least one visit and only 51 percent complete the four visits as recommended by the GoI during the antenatal period. Out of total women who attend the antenatal clinic, only a few receive relevant information. It is vital that women and their families are counselled and educated well during the antenatal period itself.

Moreover, in the cross-sectional observational study conducted by the ICMR-UNFPA task force on labour and delivery monitoring patterns in facility births across five districts of India, it was observed that there was a deficiency in monitoring of the general physical well-being of women during labour at all levels of health care. [19] When monitoring during intrapartum period in health facilities is in itself a challenge in India, it is evident that these women are not well prepared for childbirth and not cared for meticulously.

Recommendation

Based on the review, it is recommended that evidence-based education materials [20] including the onset and progress of labour, what to expect during labour, what to do, what not to do, how to manage pain during labour, relaxation techniques, abdominal breathing, ambulation, positioning, back massage, efflorage, using birthing balls etc need to be prepared and disseminated. The staff in the antenatal care area must be efficiently trained to provide correct and factual information to women. A designated room or area with a dedicated staff to educate women for child birth should be made available. Child birth educators who are specially trained can be placed for effective implementation of services. The woman in the last trimester can be taken a virtual tour of the labour room and shown videos on the labour process and its effective management. The positive birth experiences of women who have delivered can be recorded and shared to boost up the confidence of the pregnant mother. Women with anxiety towards labour can be supported with extra care and counselling.

Conclusion

The process of child birth becomes pleasant and memorable if the woman is well prepared to face

childbirth confidently. This facilitates physiologic birthing and avoids unnecessary medical interventions that may lead to complications. It is the responsibility of every midwife to provide an enjoyable child birth experience to all mothers she cares for. Good knowledge on child birth preparation goes a long way in reducing complications in child birth thereby indirectly reducing maternal and new born mortality and morbidity.

References

1. Indian Population Clock. [cited Nov 2020] Available from: https://www.medindia.net/patients/calculators/pop_clock.asp.
2. Maternal Health Division. Ministry of Health and Family Welfare. Government of India. Guidelines for antenatal care and skilled attendance at birth by ANMs/ LHV/ SNs. New Delhi: April 2010, p 26-38 Available from: https://nhm.gov.in/images/pdf/programmes/maternalhealth/guidelines/sba_guidelines_for_skilled_attendance_at_birth.pdf. DOA : June 18, 2020
3. Maternal Health Division. Ministry of Health and Family Welfare. Government of India. My safe motherhood booklet. New Delhi: 2010.p 2-23. Available from: https://nhm.gov.in/images/pdf/programmes/maternalhealth/guidelines/my_safe_motherhood_booklet_english.pdf. DOA: June 18, 2020
4. Maternal Health Division. Ministry of Health and Family Welfare. Government of India. Dakshata Empowering providers for improved MNH care during institutional deliveries. New Delhi: April 2015.p.38-42, 79-82. Available from: <https://nhm.gov.in/index1.php?lang=1&level=4&sub-linkid=854&lid=453> DOA: June 18 2020
5. Bradley Robert A. Husband–Coached Child birth. 4th edn, New York: Harper Collins;1996
6. Kitzinger, Sheila. Pregnancy and Child Birth. 2nd edn, New York: Penguin; 1980
7. Dick Reed G. Child Birth without Fear: The Principles and Practice of Natural Childbirth 4th edn, London: Pinter & Martin; 2012
8. Pillitteri Adele. Maternal and Child Health Nursing: Care of the Childbearing and Childrearing Family. 6th edn, Philadelphia: Lippincott Williams & Wilkins Publications; 2009
9. Hiralal Konar. DC Dutta's Textbook of Obstetrics. 9th edn, New Delhi: JP Brothers Medical Publishers; 2017, p 112-116
10. Berlington M J Munkhondya, Tiwonge Ethel Munkhondya, Ellen Chirwa, Honghong Wang. Efficacy of companion-integrated childbirth preparation for childbirth fear, self-efficacy, and maternal support in primigravid women in Malawi. *BMC Pregnancy and Childbirth* [Internet] 2020 Jan ; 20 (48). Available from <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-019-2717-5>. DOA: Sep 22 2020
11. Dickason Elizabeth Jean. Maternal–Infant Nursing Care. Philadelphia: Mosby Publication; 2003
12. Ministry of Health and Family Welfare. Government of India. Guidelines on Midwifery Services in India. New Delhi: 2018. Available from: https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/MH/Guidelines/Guidelines_on_Midwifery_Services_in_India.pdf. DOA: June 18, 2020
13. National Health Mission. Ministry of Health and Family Welfare. Government of India LAQSHYA Labour room Quality Improvement Initiative. New Delhi: 2017. Available from: https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCH_MH_Guidelines/LaQshya-Guidelines.pdf. DOA : June 18 2020
14. Hassanzadeh Robab, Fatemeh Abbas-Alizadeh, Shahla Meedya, et al. Assessment of childbirth preparation classes: a parallel convergent mixed study. *Reproductive health*. [Internet] 2019 Nov; 16(160). Available from: <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-019-0826-2> . DOA: Sep 22, 2020
15. David Yohai, Debi Alharar, Ruthi Cohen, et al. The effect of attending a prenatal childbirth preparation course on labour duration and outcomes. *Journal of Perinatal Medicine*. [Internet] 2017 Feb; 46(1). DOI: <https://doi.org/10.1515/jpm-2016-0345>. DOA: Sep 22, 2020
16. Gul Pinar, Filiz Avsar, Filiz Aslantekin. Evaluation of the Impact of Childbirth education classes in Turkey on Adaptation to Pregnancy Process, Concerns about birth, Rate of Vaginal Birth, and Adaptation to Maternity: A Case-Control Study. *Clin Nurs Res*. [Internet] 2018 Mar; 27: 315-42. DOI: 10.1177/1054773816682331. DOA: Sep 22, 2020
17. Ohad Gluck, Tally Pinchas-Cohen, Zvia Hiaev, et al. The impact of child birth education classes on delivery outcome. *International Journal of Gynecology and Obstetrics* [Internet] 2020 Jan. DOI: 10.1002/ijgo.13016. DOA: Sep 30 2020
18. UNICEF. Maternal and Newborn Coverage [internet webpage]. Available from <https://data.unicef.org/topic/maternal-health/antenatal-care/>
19. Singh Shalini, Jyotika A Kashyap, Nomita Chandhiok, et al. Labour & delivery monitoring patterns in facility births across five districts of India: A cross-sectional observational study. *Indian J Med Res*. [Internet] 2018 Sep. 148(3) p. 309-316. Available from doi: 10.4103/ijmr.IJMR_103_18. DOA: Nov 12 2020.
20. Precilla D'Silva, Aileen Mathias. Effectiveness of PTP on childbirth preparation regarding childbirth practice during labor among primigravid women. *Muller Journal of Medical Sciences and Research* [Internet] 2016 Jan; 7 (1): 13-16 DOI: 10.4103/0975-9727.174606. DOA : Sep 15, 2020
21. Madhavanprabhakaran Girija Kalayil, D'Souza Melba Sheila, Nairy Karkada Subrahmanya. Effectiveness of childbirth education on nulliparous women's knowledge of childbirth preparation, pregnancy anxiety and pregnancy outcomes. *Nursing and Midwifery Studies*. [Internet] 2017. 6(1). Available from: <http://eprints.kaums.ac.ir/2726/1/Effectiveness%20of%20Childbirth.pdf>. DOA: Sep 15, 2020
22. World Health Organization. WHO Recommendations on Intrapartum Care for a Positive Childbirth Experience. Geneva; 2018. Available from: <https://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/>

