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ANTENATAL CARE DEFECTS

Abduraimova G.A., Bekbaulieva G.N., Razzakova N.S.

Tashkent Medical Academy

Abstract Over the past two decades, in the health care system of Uzbekistan, in orders, clinical protocols and recommendations for doctors regulating the work of inpatient obstetric care, the program of modern technology for effective perinatal care (EPC) has been reflected. For the successful implementation of this program, it is necessary to carry out a set of measures by the primary health care service to prepare pregnant women for childbirth.

Keywords: hildbirth, defects, antenatal

The aim of the work is to study the awareness and preparedness of pregnant women about the issues of the course of pregnancy and childbirth.

Materials and research methods. We have developed a special questionnaire to identify factors affecting patient satisfaction with antenatal care, which was adapted from the WHO questionnaire. A total of 1348 pregnant women who were on the "D" registration for pregnancy in the family polyclinic No. 30 in Tashkent for 2016-2018 were studied.

Results and discussion. The age of the examined pregnant women averaged 27.9 ± 0.13 years. The bulk (more than $\frac{2}{3}$) were women aged 20-29 years ($67.2 \pm 1.6\%$), which corresponds to the optimal age of childbirth. Every fifth woman was between the ages of 30-34, only $6.6 \pm 1.4\%$ of women were older than 35, and even fewer were young, under the age of 20 ($3.9 \pm 2.7\%$).

We have studied in detail the satisfaction of pregnant women with the antenatal care provided to them. The overwhelming majority of respondents ($86.8 \pm 0.9\%$) are satisfied with antenatal observation by their obstetrician-gynecologist. At the same time, $13.2 \pm 0.9\%$ of the respondents were not satisfied with the work of an obstetrician-gynecologist. Describing in more detail the quality of antenatal care in points, $76.9 \pm 1.1\%$ of all respondents rated it as "good", $17.1 \pm 1.0\%$ as "excellent",

and only $6.0 \pm 0.6\%$ as "satisfactorily". We analyzed the reasons for the dissatisfaction of the surveyed women with the services of a gynecologist. Thus, $44.8 \pm 3.8\%$ of them answered that the doctor does not provide information about the course and physiology of pregnancy, childbirth and the postpartum period, $24.7 \pm 3.2\%$ noted that the doctor is rude and does not know how to communicate, $22.5 \pm 3.1\%$ indicated that the doctor was inattentive and not responsible, and $8.4 \pm 2.1\%$ answered that the doctor was not competent, not qualified.

Considering that almost half ($44.8 \pm 3.8\%$) of unsatisfied respondents do not receive information about the course and physiology of pregnancy, childbirth and the postpartum period from the local obstetrician-gynecologist, we studied what information they receive depending on their satisfaction with medical service. To do this, all respondents were divided into 2 groups: group 1 included pregnant women who were satisfied with the medical care of the district obstetrician-gynecologist, and group 2 included those who were not satisfied with their service.

As the analysis has shown, the overwhelming majority of all respondents ($87.8 \pm 0.9\%$) received any information about their state of health, including only $54.6 \pm 1.4\%$ received enough information. Moreover, every ninth woman ($11.1 \pm 0.8\%$) indicated that she had no information about her health status. It should be noted that the respondents from the 1st group more often pointed to the sufficiency of the information received ($56.9 \pm 1.4\%$), while the women of the 2nd group more often received insufficient information ($44.9 \pm 3.7\%$).

As a positive point, it should be noted that the overwhelming majority ($89.5 \pm 0.8\%$) of pregnant women receive enough information about labor. At the same time, every fourth woman in group 2 ($25.8 \pm 3.3\%$) believes that she receives insufficient information from an obstetrician-gynecologist, in contrast to pregnant women in group 1 ($7.5 \pm 0.8\%$). A similar situation is observed with regard to women's awareness of breastfeeding.

In order to clarify the continuity in the work of the primary care and obstetric complex and the preparation of pregnant women for childbirth, the awareness of pregnant women on the elements of effective perinatal technologies was studied. The

level of information provided turned out to be insufficient, in particular, about partner childbirth - in $74.3 \pm 1.2\%$, about a free position - in $57.1 \pm 1.3\%$, about choosing a free position - in $85.1 \pm 1.0\%$ and about the vertical position in childbirth - in $85.0 \pm 1.0\%$, on the joint stay of the mother and the child - in $88.9 \pm 0.9\%$, and from $0.7 \pm 0.2\%$ to $33.1 \pm 1.3\%$ have no information about them.

With a detailed assessment of the amount of information received from the district obstetrician-gynecologist on effective perinatal care, depending on the satisfaction (group 1) and dissatisfaction (group 2) of pregnant women with medical services, the following data were obtained. It turned out that pregnant women in group 1 were almost 4 times more likely (26.4%) considered the information provided by the doctor about partner births sufficient than women in group 2 (7.7%). Women in group 1 (70.8%) had information about the free position of a woman in labor during childbirth almost 2 times more often than women in group 2 (41.7%). Moreover, more than half of women in group 2 (57.8%) did not know anything about this issue.

Women in the 2nd group ($14.6 \pm 2.6\%$ each) did not have information about the free choice of position and the vertical position during childbirth significantly more often than women in the 1st group ($4.1 \pm 0.5\%$ and $0.9 \pm 0.3\%$, respectively), $p < 0.001$. The level of information on the benefits of coexistence between mother and child after childbirth in both groups does not differ significantly.

Thus, pregnant women were still not sufficiently informed about the elements of modern perinatal technologies.

At the same time, it can be noted that the overwhelming majority of the interviewed pregnant women are aware of possible complications of pregnancy. Thus, $95.1 \pm 0.6\%$ of respondents from group 1 and $87.1 \pm 2.5\%$ from group 2 were informed about an increase in blood pressure and its consequences; about bleeding $94.4 \pm 0.7\%$ and $83.7 \pm 2.5\%$, respectively; $91.6 \pm 0.8\%$ and $81.5 \pm 2.9\%$, respectively, were aware of the discharge of amniotic fluid, $95.0 \pm 0.6\%$ and $85.4 \pm 2.6\%$, respectively, of dizziness and loss of consciousness, respectively. A slightly smaller number of women are aware of fever - $83.0 \pm 1.1\%$ and $73.0 \pm 3.3\%$ (Fig. 1).

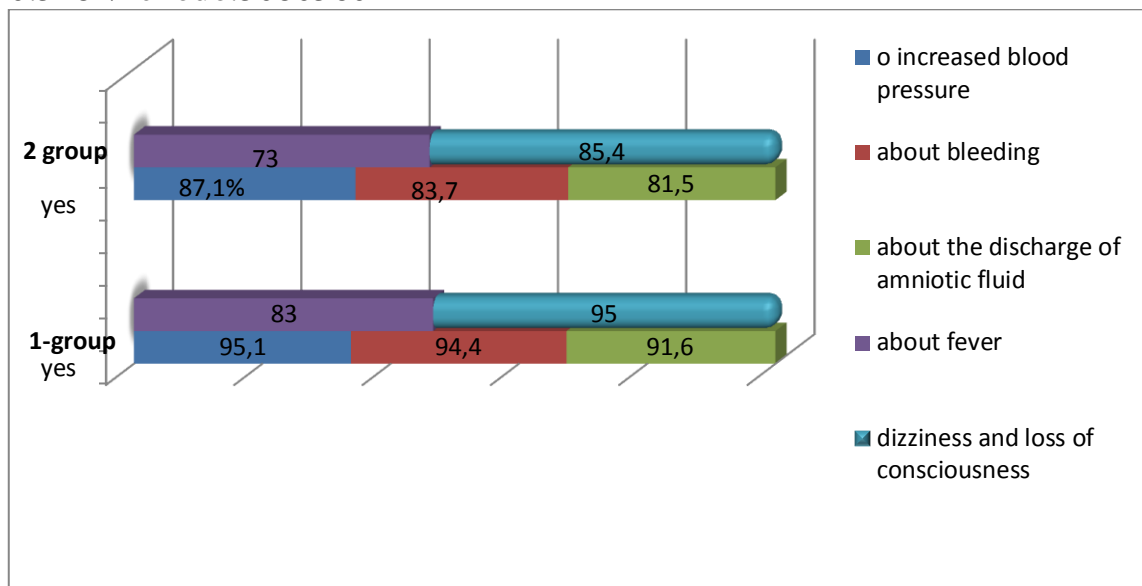


Figure 1. Awareness of respondents about possible complications of pregnancy (in%).

When preparing pregnant women for childbirth, the obstetrician must carry out a number of activities: inform the pregnant woman about the course of labor and her behavior in different periods of childbirth, conduct psycho-preventive preparation for childbirth, teach motherhood at the school, draw up a home card for the pregnant woman and teach her how to manage it.

The education of pregnant women at the motherhood school is of great importance. In this regard, they were asked the question: "Did the doctor suggest visiting a motherhood school during pregnancy?" It is alarming that none of the respondents answered "Yes" to this question, and $77.1 \pm 1.2\%$ of the women surveyed from group 1 and $73.4 \pm 3.3\%$ from group 2 answered "No", and $22.9 \pm 1.2\%$ - from group 1 and $26.6 \pm 3.3\%$ from group 2 indicated that it was the first time to hear about such a school.

In addition, according to the respondents, only $34.2 \pm 1.3\%$ received psychoprophylactic preparation for childbirth, and the remaining two-thirds did not receive it. At the same time, $80.7 \pm 2.9\%$ of pregnant women in group 2 (not satisfied with medical care) and $37 \pm 1.4\%$ in group 1 (satisfied with medical care) did not undergo psychoprophylactic preparation for childbirth. Given the lack of such

information, it draws attention to the fact that $82.3 \pm 1.8\%$ of pregnant women who have gone through and $80.2 \pm 1.3\%$ who have not undergone psychoprophylaxis experience fear of childbirth in the majority.

Conclusions. Thus, the analysis of the preparation of pregnant women for childbirth in the primary care revealed:

1. Insufficient prenatal preparation of pregnant women for childbirth in modern conditions requires the improvement of the antenatal service.

2. It is alarming that the "School of motherhood" practically does not work.

3. Psychoprophylactic preparation for childbirth is carried out, is inadequate, in connection with which 81.3% of pregnant women experience fear of childbirth.