

CHAPTER-02

A STUDY TO DETERMINE THE EXPERIENCE OF REPRODUCTIVE AGE WOMEN TOWARDS BIRTHING AND THEIR PERCEPTION & KNOWLEDGE TOWARDS NURSE-MIDWIVES IN DELHI, INDIA

¹Keshav Nautiyal

¹Student, IIHMR University

²Dr. J.P. Singh

²Professor, IIHMR University

DOI: <https://doi.org/10.52458/9788197040849.2024.eb.ch-02>

Ch.Id:- IIHMR/GRF/EB/THMPG/2024/Ch-02

INTRODUCTION

A woman's childbirth experience leaves a lasting impact on her life, and ensuring quality healthcare during this crucial time is essential for upholding women's fundamental human rights. When women encounter mistreatment or receive inadequate healthcare services during childbirth, their rights are violated. In India, maternal mortality serves as a meaningful metric for assessing the quality of healthcare for women. Research indicates that a significant proportion of deliveries in India occur at home without the presence of skilled practitioners or healthcare providers. The World Health Organization (WHO) and the International Confederation of Midwives (ICM) define midwives as professionals who offer skilled, knowledgeable, and compassionate care to women, newborns, and families throughout the entire continuum of reproductive health, from pre-pregnancy to the early weeks of life [1].

Implementing a midwifery-based model of care has the potential to substantially reduce maternal mortality rates. Furthermore, this model can alleviate the burden of excessive hospitalization, providing significant relief to gynecologists and obstetricians in both public and private healthcare facilities. India boasts a workforce of over two million nurse-midwives, including approximately 900,000 Auxiliary Nurse Midwives (ANMs). Recognizing its exemplary leadership in midwifery, the Indian government has committed to recruiting an additional 85,000 midwives by 2023, supplementing the existing workforce. Midwives serve as trusted companions for women throughout pregnancy, childbirth, and the postpartum phase, playing a crucial role in ensuring safe pregnancies and positive maternal experiences [2].

The government's emphasis on expanding the midwifery workforce aligns with the recognition that safe and effective midwifery care has the potential to prevent a significant portion—83 percent—of maternal deaths, stillbirths, and infant fatalities. Unfortunately, each year sees 35,000 maternal deaths, 272,000 stillbirths, and 562,000 infant deaths in India during the perinatal period. Underscoring the vital role of midwifery care, these statistics highlight the imperative need for comprehensive and accessible midwifery services in the country [3].

RESEARCH AIM

This study aims to explore the birthing experiences of reproductive age women in Delhi, India, and investigate their knowledge, perceptions, and attitudes towards nurse-midwives.

RESEARCH QUESTION

What were the childbirth experiences of women in Delhi, India, and what are their insights and opinions regarding nurse-midwives?

RESEARCH OBJECTIVES

1. To evaluate the childbirth experiences of women within the reproductive age group.
2. To examine the knowledge and perceptions of women in the reproductive age group regarding nurse-midwives in India.

RESEARCH METHODOLOGY

The study employed a descriptive cross-sectional design, utilizing a quantitative research method to investigate the childbirth experiences and perceptions of nurse-midwives among women in New Delhi, India. The research was conducted online, and a purposive sampling approach was applied to select 50 women of reproductive age who had given birth in a health facility within the twelve months preceding data collection. The primary data was gathered through a pre-designed self-administered questionnaire (SAQ), administered via an online survey. Data analysis involved the use of percentage and average methods, with qualitative variables examined through frequency or percentage. Cross tabulation using Pivot Tables was employed to explore associations between qualitative variables. All data, including survey responses, was imported from the Google Form, and entered into Microsoft Excel for analysis. Ethical considerations included voluntary participation, ensuring the privacy and anonymity of research participants throughout the survey process.

RESULT & DISCUSSION

The demographic profile of the research group, comprising 50 women in New Delhi, India. The majority fell within the 20-25 age range (62%), with the subsequent 25-30 age group representing 20%. Educational diversity was observed, with 34% having no formal schooling and 16% holding a bachelor's degree. Employment-wise, 76% were unemployed, and 68% belonged to an extended or joint family structure. 66% of the women delivered in public healthcare facilities, while 34% opted for private healthcare facilities. The majority sought consultations with obstetricians or gynecologists during pregnancy (66%), yet 66% reported a lack of respectful maternity care during childbirth. Furthermore, 76% expressed dissatisfaction with their birthing experience, and 66% underwent a caesarean section. Postpartum complications were prevalent, affecting 46% of women, with 22% experiencing excessive bleeding and 28% encountering infections. Husbands or partners accompanied 68% of women during labor, and 42% reported mistreatment during childbirth.

The knowledge about nurse-midwives, uncovering that only 20% of women were aware of their existence. Misconceptions regarding their roles persisted, as 80% were unaware that nurse-midwives provide maternal and newborn healthcare, and 82% did not know about their ability to prescribe medications and order tests. Only 44% believed nurse-midwives could alleviate the burden on obstetricians and gynecologists, while 54% doubted their level of education. the 20-25 age group experienced more postpartum complications, and within this age group, more women were accompanied by their husbands during labor. Educational background correlated with the place of delivery, with higher education levels favoring private healthcare facilities.

CONCLUSION

The research reveals that the highest participation was from women aged 20-25, constituting 65% of the study sample. Despite a higher level of education and affiliation with joint or extended families, the majority of women preferred public healthcare facilities (66%) over private ones (34%) for childbirth. This preference suggests a positive

perception of the public healthcare infrastructure and services in Delhi, although the rate of normal deliveries remains low at 34%. Notably, a considerable number of women, 66%, sought regular consultations with gynecologists or obstetricians. The overall birthing experience was unsatisfactory for many women, possibly due to a perceived lack of dignity, respect, and expected care during childbirth. The prevalence of caesarean sections was high, accounting for 66% of deliveries, even among women under specialized care. Postpartum complications were notably diagnosed at the young age group of 20-25, affecting 46% of women and leading to issues like excessive bleeding, infections, and postpartum anemia. Instances of complications were more prominent among those who delivered in private healthcare facilities. The study also highlighted a substantial presence of husbands or partners, particularly in the 20-25 age group (42%), emphasizing the perceived need for emotional and physical support during labor. Additionally, the research underscores a limited awareness (20%) among women in Delhi regarding nurse-midwives, with 66% mistakenly associating them with traditional birth attendants (village dais).

REFERENCES

1. Vora, K. S., Mavalankar, D. V., Ramani, K. V., Upadhyaya, M., Sharma, B., Iyengar, S., ... & Iyengar, K. (2009). Maternal health situation in India: a case study. *Journal of health, population, and nutrition*, 27(2), 184.
2. Gooda, W. K., Ahmed, A. R., Mohamed, S. M., & Mohammed, A. F. (2020). Effect of Nursing Care Guideline on nurses knowledge and practice about pregnant women suffering from heart disease. *Egyptian Journal of Health Care*, 11(3), 163-184.
3. Mavalankar, D., Raman, P. S., & Vora, K. (2011). Midwives of India: missing in action. *Midwifery*, 27(5), 700-706.