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The Birth Preparation For A Pregnant Women's at the level of Maternal and child health centers (MCHC).

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ABSTRACT

this study aimed to describe a birth preparation for a pregnant women at the level of maternal and child health center (MCHC), within Proximity Public Health Establishment (PPHE of Medea). So a questionnaire intended for the (50) pregnant women who are distributed over (02) polyclinics. The results of the study were significant and diversified according to the hypotheses and confirm the results of a pre-survey carried out at the level of these (MCHC) which reveals the absence of knowledge about preparation for birth in 80% of pregnant women who attend these centers.

Keywords: Birth preparation - The pregnancy – Midwifery- Antenatal Care.

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INTRODUCTION:

The expectation and arrival of a child are singular and unforgettable events in the life of a couple. This intense experience, a source of happiness, constitutes rare and precious fundamental moments; it is also a moment of questioning, of upheaval, of realities to be accepted: some births are sometimes very different from what the parents had imagined.

As early as the 1950s, there was a desire to prepare pregnant women for childbirth. First of all, centered on the management of pain, preparation for birth has continued to evolve to best meet the needs of pregnant women. It will thus extend to other areas: the psychological aspect, the place of the father, the active participation of the parents gradually takes on their importance. We go from preparing for birth to preparing for parenthood.

In 2005, the High Authority of Health (HAH) published recommendations for professional practice concerning the birth preparation program. At present, the woman must be able to find the privileged interlocutor to guide and reassure her, a space where she will express her fears and anxieties. These recommendations concerning all the professionals involved in perinatal are likely to intervene in a coordinated manner around women or couples in the antenatal period; and especially midwives.

(Haute autorité de la santé, 2006, p. 13)

At **MCHC** level; midwives have an essential role in the care of pregnant women in terms of preparation for birth and parenthood.

Therefore, the objective of this study too is to reveal the reality of birth preparation in order to identify the importance of the birth preparation program at the level of MCHC.

1. PROBLEMATIC:

Historically, birth and parenthood preparation (BPP) has focused on pain management. She is currently focusing on support of the woman and the couple by promoting their active participation in the project of birth.

The good progress of the pregnancy and the well-being of the child depend on a follow-up medical supplemented by preparation for birth and parenthood, the objective of which is overall aim is to contribute to improving the state of health of pregnant women, mothers and newborns through an educational and

preventive approach. The parent-child relationship disorders could be prevented by early attention brought to pregnant women, the implementation of assistance and support, activation of professionals around families and through Coherence of actions in continuity from the antenatal period to the postnatal period .

The World Health Organization (WHO) envisions a world where “every pregnant woman and newborn receives quality care throughout the pregnancy, childbirth and the postnatal period”. However, approximately 303 000 women and adolescent girls died as a result of pregnancy and childbirth-related complications in 2015. Around 99% of maternal deaths occur in low-resource settings and most can be prevented.

Similarly, approximately 2.6 million babies were stillborn in 2015, also mainly in low-resource settings. Nevertheless, there is evidence that effective interventions exist at reasonable cost for the prevention or treatment of virtually all life-threatening maternal complications, and almost two thirds of the global maternal and neonatal disease burden could be alleviated through optimal adaptation and uptake of existing research findings.

Antenatal care (ANC) can be defined as the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. The components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion.

ANC reduces maternal and perinatal morbidity and mortality both directly, through detection and treatment of pregnancy-related complications, and indirectly, through the identification of women and girls at increased risk of developing complications during labour and delivery, thus ensuring referral to an appropriate level of care. (Organization, 2016, p. 19)

However, in 2003, "preparation for birth" was attended by only 66.6% of primiparous women and 24.9% of multiparous women. These numbers have changed little since the 1998 survey: half of women expecting their first child participate sessions and more than two-thirds of women who have already had a child do not want not attend these sessions. In the 2003 survey, an estimate of well-being psychological analysis of women showed that 9.1% of women felt quite bad and hurt during their pregnancy. Among these women, only 12.4% say they have received the help of a professional, psychiatrist or psychologist. (Haute autorité de la santé, 2006, p. 13)

Pregnancy and childbirth are times of great upheaval emotions such as fears, doubts, mental images such as memories and unresolved wounds come to the surface.

A good preparation will allow the pregnant woman to develop her confidence in her ability to give birth according to a natural physiological process and will have a positive impact on the experience of pregnancy and/or the birth experience. (Haute autorité de santé, 2006, p. 5)

According to the The World Health Organization (WHO), Maternal and Child Health (MCH) is the set of technical, administrative, social and economic measures that aim to preserve the health of mothers and children by ensuring their harmonious development as close as possible to normal.

The World Health Organization (WHO) completes this definition by the fact that maternal and child health encompasses all care: promotion, prevention as well as treatment and rehabilitation (mother and child). (Organisation mondiale de la Santé, 2004, p. 5)

At the level of the Maternal and Child Health Center (MCHC); midwives have an essential role in the care of pregnant women in terms of preparation for birth and parenthood. (Blott, 2010, p. 13).

Preparation for birth and parenthood seeks to develop the skills of couples and encourage them to reflect on pregnancy and its follow-up. Preparation for birth and parenthood has an essential educational role with topics covered such as: understanding, explaining or explaining pregnancy, childbirth and parenting practices, or simply coping, deciding. In addition, preparation for birth and parenthood is a pillar for the support of parenthood, the midwife becomes a reference for the woman and her entourage in matters: learning, listening, and reporting information, or information carrier. (Molénat, 2012, p. 18)

During our repeated visits, we noted within the maternal and child health centers and in the maternity service of MEDEA, that pregnant women have little knowledge about their pregnancies and only benefit from a prenatal consultation, For example, in the pre-survey and in the MCHC services, 80% of women do not know how to prepare for birth, despite the fact that this type of preparation is in the process of being popularized.

Faced with this observation, we wondered and we asked the following:

Is there really a birth preparation (BP) within our health services (MCHC)

for pregnant women?

To answer this question, we can put forward the following hypotheses:

- The socioeconomic background of pregnant women influences their knowledge of the importance of birth preparation.
- Pregnant women not benefit from adequate preparation for birth during their pregnancies at childbirth at the MCHC level?
- The MCHC's are working are working to provide a preparation service for the birth process, which also includes all the information related to it.

2- CONCEPTS DEFINITION:

Childbirth Preparation:

- Preparation: the act or process of making ready.
- childbirth preparation in the nursing interventions classification, a nursing intervention defined as providing information and support to facilitate childbirth and to enhance the ability of an individual to develop and perform the role of parent. (Miller-Keane, s.d., p. 1)

Pregnancy:

(gestation) is the physiologic process of a developing fetus within the maternal body. Several terms are used to define the developmental stage of human conception and the duration of pregnancy. For obstetric purposes, the gestational age or menstrual age is the time elapsed since the first day of the last normal menstrual period (LNMP), which actually precedes the time of oocyte fertilization. The gestational age is expressed in completed weeks. The start of the gestation (based on the LNMP) is usually 2 weeks before ovulation, assuming a 28-day regular menstrual cycle. The developmental or fetal age is the age of the conception calculated from the time of implantation, which is 4 to 6 days after ovulation is completed. The menstrual gestational age of pregnancy is calculated at 280 days or 40 completed weeks. The estimated due date (EDD) may be estimated by adding 7 days to the first day of the last menstrual period and subtracting 3 months plus 1 year (Naegle's rule) (Helene B. Bernstein & George VanBuren, 2022, p. 1).

Midwifery:

Midwifery as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs) encompasses the independent provision of care during

pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. Midwives provide initial and ongoing comprehensive assessment, diagnosis, and treatment. (Nurse-Midwives., 2011, p. 1)

Antenatal Care:

Antenatal care is the routine health control of presumed healthy pregnant women without symptoms (screening), in order to diagnose diseases or complicating obstetric conditions without symptoms, and to provide information about lifestyle, pregnancy and delivery. (guidelines, Issued March 2008, p. 1)

3- METHODOLOGY:

3-1 Type and objective of research:

3-1-1 Type of research:

To achieve the main objective of this research we opted for a descriptive study with quantitative type.

3-2-1 Search period:

The study took place from: January 16, 2021 to May 30, 2022.

3-1-3 Research locations:

Our research was carried out at the level of the Maternal and Child Health Centers "MCHC":

-At the level of PPHE MEDEA (MCHC Bachir Bouziane; MCHC Hannacha).

3-1-4 Participants:

This interview is addressed to the entire sample concerned by our field research, namely 50 pregnant women who consult in the MCHCs.

3-1-5 Instruments:

Directive-type interview: The interview is a situation of oral communication; one is the interviewer and the other the respondent (more

rarely a group). This type of interview is very similar to the questionnaire, with the difference that the transmission is done verbally rather than in writing.

As part of this interview, the interviewer asks questions according to a strict protocol, fixed in advance (this is to prevent the interviewee from leaving the questions and the prepared framework).

This interview is addressed to the entire sample concerned by our field research, namely 50 pregnant women who consult in the MCHCs.

All of these questions are divided into 04 sections:

Section n° 01: some precisions on the social and economic situation in order to Explore them to facilitate the communication and the transmission of information: from question N°01 to question N°10.

Section n°02: some details on pregnancy: From question N°11 to question N°13.

Section n°03: some details on the preparation for the birth: From question N°14 to question N°19.

Section n°04: the main reasons for not preparing for the birth: From question N°20.

3-1-6 Procedure:

The questionnaire includes (20) questions (05) closed, (17) multiple choices and (01) semi open. we translate this French questionnaire into Arabic to distribute a questionnaire accessible to all public.

4- RESULTS:

4-1 Social and economic situation:

Table 1. Table explain a results of the first section (social and economic situation)

Socioeconomic background	Sample characteristics	Numbers	Pourcentage %
The age of pregnant women interviewed	Under 20 years old	12	24 %
	Between 20 and 35 years old	31	62 %
	Between 36 and 40 years old .	05	10 %
	Over 40 years old	02	04 %

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	Total	50	100 %
Family situation	Single	02	04 %
	Married	47	94 %
	Divorced	00	00 %
	Widow	01	02 %
	Total	50	100 %
Life Style	Lives alone	01	02%
	Lives in couple	31	62 %
	Lives with family	18	36 %
	Total	50	100 %
Nationality	Algerian	50	100 %
	Other	00	00 %
	Total	50	100 %
Habitation Form	Urban	21	42 %
	Rural	29	58 %
	Total	50	100 %
Home owner	Yes	16	32 %
	No	34	68 %
Habitation Quality	Good	06	12 %
	Medium	35	70 %
	Poor	09	18 %
	Total	50	100 %
educational level	No schooling	04	08 %
	Primary	06	12 %
	Middle School	17	34 %
	High school	14	28 %
	Higher Education	09	18 %
	Total	50	100 %
Occupation Field	Army and Security	00	00 %
	Trade	01	02 %
	Health	03	06 %
	Agriculture	00	00 %
	Employee	01	02 %
	Pedagogic	08	16 %

	No occupation	37	74 %
	Total	50	100 %
family salary scale	Under 5000 DA	05	10 %
	Between 5000 Da and 15000Da	08	16 %
	Between 15000 Da and 25000 Da	21	42 %
	Between 25000 and 35000 Da	08	16 %
	Between 35000 and 45000 Da	05	10 %
	Over 45000 Da	03	06 %
	Total	50	100 %

Analysis Results of table No.1:

According to the results of table No 1:

- (62%) of women are between 20 and 35 years old.

The most represented population is the age group between 20 and 35 years old.

- (94%) of women are married.

The majority of women surveyed are married.

- (62%) of women live with a partner

The majority of pregnant women surveyed live with a partner.

- (100%) of women are Algerian.

All of the pregnant women interviewed are Algerian.

- (58%) of women live in rural areas.

More than half of the pregnant women surveyed live in rural areas.

- (68%) of women answered No.

More than half of the population did not have the owner of the current place of residence.

- (70%) of women believe that current living conditions are average.

The majority of women consider the current living conditions to be average.

- (34%) of women had a college level, and (28%) of women had a high school level.

More than half of the pregnant women oscillate between college level and high school level.

- (74%) of women are unemployed.

The percentage of housewives is dominant.

- (42%) women declare that the salary level is between 15000da and 25000da.

The income of most women is below the average.

4-2 Information about Pregnancy:

Table2. Table explain a results of the second section (Information about Pregnancy)

Pregnancy process	pregnancy follow-up data	Numbers	Pourcentage %
pregnancy follow-up	Yes	45	90 %
	No	05	10 %
	Total	50	100 %
pregnancy follow-up services	Maternal and child protection (MCP)	10	22 %
	Liberal services	33	73 %
	Maternity	02	05 %
	Total	45	100 %
number of your consultations	No Consultations	05	10 %
	Under 4 consultations	13	26 %
	4 consultations	15	30 %
	Over 4 consultations	17	34 %
	Total	50	100 %

Analysis Results of table No.2:

According to the results of table No 2:

- (90%) of women answered yes.

The majority of women had a pregnancy follow-up.

- (73%) of women had pregnancy monitoring at a private clinic.

The majority of women had a pregnancy follow-up at the level of private clinics.

- (33.3%) of women had a follow-up 4 consultations.
- (38%) of women had more than 4 consultations.

More than half of the pregnant women had 4 follow-up consultations in minimum.

4-3 Information about Pregnancy:

Table3. Table explain a results of the third section (Information About Birth Preparation)

Birth Preparation	Birth Preparation data	Numbers	Pourcentage %
Information About Birth Preparation (BP)	Yes	15	30 %
	No	30	70 %
	Total	50	100 %
source of information Birth Preparation (BP)	Relatives persons	05	33 %
	Health professional	02	13 %
	Internet or social networks	08	54 %
	Magazines, leaflets	00	00%
	Total	45	100 %
Effective practice of the birth preparation (BP)	Yes	05	33 %
	No	10	67 %
	Total	50	100 %
Number of birth preparation (BP) sessions	One (01) session	00	00 %
	Two (02) sessions	02	40 %
	Three (03) sessions	03	60 %
	Over (03) three sessions	00	00 %
	Total	05	100 %
Birth preparation (BP) efficacy	Yes	05	100%
	No	00	00 %
	Total	05	100%

Analysis Results of table No.3:

According to the results of table No 3:

- (70%) of women answered no.

The majority of women do not have enough information about birth preparation (BP).

- (54%) of women have extended talking about birth preparation on the internet and social networks.

More than half of the women who know a birth preparation have received the information via the internet and social networks.

- (66.7%) of women answered No.

The majority of women did not prepare for birth.

- (60%) of women had 03 sessions.

More than half of the women had 03 sessions.

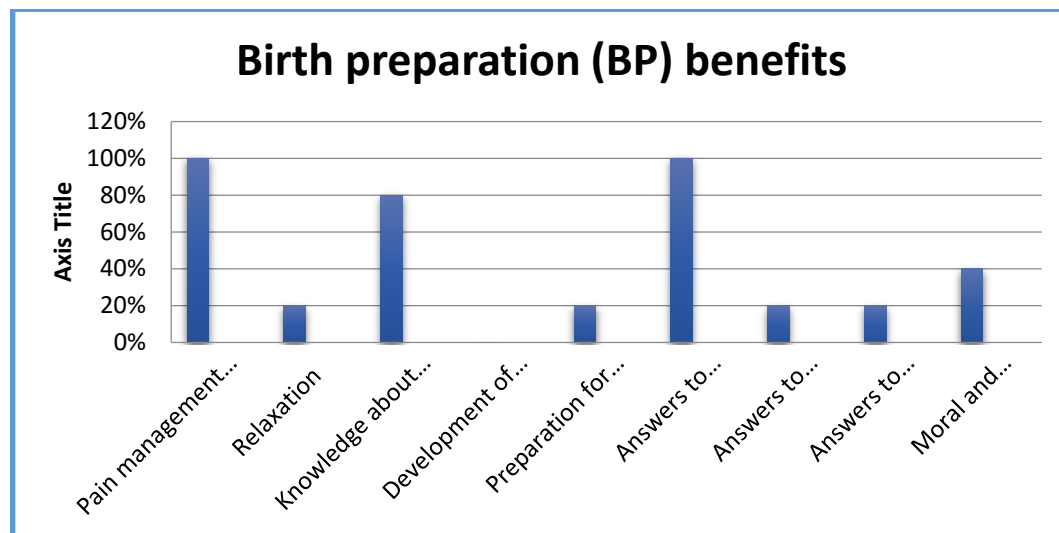
- (100%) of women answered Yes.

All of the women said that preparation for birth is useful and despite the use of this preparation remains at a lower rate.

Table 4. Table explain a results of the third section (Birth preparation benefits)

Birth preparation (BP) benefits	Pain management during labour and childbirth	05	100 %
	Relaxation	1	20 %
	Knowledge about the body, pregnancy, childbirth, baby care	4	80 %
	Development of emotional bond with the baby	00	00 %
	Preparation for parenthood	01	20 %
	Answers to pregnancy questions, worries, lessens fear	05	100 %

	Answers to questions about postpartum, contraception	01	20 %
	Answers to breastfeeding questions	01	20 %
	Moral and psychological support	02	40 %



Graph No. 01: graphical representation of the table No. 04

Analysis Results of table No.4:

According to the results of table No 4:

- (100%) of women chose pain management during labor and delivery.
- (100%) of women chose Answers to pregnancy questions, worries, decreased fear.
- (80%) of women chose knowledge about the body, pregnancy, childbirth, baby care.
- (40%) of women chose moral and psychological support.
- (20%) of women chose relaxation.
- (20%) of women chose Preparing for Parenthood.

- (20%) of women chose Answers to questions on postpartum, contraception.
- (20%) of women chose Answers to questions about breastfeeding.

4-4 Reasons to practice birth preparation:

Table 5. Table explain a results of the Fourth section (Reasons to practice birth preparation)

Résultats	Numbers	Pourcentage%
Lack of information	35	78 %
The information seemed unconvincing	00	00 %
The information seemed too late	00	00 %
The information seemed to you too early	00	00 %
Don't see it as important	00	00 %
Price of the sessions is expensive	10	22 %
Lack of time	00	00 %
Transportation problem	00	00 %
Distance too great	00	00 %
Total	45	100%

Analysis Results of table No.5:

According to the results of table No 5:

According to the answers of women who have not done the preparation for the birth, we notice:

- (78%) of women declined due to lack of information.
- (22%) of women said that the price of the sessions is expensive.

5- DISCUSSION:

The present study aimed to describe a birth preparation for pregnant women at the level of Maternal and Child Health centers (MCHC). The results reveal many facts about reality of birth preparation service.

More than half of the pregnant women surveyed live in rural areas, which explain why they are far from a health centers that provides follow-up and preparation for birth, both we can see that more than half of the population did not have the owner of their current place of residence.

The majority of pregnant women consider current living conditions to be average, and they generally have an average level of education according to their responses; the most represented population at a college level, do not feel competent enough to express an opinion and make choices concerning the birth of their child.

Clearly the percentage of housewives is dominant (74%); so the profile mentions that women from a disadvantaged economic background are less inclined to participate in birth preparation (BP) sessions.

We see that the income of most women is lower than the average in relation to the cost of living, which shows that preparation for birth is not a priority for her.

Andarge (2017) study showed that BP is inadequate among pregnant women in the study area. Improving socio-economic and food security status of women, strengthening community-based education on complete attendance of ANC

So according to these results we can confirm the first hypothesis who says that: the socioeconomic background of pregnant women influences their knowledge of the importance of birth preparation (BP).

This hypothesis confirm the results of a pre-survey carried out at the level of these (MCHC) which reveals the absence of knowledge about preparation for birth in 80% of pregnant women who attend these centers.

In addition, the majority of women had a pregnancy follow-up, but they had this pregnancy follow-up at the level of private or liberal clinics.

Almost half of the women questioned had a follow-up of less than four consultations and some of the women who had a follow-up of more than 4 consultations because of pathologies associated with pregnancy (Haute autorité de la santé, 2006, p. 25).

So according to these results we can confirm the second hypothesis who says that: Pregnant women not benefit from adequate preparation for birth during their pregnancies at childbirth at the MCHC level.

And finally, a majority of women do not have enough information about birth preparation, More than half of the women who know birth preparation

(BP) have received the information via the Internet and social networks since it is easy to access and quick to use, the Internet network allows access to multiple information sites concerning pregnancy, childbirth, postpartum and the unborn child, The majority of women did not prepare for birth, More than half of the women have done 03 preparation sessions which remains insufficient and it comes down to the cost of the sessions which are expensive in the private clinics.

All of the pregnant women affirmed that the preparation for the birth is useful and despite the use of this preparation remains at a lower rate, probably due to a lack of information and perhaps the socio-economic level as a factor as well.

Pregnant Women's main expectation of birth preparation (BP) is mainly about pain management, knowledge about the body, pregnancy, childbirth, baby care and they want a place where they can express their fears and concerns, someone one who answers his questions.

The majority of women say that the lack of information, the cost of the sessions; social security does not reimburse these sessions, the latter being the impediments to non-use of birth preparation (BP).

So according to these results showed in the tables 3,4,5 we cannot confirm the third hypothesis who says that: The MCHC's are working to provide a preparation service for the birth process, which also includes all the information related to it (Haute autorité de la santé, 2006, p. 27).

6- CONCLUDING

Birth preparation is important to help the pregnant woman for build confidence in her ability to give birth through the natural physiological process. It also helps to be more positive about the outcome of the birth, even if it is different from what was expected or hoped for.

Preparation for birth now benefits from well-established regulations, its objectives and recommendations have expanded, with many types of preparation. It has become a tool allowing care adapted to the wishes of couples, while integrating dimensions of prevention, information and education to improve the state of health.

Our study made it possible to demonstrate some difficulties encountered

in the realization of birth preparation programs; and what we have observed is the unsuitability of the architecture, the insufficiency of human and material resources, the absence of continuous training for midwives, as well as the socio-economic level of pregnant women, all these factors influence the birth preparation practice.

The future of childbirth preparation will depend on the place that our society wishes to give to birth and to the family, the elimination of these difficulties; by undertaking a strategy to activate preparation for birth in our health establishments.

From the end of this study we have come to identify a number of suggestions:

- Develop a national program on physical and psychological preparation during pregnancy and labour for all women in the MCHC s.
- Schedule continuing education cycles for MCHC midwives, and scientific days to find out about new recommendations.
- Strengthen the number of midwives specialized in the practice of birth preparation in the MCHC s.
- Organize special days at the MCHC level for pregnant women, the purpose of which is to inform and raise awareness about the importance of birth preparation.
- Improve the organization of structures at MCHC's services level by offering a dedicated space for birth preparation.
- Equip the services of MCHC with the material necessary for a good preparation for the birth.
- Open state centers for birth preparation, at least one center in state or town.
- Develop the methods used in the practice of preparation sessions.

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