

Perinatal Care Project, Bangladesh

A Joint Collaboration between:

Diabetic Association of Bangladesh
Women and Children First UK
International Perinatal Care Unit

KEY FINDINGS FROM THE BASELINE SURVEY

Baseline Survey

A baseline survey was conducted in the project's three study districts; Bogra, Faridpur and Moulavibazar. Each district contains three intervention and three control unions.

A total of 6000 mothers were interviewed, 2000 in each district, with 1000 from intervention unions and 1000 from control unions. The number of mothers to be interviewed in each union was weighted according to the total population of the unions. Women who had delivered a baby within the last one year were selected to be interviewed by random sampling.

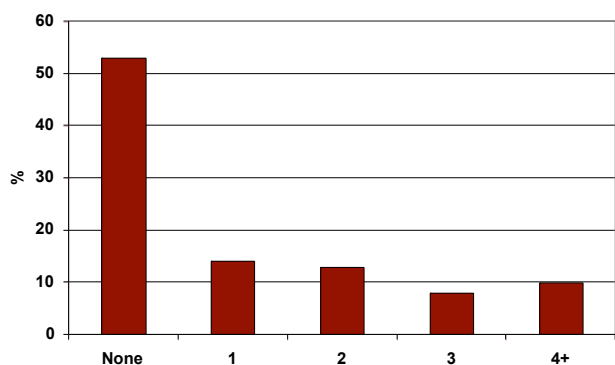
The survey collected household, demographic, pregnancy, delivery and newborn information as well as verbal autopsies for those who had died.

Antenatal Care

As shown in *Figure 1* 47% of women received at least one antenatal care check-up during their pregnancy. However, variation existed between districts with Bogra having the lowest number attending antenatal care (36%), followed by Faridpur (49%) and Moulavibazar (56%).

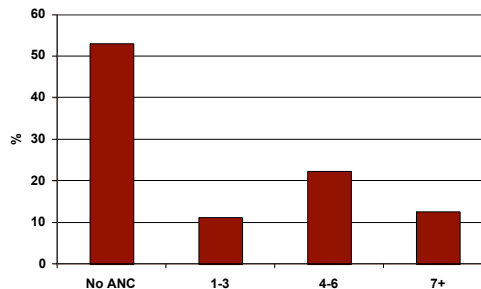
Only 10% of women received four or more antenatal check-ups, which is the WHO recommendation. Faridpur had the highest number of women reaching this guideline at 14% and Bogra had the lowest at 6%.

Figure 1: Total number of antenatal visits



As shown in *Figure 2*, of those women who did attend an antenatal visit most had their first visit during the second trimester.

Figure 2: Month of first antenatal visit



As shown in *Table 1* 82% of women received a tetanus toxoid (TT) injection during pregnancy and 52% took iron tablets. These proportions are greater than those attending an antenatal visit showing that women obtain these elsewhere.

There was a slight district variation in the uptake of TT injections with Bogra having the highest uptake (87%), followed by Faridpur (84%) and Moulavibazar (75%). Greater variation and a different ordering was seen for the consumption of iron tablets with 61% in Faridpur and 57% in Moulavibazar, but only 39% in Bogra.

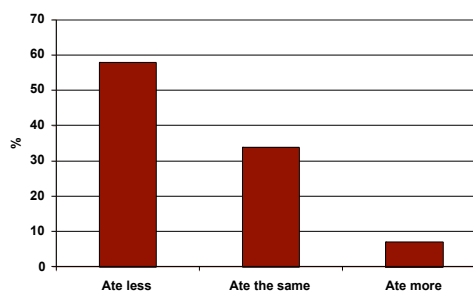
Table 1

Women who received the following during pregnancy

TT injection	82%
Iron tablets	52%

Women were asked how the quantity of food they ate during pregnancy compared with the quantity they ate before pregnancy and the results are displayed in *Figure 3*. Most women, nearly 60%, stated that they ate less during pregnancy with less than 10% stating that they ate more during pregnancy.

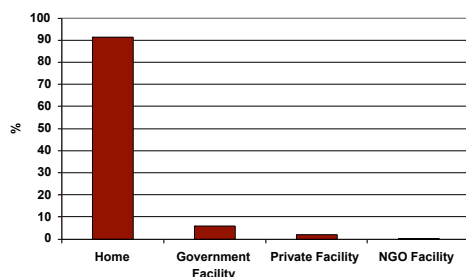
Figure 3: The difference in the quantity of food women ate during pregnancy compared with before pregnancy



Delivery

As shown in *Figure 4* over 90% of women gave birth at home. Of those who did not deliver at home most utilised a government facility, followed by a private facility and very few used an NGO facility.

Figure 4: Place of delivery

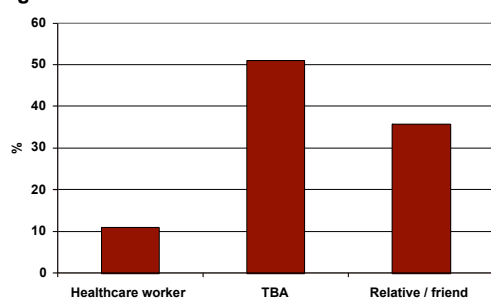


As shown in *Figure 5* only 11% of deliveries were attended to by a healthcare worker (this included government, private and NGO facility employees such as Doctors, SACMOs, nurses, FWVs and paramedics). There was little variation between the districts with a maximum of 15% in Faridpur and a minimum of 7.5% in Bogra.

51% of deliveries were attended to by a TBA, (15% trained and 36% untrained), and 36% by a friend or relative. The percentage of women saying they were attended to by a TBA is far lower than recorded in other Bangladesh survey findings (e.g. Bangladesh Maternal Health Services and Maternal Mortality Survey 2001; Baseline Survey of Newborn Care Practices, Bangladesh 2002). This could possibly be due to unclear definitions regarding who is classified as a TBA.

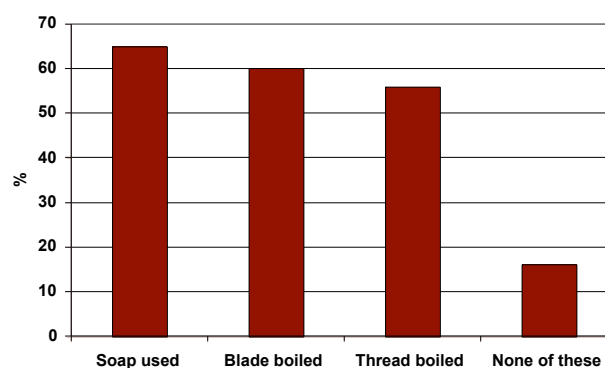
There was also greater evidence of district variation in terms of whether women were delivered by a friend / relative or a TBA, with Moulavibazar having a greater proportion of women being delivered by a TBA (67%) compared to Bogra (48%) and Faridpur (40%). Of the TBA deliveries Bogra has a far higher proportion being delivered by untrained than trained TBAs.

Figure 5: Birth attendant



As shown in *Figure 6* most women are practising safe delivery practices such as using soap (65%), boiling the blade prior to cutting the umbilical cord (60%) and boiling the thread used for tying the umbilical cord (56%), with 84% of women doing at least one of these. District variation existed here with the highest percentages being in Moulavibazar (88%, 85% and 81% respectively) and the lowest in Bogra (49%, 35% and 32% respectively).

Figure 6: Delivery Practices



The Newborn

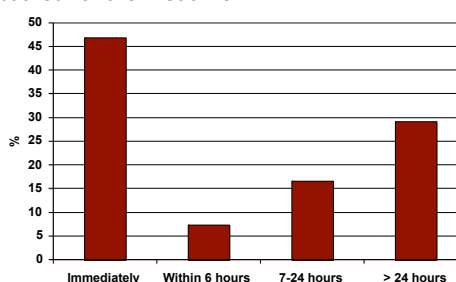
As shown in *Table 2* the percentages of women wiping (54%) and wrapping (60%) their babies immediately after birth are fairly high. However, only 40% of babies were given colostrum as their first food, with many being given honey or sugar water. The percentages varied between the districts with Faridpur having the greatest proportion of women giving their babies colostrum as the first food (51%) compared to Moulavibazar (43%) and Bogra (27%).

**Table 2
Newborn care practices**

Baby wiped immediately after birth	54%
Baby wrapped immediately after birth	60%
Baby given colostrum as first food	40%

In terms of bathing their babies two trends were observable in *Figure 7* with mothers either bathing their babies immediately after birth, as 47% did or waiting for more than 24 hours after birth as 29% did.

Figure 7: How soon after birth the baby was bathed for the first time



SUMMARY

Maternal and perinatal care in these three districts remains a cause for concern. Areas that urgently need to be addressed are the uptake of antenatal care, iron tablets, the quantity of food consumed during pregnancy, birth attendance, place of delivery, bathing of babies immediately after birth and early feeding practices. There is also still scope for improvement in safe delivery practices and the wiping and wrapping of babies immediately after birth.