

039 **BIRTH PREPAREDNESS, COMPLICATION READINESS AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN ATTENDING ANTENATAL CLINICS AT MEDICAL OFFICER OF HEALTH (MOH) AREA PADUKKA**

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Background Obstetric emergencies need prior preparation. ‘Birth Preparedness and Complication Readiness’ (BPCR) is a concept that promotes timely maternal care.

Objectives This study assessed BPCR and associated factors among pregnant women attending antenatal clinics (ANCs) in MOH area Padukka.

Methods A descriptive cross-sectional study was carried out in 2014, among a random sample of 280 third trimester pregnant women, attending ANCs in MOH area Padukka. Data were collected using a pre-tested interviewer administered questionnaire. Satisfactory BPCR was if accomplished ≥ 6 components of 8; desired place of birth, closest care facility, birth-related expenses, emergency expenses, person to accompany, arrangements to look after other children, transport for birth, transport in an obstetric emergency.

Result Response rate was 95.9% (n=269). Median age was 29 years (IQR; 25–32). Pregnancy was planned by 84.0% (n=226), 81.0% (n=218) had registered with PHM ≤ 8 weeks, 58.4% (n=157) had attended ≥ 5 ANCs, 10.8% (n=29) had attended all ante-natal classes, 75.8% (n=204) had discussed BPCR plan with healthcare provider. Only 60.2% (n=162) had satisfactory knowledge on pregnancy, delivery and post-partum danger signs, 75.0% (n=207) had favourable attitudes towards BPCR, 68.6% (n=185) had favourable perceptions on BPCR services. Of them 86.2% (n=232) had satisfactory BPCR which was significantly associated with planned pregnancy, registration ≤ 8 weeks, ≥ 5 ANCs, ≥ 1 antenatal classes, discussing BPCR plan with healthcare provider, knowledge on pregnancy and post-partum danger signs, favourable attitudes and favourable perceptions ($p < 0.05$).

Conclusion Knowledge on danger signs and attitudes towards BPCR need improvement. Sustainable, culturally sensitive BPCR practice models are needed.

REFERENCE

1 World Health Organization. *Birth and emergency preparedness in antenatal care*, 2006.